Conclusion. Short-duration travel, travel to highly endemic regions, and mosquito avoidance behaviors were associated with increased adherence to prophylaxis. The lower rate of adherence in post-deployment enrollees may be a surrogate for inadequate counseling or recall bias. Our study highlights potential holes in counseling regarding malaria prophylaxis and the importance of ongoing provider and patient education on malaria.

Disclosures. Heather Yun, MD, American Board of Internal Medicine (Individual(s) Involved: Self); Board Member

736. Delays in Malaria Recognition and Door to Anti-malarial Time in a South London Hospital
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Session: P-35. Global Health

Background. The prompt recognition and treatment of Plasmodium falciparum is necessary to prevent death. We reviewed data from a cohort of patients presenting with malaria to Kings College Hospital NHS Trust, London.

Methods. Retrospective review of electronic records and drug charts of patients diagnosed with malaria from Jan 2019- March 2021.

Results. 109 cases of malaria were identified representing travellers from 11 Sub-Saharan African countries: Nigeria(38%), Sierra Leone(33%), Ivory Coast(10%). The age range varied from 4 to 76 years with a mean of 44, 66% of the cohort was male. 22 cases occurred during the COVID-19 Pandemic. The commonest symptoms were Fever (97%), Headache (92%) and malaise (72%). P. falciparum was present in 99% of cases. A travel history was taken in 94% of cases. Malaria was considered by the first clinician in 82% of cases with the second highest differential being a viral illness. In 6 cases, it took 4 to 11 medical reviews before malaria was considered. Cases where malaria was not considered early there were delays in diagnosis of up to 5 days. In 6 cases where malaria was not considered early there were delays in diagnosis of up to 5 days. An audit cycle will be completed with the aim of reducing door to antimalarial time.

Discussion. All Authors: No reported disclosures

737. Geographic Clustering of Travel-acquired Infections in Ontario, Canada, 2008-2020
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Session: P-35. Global Health

Background. As rates of international travel increase, more individuals are at risk of travel-acquired infections (TAIs). We aimed to review all microbiologically confirmed cases of malaria, dengue, chikungunya, and enteric fever (Salmonella enterica serovar Typhi/Paratyphi) in Ontario, Canada between 2008-2020 to identify high-resolution geographical clusters that could be targeted for pre-travel prevention.

Methods. Retrospective cohort study of over 174,000 unique tests for the four above infections. Demographic and travel data were processed and analyzed using R. Counts were standardized using the population of Ontario and calculated using a Bayesian spatiotemporal model. Posterior CIs were used to identify high- and low-risk areas, which were described using sociodemographic data from the 2016 Census. Finally, a second model was used to estimate the association between drivetime to the nearest travel clinic and risk of TAI within high-risk areas.

Results. There were 5962 cases of the four TAIs across Ontario over the study period. Smoothed SIRs were used to identify clusters of elevated and reduced TAI risk. Identified high- and low-risk areas were shown in panels c and d. These are described using sociodemographic data from the 2016 Census.

References. All Authors: No reported disclosures

Box plot demonstrating that patients were waiting longer post symptom onset to access care in the Emergency Department. 3 patients had covid swabs in the community and 10 accessed care through their primary care physician.

Conclusion. Our data show that malaria is being considered early in the emergency department however there remain significant delays in administration of treatment. In 6 cases where malaria was not considered early there were delays in diagnosis of up to 5 days. An audit cycle will be completed with the aim of reducing door to antimalarial time.

Disclosures. All Authors: No reported disclosures

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Bayesian hierarchical model (BHM) smoothed standardized incidence ratios (SIRs) for travel-acquired infections (TAIs) and estimated risk levels (a and c) with insets for the Greater Toronto Area (b and d). High-risk areas are defined as those with smoothed SIR 95% CIs greater than 2, and low-risk areas with smoothed SIR 95% CIs less than 0.25.

Conclusion. Urban neighbourhoods in the GTA had elevated risks of becoming ill with TAIs. However, geographic proximity to a travel clinic was not associated with an area-level risk reduction in TAI, suggesting other barriers to seeking and adhering to pre-travel advice.

