Results. Of the original 565 patients, 258 patients were discharged home (45%). Of these, 57 (22%) patients were able to be contacted and agreed to participate in the survey. The mean (SD) age of the respondents was 55.1 (14.8) years, and 37 (64.9%) were female. The most common symptoms at follow-up were fatigue (60.0%), dyspnea (57.1%), feeling irritable, sad or decreased pleasure (56.4%), and memory difficulty (56.4%). Comparisons of those ≥ 60 years of age to those < 60 years of age revealed no significant differences. Patients aged < 60 years were more likely to be irritable or sad (p=0.007), not feel rested on awakening (p=0.04), have shooting, stabbing and burning pain (p=0.02), have discomfort with normal light and sound (p=0.04), and have memory difficulty (p=0.04) than males (Table 2).

Table 1. Self-Reported Post-Acute Sequelae of COVID-19 in adults younger than 60 versus adults at or older than 60 years. SD: Standard deviation, ICU: Intensive care unit, ED: Emergency department, GSQ - General symptom questionnaire, PHQ-2: Patient Health Questionnaire-2

| Characteristic | Age <60 years | Age ≥60 years | p value |
|----------------|--------------|---------------|---------|
| Sex            | Male 195 (39) | 102 (39) | 0.076 |
|               | Female 266 (40) | 156 (40) |       |
| Race           | White 233 (41) | 135 (41) | 0.076 |
|               | Black/African American 32 (5) | 23 (5) |       |
|               | Other 20 (4) | 10 (4) |       |

Table 2. Self-Reported Post-Acute Sequelae of COVID-19 in female versus male adults. SD: Standard deviation, ED: Emergency department, GSQ - General symptom questionnaire, PHQ-2: Patient Health Questionnaire-2

| Characteristic | Male | Females | p value |
|----------------|------|---------|---------|
| Sex            | 220 (41) | 135 (41) | 0.076 |
|               | 102 (39) | 135 (40) |       |
| Race           | White 233 (41) | 135 (41) |       |
|               | Black/African American 32 (5) | 23 (5) |       |
|               | Other 20 (4) | 10 (4) |       |

Conclusion. Our study describes the clinical burden of post-acute sequelae of COVID-19 (PASC) in four core domains: fatigue, neurologic, neuro-psychiatric and viral-like symptoms. Over 45% of patients aged < 60 years suffered impaired functioning, compared with 21.1% of patient's ages 60 years and above. Females had significantly higher GSQ scores than men which strongly correlates with the functional impairment among the females. Larger studies are needed to further validate our findings.

Disclosures. All Authors: No reported disclosures
Session: P-14. COVID-19 Complications, Co-infections, and Clinical Outcomes

Background. Obesity is linked to increased risk of complications and is reported to be the most common underlying condition for severely ill SARS-CoV-2 infected individuals. Therefore, we aim further to explore the clinical outcomes of obese children with COVID-19.

Methods. Data were from the Pediatric COVID-19 Case Registry, which includes a patient <21 years of age diagnosed with COVID-19 at 170 institutions across the United States. A total of 778 COVID-19 positive non-immunocompromised hospitalized patients aged 24 months or older were included. Patients were assigned as obese or non-obese based on BMI as reported from medical records referenced to CDC BMI gender and age classification (https://www.cdc.gov/growthcharts/clinical_charts.htm).

Results. Patients meeting inclusion criteria included 56% not obese and 44% obese. Compared to matched US population, obese children and adolescents appeared in this database at a rate of 2.3 times their frequency in the population. Obese patients were more likely to be Hispanic and older, symptomatic, have abnormal radiological findings, and require oxygen and ICU admission. Mortality, in this analysis, was similar across the groups.

Demographic and clinical characteristics. NS. Not significant *within seven days of COVID diagnosis. **mild: no need for supplemental oxygen; moderate: need for supplemental oxygen and severe: need for mechanical ventilation.

Conclusion. The incidence of obesity in hospitalized COVID children is higher than that of the general population (34% vs. 19%), highlighting obesity as an important risk factor for hospitalization associated with SARS-CoV-2 infected. Therefore, obese children and adolescents with COVID should be prioritized for COVID immunization and managed aggressively, given their significant COVID morbidity.

Disclosures. All Authors: No reported disclosures

316. Use of (1-3)-β-D-Glucan Assay for Diagnosis of Candidemia in Patients Hospitalized with SARS-CoV-2 Infection

Yesha Malik, MD; Amy Dupper, MA, MPH; Jaclyn Cusumano, PharmD, BCIDP; Dhrud Patel, MD; Kathryn Twyman, PhD; Deena Altman, MD, MS; Dana Mazo, MD, MPH; Rachel Claman, MD; Ihahn School of Medicine at Mount Sinai; Elmhurst, New York; New York 2Icahn School of Medicine at Mount Sinai, New York, NY; Mount Sinai Queens Hospital, Queens, New York; 3Icahn School of Medicine at Mount Sinai Hospital, New York, New York 4Mount Sinai Health System, New York, New York 5The Mount Sinai Hospital, New York, New York

Session: P-14. COVID-19 Complications, Co-infections, and Clinical Outcomes

Background. Candidemia is a rare but serious complication of SARS-CoV-2 hospitalization. Combining non-culture and culture-based diagnostics allows earlier identification of candidemia. Given higher reported incidence during COVID-19 surges, we investigated the use of (1-3)-β-D-glucan (BDG) assay at our institution in those with SARS-CoV-2 infection.

