immunoglobulin G titer or confirmed by CMV polymerase chain reaction in saliva or urinary samples.

Results. Of 8970 records on CMV epidemiologic burden across all ages, 3600 were screened (Fig. 1). Records were excluded based on study population, outcome, design, or other reason, yielding 157 articles. 24 reported cCMV infection in newborns/infants in 13 countries (Fig. 2). cCMV seroprevalence estimates differed based on type of screening (Fig. 3). cCMV seroprevalence ranged from 0.28-67.2% among publications reporting on universal screening (n=6), 0.6-29.2% among publications reporting on targeted screening (n=17) based on hearing loss, low birth weight, or for gestational age, and 36.0% in one publication reporting on prenatal screening.

Figure 1. Study selection for epidemiological burden

Figure 2. Global map of the location and number of included studies

Figure 3. cCMV seroprevalence and 95% confidence interval* by universal, targeted, and prenatal screening methods

*Confidence intervals shown when available. cCMV, congenital cytomegalovirus

Conclusion. There is a worldwide lack of cCMV epidemiologic data with heterogeneity in seroprevalence, influenced by inconsistent and varied screening efforts. Implementation of consistent screening methods is essential to accurately describe the burden of cCMV, justify future vaccine (or other prevention or treatment) introduction, and measure impact.

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1191. Pediatric Long Haul Post COVID-19: Is New Jersey’s Experience Different? Aakriti Bharagava, MD, MPH; Lauren Farrand, MSN, RN, CPN; Stephen Ziemniwicz, MPH, FACHE; Dennis J. Brenner, MD; Timothy S. Yeh, MD; Uzma Hasan, MD; Saint Barnabas Medical Center, Carmel, Indiana; Saint Barnabas Medical Center/Rutgers New Jersey Medical School, Livingston, New Jersey

Session: P-70. Pediatric Viral Studies (natural history and therapeutic)

Background. COVID-19 impacted nearly 4 million children, accounting for 14% of total cases in the US. 1.3-3.2% of total reported hospitalizations and less than 1% deaths attributed to COVID-19. Many studies report persistent symptoms in adults several months after acute COVID-19. Similar findings have been reported from a small cohort of children in Italy. To date there are no studies reviewing long haul symptoms in children in the US.

Methods. With the goal of defining long haul in pediatric population, and providing comprehensive care to these patients, RWJBarnabasHealth launched a post-COVID CARE program in October 2020 for children. The program has provided care for approximately 16 patients with COVID related Multisystem Inflammatory Syndrome (MIS-C) and 48 pediatric patients with COVID. The goal of the Pediatric Post-COVID CARE program was to provide a multidisciplinary approach for children ages 0-21 years impacted with COVID-19. This included patients who experienced ongoing symptoms >4 weeks from initial COVID-19 illness. All children were assessed by a pediatric infectious disease physician and triaged to appropriate subspecialties, all part of the long haul care team. In addition, physical therapy and psychology support services were provided to facilitate return to normalcy.

Results. To date, our program has evaluated 64 patients. 28% experienced at least 1 symptom 4 weeks after acute COVID-19. Median age was 14 years and 77.8% were female. The follow-up study was conducted from October 2020 to May 2021. Data was collected 2 weeks, 6 weeks, 3 months, and 6 months post discharge or initial evaluation in clinic. 28% of patients were antibody positive, 55.6% experienced fatigue, 50% experienced shortness of breath or cough, 50% experienced ‘brain fog’, 33% chest pain and 44.4% experienced anxiety and/or depression.

Conclusion. Early identification of patients and comprehensive protocols may facilitate return to normalcy for children with lingering somatic symptoms worsened by impact of social isolation, economic stresses, lost parental jobs, and food insecurity among many other contributing factors. Further research is needed to determine why children of certain ethnicities are impacted differently.

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1192. Correlation Between SARS CoV 2 Viral Load and Clinical Evaluation of Patients Under 15 Years of Age with COVID 19 in a General Hospital in the Province of Buenos Aires, Argentina

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Session: P-70. Pediatric Viral Studies (natural history and therapeutic)

Background. SARS CoV2 infection produces clinical manifestations of different severity. The pediatric population represents less than 10% of cases, with a mortality of less than 1%. The severity of the condition and mortality are mainly associated with comorbidities. There is controversy about the correlation between the viral load of SARS CoV2 in respiratory samples and the evolution and severity of the clinical picture. The CT (cycle threshold) in the detection of the SARS CoV 2 genome in respiratory samples can be used as an indirect indicator of the viral load in the analyzed samples.

Goals. To determine the correlation between the SARS CoV2 CT values in the viral genome with the severity of the clinical picture. Describe the clinical, epidemiological, and laboratory characteristics of patients with PCR confirmed SARS CoV2 infection in respiratory samples.

Methods. A retrospective, observational and analytical study that included patients under 15 years of age with confirmed SARS CoV2 infection by PCR of respiratory samples at the Hospital Isidoro Iriarte in the city of Quilmes between March 1 2020 and April 30, 2021.