Disclosures. Isaac Bogoch, MD, MSc, BlueDot (Consultant) National Hockey League Players’ Association (Consultant) Andrea Bogdell, MSc MD DTMH FRCPC, Nothing to disclose Shaun Morris, MD, MPH, DTM&H, FRCPC, FAAP, GSK (Speaker’s Bureau) Pfizer (Advisor or Review Panel member) Pfizer (Grant/Research Support)

738. Comparison of Characteristics of US International Travelers Seeking Pretravel Health Consultations at US Global TravEpiNet Sites Before and During the COVID-19 Pandemic
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Session: P-35. Global Health

Background. In January–March 2020, the Centers for Disease Control and Prevention (CDC) issued multiple warnings regarding COVID-19 travel-associated risks. We sought to describe US travelers seeking pretravel consultation regarding international travel at US Global TravEpiNet (GTEN) sites before and after the initial COVID-19 travel warnings.

Methods. We prospectively collected data at 22 GTEN sites pre-COVID-19 (January–December 2019) and 18 GTEN sites during the COVID-19 pandemic (April 2020–March 2021). We excluded travelers evaluated during January–March 2020, when CDC travel guidance was evolving rapidly. Travelers used standardized questionnaires to self-report data regarding demographics and travel-related characteristics. Providers confirmed these data and documented their recommendations during pretravel consultation, which could be performed virtually. We conducted descriptive analyses of differences in demographics, travel-related characteristics, vaccinations, and medications (SAS v9.4; Cary, NC).

Results. Compared with 16,903 pre-COVID-19 consultations, only 1,564 consultations occurred during the COVID-19 pandemic, a 90% reduction (Table). During COVID-19, a greater proportion of travelers were children aged 1–5 years, visiting Southeast Asia or the Western Pacific. During COVID-19, fewer vaccine-eligible travelers received vaccines at the pretravel consultation except for yellow fever, and a greater proportion were aged >55 years, or traveling to Southeast Asia or the Western Pacific. During COVID-19, a greater proportion of travelers were children aged 1–5 years, visiting Southeast Asia or the Western Pacific. Compared with 16,903 pre-COVID-19 consultations, only 1,564 consultations occurred during the COVID-19 pandemic, a 90% reduction (Table). During COVID-19, a greater proportion of travelers were children aged 1–5 years, visiting Southeast Asia or the Western Pacific. During COVID-19, fewer vaccine-eligible travelers received vaccines at the pretravel consultation except for yellow fever, and a greater proportion were aged >55 years, or traveling to Southeast Asia or the Western Pacific. Comparing COVID-19 travel warnings.

Disclosures. All Authors: No reported disclosures

739. Self-Reported Prevalence of Insect Bites During International Travel
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Session: P-35. Global Health

Background. Vector borne diseases are responsible for almost one fifth of global infectious disease burden. International travelers are at risk for potentially life-threatening conditions when visiting areas with endemic vector borne disease, but this risk can be mitigated when proper insect precautions are taken. This study sought to evaluate the prevalence of insect precaution use and subsequent insect bites among Utah travelers who have attended pre-travel consultations.

Methods. A cross-sectional study at the University of Utah and Salt Lake County travel clinics was analyzed. Descriptive statistics and multivariable logistic regression were used to explore factors associated with insect repellent use, and reporting bug bites despite insect repellent use.

Figure. Vaccinations and reasons for nonvaccination among vaccine-eligible international travelers at pretravel consultations at Global TravEpiNet (GTEN) sites before and during the COVID-19 pandemic.

Table continued. Demographics and travel-related characteristics of international travelers seeking pretravel consultation at Global TravEpiNet sites before and during the COVID-19 pandemic

Among vaccine-eligible travelers, we summarized those who were vaccinated at the visit (blue) and not vaccinated (orange). We then categorized reasons for nonvaccination into: provider decision (solid), referral to another provider (dots), travel refusal (striped), or other (hatched). COVID-19 vaccination was not available at GTEN sites during the analysis period; although COVID-19 vaccinations outside of GTEN sites might have affected vaccination recommendations, they were unlikely to have had a large effect given their limited availability in January–March 2021.

Conclusion. Compared with pre-COVID-19, US travelers seeking pretravel consultations at GTEN sites during the pandemic might be at higher risk for travel-related infections given VFR status, traveling for ≥30 days, and going to Africa. Fewer vaccine-eligible travelers were vaccinated at pretravel consultations, which could reflect more virtual pretravel consultations. Counseling and vaccination for international travelers continue to be priorities during the COVID-19 pandemic.

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