Conclusion. We believe that this is the first report of the implementation of ID e-consults at a tertiary care hospital. Mortality rates appear to be comparable to in-person ID care. In the absence of in-person ID physicians, ID e-consults can be a reasonable substitute. Further study is required to compare performance of ID e-consults to in-person ID consultations.

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597. The Impact of COVID-19 on Outpatient Intravenous Antimicrobial Therapy (OPAT) in Physician Office Infusion Centers (POICs)
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Session: P-27 Clinical Practice Issues

Background. The coronavirus disease 2019 (COVID-19) pandemic dramatically affected the provision of healthcare in the U.S. with sharp declines in routine and elective healthcare services. Outpatient clinic visits declined nearly 60% in the early pandemic. We investigated how COVID-19 impacted the provision of OPAT at various Infectious Disease (ID) POICs nationwide.

Methods. Patient (pt) records were evaluated from Jan 2019 – July 2019 and compared to Jan 2020 – July 2020. Data collected included new OPAT pts, demographics, infection type, location prior to OPAT and therapy characteristics. Statistical analysis was performed using Chi-square test with p<0.05 considered statistically significant.

Results. Fourteen POICs reported data with a total of 2410 new OPAT pts in 2019 and 1807 in 2020, representing a decrease of 25%. Table 1 shows the comparison of OPAT characteristics between 2019 and 2020. Mean age and gender were similar, but there was a significantly higher percentage of pts <65 years treated in 2020 (43% vs. 36%, p<0.001). Infection type and location prior to OPAT were consistent between 2019 and 2020. Primary antimicrobial use was comparable with the exception of more early discontinuations and switches to oral therapy. Other reasons for those not completing therapy were also significant and due primarily to transfer of care to other settings, most commonly the home (1.9% vs. 2.9%, p=0.029). Overall length of therapy was comparable.

Table 1. Comparison of OPAT in 2019 (Pre-COVID) and 2020 (Post-COVID)

Conclusion. OPAT provided through ID POICs experienced a substantial decrease in pts treated during the first half of 2020 compared to 2019. This was expected with the decline in healthcare services, especially elective procedures. Most pt and treatment characteristics were comparable between years, but interestingly, more elderly received OPAT during the pandemic and fewer completed therapy as planned. Further analysis of these differences can help determine effects of the pandemic on overall health outcomes in the OPAT population.

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598. A 3-Year Evaluation of Antibiotic Resistance Patterns in Gram-Negative Genitourinary Tract Infections Treated in Outpatient Infusion Centers (POICs)
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Background. Resistant Gram-negative pathogens (GNP) are common causes of genitourinary tract infections (GIUI) often requiring outpatient parenteral antibiotic therapy (OPAT). Data are sparse regarding antibiotic resistance of GNP in patients (pts) treated with OPAT. We analyzed GNP of GIUI pts treated in Infectious Disease (ID) POICs over a 3-year period stratified by location prior to OPAT.

Methods. Records from 18 POICs were queried for GIUI pts ≥18 yrs receiving OPAT from 2018 to 2020. Demographics, pt location prior to OPAT, infection type, and GNP were recorded. Antibiotic resistance patterns were defined as extended-spectrum beta-lactamase (ESBL) or multi-drug resistant (MDR). Chi Square and Fisher’s exact test were used to determine if GNP status was associated with GNP or location prior to OPAT (hospital vs. community). The Cochran-Armitage test was used to analyze temporal trend in ESBL expression. Statistical significance was defined as P<0.05 for all tests.

Results. A total of 634 GNP were identified in 601 pts (mean age: 64±16, 58% female). Infections were 75% complicated urinary tract infections, 20% pyelonephritis, and 5% prostatitis/other. Overall, 56% (n=339) were treated directly from the community and 44% (n=262) following hospital discharge. GNP isolated were 56% E. coli, 19% Pseudomonas spp., 16% Klebsiella spp., and 9% others. Of the 611 GNP with potential to express ESBL, 43% (n=265) were ESBL producers (Table 1). Significantly more ESBL-producing GNP occurred in pts discharged from a hospital prior to OPAT compared to hospital outpatient treatment characteristics were comparable between years, but interestingly, more elderly received OPAT during the pandemic and fewer completed therapy as planned. Further analysis of these differences can help determine effects of the pandemic on overall health outcomes in the OPAT population.

Disclosures. Lucinda J. Van Anglen, PharmD, Merck & Co. (Research Grant or Support)

Figure 1. Prevalence of ESBL producers and MDR Pathogens by Year

Table 1. Frequency of ESBL and MDR by Location prior to OPAT

Table 1. Comparison of OPAT in 2019 (Pre-COVID) and 2020 (Post-COVID)

Figure 2. Prevalence of ESBL producers and MDR Pathogens by Year

* Calculated using Cochran-Armitage trend test using exact 2-sided probability.