Methods. Retrospective study of adults admitted to The Mount Sinai Hospital between March 15-June 30 2020 for SARS-CoV-2 infection, with either a positive nucleic acid amplification test (NAAT) or positive fungal blood culture. Data was collected with the electronic medical record (EMR) between March 2020 and April 2021. Patients admitted to the Intensive Care Unit (ICU) in a COVID-19 center in Mexico City who developed IFI were included. COVID-19 associated pulmonary aspergillosis (APA) was defined according to the European Conference of Medical SHAM criteria. Demographic and clinical data were obtained from the electronic medical record. Descriptive analysis was made. The study was approved by the Institutional Review Board.

Results. Sixty-seven (67/743, 9%) patients with COVID-19 developed IFI during ICU stay, of which 37 (53%) had APA, 24 (36%) had invasive Candidiasis (IC), 3 Cryptococcosis and 3 pulmonary Mucormycosis. The median age was 57.5 (IQR 48-68) and 46 (69%) were male. Thirty-six (54%) had obesity and 20 (30%) type 2 diabetes. Sixty-two received COVID-19 directed therapy: 48/67 (72%) steroids, 4/67 (6%) tocilizumab and 8/67 (12%) were included in clinical trials.

Conclusion. We found 9% incidence of IFIs in critically-ill COVID-19 patients with high mortality. The majority received steroids, had obesity and had a prolonged hospital stay. Most had possible APA. An outbreak of fluconazole-resistant C. parapsilosis was found.

Disclosures. All Authors: No reported disclosures

317. Invasive Fungal Infections in Critically-ill Patients with COVID-19 in Mexico City

Eduardo S. Bojorges-Aguilar, n/a; Carla M. Roman-Montes, N/A, n/a; Ariel Martinez-Gamboa, PhD; Andrea Rangel-Cordero, BCH; Paulette G. Diaz-Lomeli, N/A, n/a; Eduardo Rivero-Sigarrara, N/A, n/a; Jose Sifuentes-Osornio, N/A, n/a; Alfredo Ponce de Leon, MD; Fernandez Gonzalez-Lara, MD, MSc; 1Instituto Nacional de Ciencias Medicas y Nutricion Salvador Zubiran, Mexico City, Distrito Federal, Mexico; 2Icahn School of Medicine at Mount Sinai, New York, New York

Session: P-14. COVID-19 Complications, Co-infections, and Clinical Outcomes

Background. Invasive fungal infections (IFI) are emergent complications in SARS-CoV-2 infection. We aimed to describe the epidemiology, characteristics and outcome of IFI during the pandemic.

Methods. Between March 2020 and April 2021, patients admitted to the Intensive Care Unit (ICU) in a COVID-19 center in Mexico City who developed IFI were included. COVID-19 associated pulmonary aspergillosis (APA) was defined according to the European Conference of Medical SHAM criteria. Demographic and clinical data were obtained from the electronic medical record. Descriptive analysis was made. The study was approved by the Institutional Review Board.

Results. Sixty-seven (67/743, 9%) patients with COVID-19 developed IFI during ICU stay, of which 37 (53%) had APA, 24 (36%) had invasive Candidiasis (IC), 3 Cryptococcosis and 3 pulmonary Mucormycosis. The median age was 57.5 (IQR 48-68) and 46 (69%) were male. Thirty-six (54%) had obesity and 20 (30%) type 2 diabetes. Sixty-two received COVID-19 directed therapy: 48/67 (72%) steroids, 4/67 (6%) tocilizumab and 8/67 (12%) were included in clinical trials.

Conclusion. We found 9% incidence of IFIs in critically-ill COVID-19 patients with high mortality. The majority received steroids, had obesity and had a prolonged hospital stay. Most had possible APA. An outbreak of fluconazole-resistant C. parapsilosis was found.

Disclosures. All Authors: No reported disclosures

318. Description of Patients Readmitted within 30 Days from COVID-19 Hospitalization

Mahmoud Al-Saadi, MD; Carlos Malvestutto, M.D.; Mohammad Mahdee Sobhanie, M.D.; Courtney Hebert, MD, MS; Nora Colburn, MD, MPH; Mark Lustberg, MD; 1Ohio State University Wexner Medical Center, Columbus, OH; 2The Ohio State University College of Medicine, Columbus, OH; 3OSU Wexner Medical Center, Columbus, Ohio; 4The Ohio State University Wexner Medical Center, Columbus, OH

Session: P-14. COVID-19 Complications, Co-infections, and Clinical Outcomes

Disclosures. All Authors: No reported disclosures

Conclusion. We found 9% incidence of IFIs in critically-ill COVID-19 patients with high mortality. The majority received steroids, had obesity and had a prolonged hospital stay. Most had possible APA. An outbreak of fluconazole-resistant C. parapsilosis was found.