Results. 485 patients (n) were included. The distribution by severity of the clinical picture was mild (84%, n = 408), moderate (12%, n = 59) and severe (4%, n = 18). Comorbidities were more frequent among patients with moderate and severe symptoms. Viral load was associated with severity of clinical manifestations. Patients with moderate and severe COVID19 required hospital admission more frequently for a longer time, the use of supplemental oxygen and antibiotics were more frequent in patients with moderate and severe symptoms. Symptoms of lower respiratory tract infection such as cough and respiratory distress were more frequent in patients with moderate and severe symptoms. No patient required admission to the ICU or mechanical ventilation. No patient died.

Disclosures. John D. Diaz-Decaro, MS, PhD, Moderna, Inc. (Employee)
Conclusion. In this study, patients with moderate and severe COVID19 infection had a higher viral load in respiratory samples, a higher frequency of comorbidities, a higher frequency of hospitalization and a longer hospital stay. Lower respiratory symptoms were associated with moderate and severe symptoms, while odynophagia, vomiting, and diarrhea were associated with mild clinical symptoms.

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1193. Mucosal Antibody Responses to Respiratory Syncytial Virus (RSV) in Infants and Young Children

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Melinda Gates Foundation (Advisor or Review Panel member); Bill & Melinda Gates Foundation (Grant/Research Support); Lilly (Consultant); Pfizer (Consultant, Grant/Research Support); NIH (Grant/Research Support); Merck (Consultant, Research Support); Sanofi (Advisor or Review Panel member); Roche (Advisor or Review Panel member)

Results. We enrolled 77 children (median [IQR] age: 2.8 [1.5-5.2] months; 49 % females) within the first 24 hours of hospitalization. Of those 25 (33%) patients required PICU care. A significant increase in convalescent IgG preF Abs titers was detected in 62 (81%) children, while IgA preF Abs titers significantly increased in all but one child (D30). The magnitude of the increase was 56-fold higher for preF IgA versus preF IgG (p< 0.0001). PostF IgF and IgA titer were also increased on D30 but at significantly lower levels.

Infants < 3 months of age compared with those >3-24 months had significantly higher baseline preF and postF IgG Abs titers (p < 0.001) but not IgA antibodies. D30 preF and post F IgG titers were higher in children > 6 months of age (p < 0.0001) but only preF titers fold change significantly correlated with age (r=0.4, p< 0.0001). These correlations were not identified with IgA preF antibodies. There were no statistical differences in antibody titers at baseline and on D30 according to breastfeeding, and disease severity as defined by the need for PICU care.

Conclusion. Children hospitalized with RSV infection demonstrated significantly increased titers of mucosal preF and post F IgG and IgA specific Abs in convalescent samples. Lower age was significantly correlated with Abs production, suggesting a more robust immune response in older children.

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1194. Assessing Healthcare Professionals’ Knowledge of Shigellosis Transmission, Risk Factors, and Prevention – DocStyles Survey, 2020

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Session: P-71. Public Health

Background. Shigellosis is considered a self-limited gastrointestinal illness (shigellosis) and affects some populations disproportionately, including children, travelers, people experiencing homelessness, and men who have sex with men (MSM). Healthcare professionals (HCPs) are positioned to play an active role in educating patients about shigellosis.

Methods. We conducted a retrospective study including all patients hospitalized for acute and sub-acute brucellosis in the infectious disease department between 1992 and 2020.

Results. We encountered 104 patients (50.2%) with acute brucellosis and 103 patients (49.8%) with sub-acute brucellosis. Patients with sub-acute brucellosis were significantly older (45.1±17.2 years vs 36.5±17.5 years; p=0.001). Male gender represented 64.4% of acute brucellosis cases and 67% of sub-acute brucellosis cases (p=0.6). Night sweats (78.8% vs 65%; p=0.027), myalgia (34.6% vs 21%; p=0.034) and anemia (70.2% vs 45%; p< 0.001) were significantly more frequent among sub-acute brucellosis cases. Back pain was significantly more frequent among sub-acute brucellosis cases (78.6% vs 28.8%; p< 0.001). Fever (89.4% vs 83.5%; p=0.2), weight loss (29.8% vs 32.4%; p=0.6) and arthralgia (56.7% vs 51.5%; p=0.4) were noted among acute and sub-acute brucellosis group, with no significant difference.

Conclusion. The presence of sweating, myalgia and anemia associated with leukopenia and thrombocytopenia was suggestive of acute brucellosis, while back pain, especially among the elderly, was suggestive of sub-acute brucellosis.

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1195. Comparative Analysis Between Acute and Sub-Acute Brucellosis

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Session: P-71. Public Health

Background. Brucellosis remains a public health problem. Its myriad and non-specific manifestations vary according to the clinical presentation. We aimed to compare the clinical and laboratory features between acute and sub-acute brucellosis.

Methods. We conducted a retrospective study including all patients hospitalized for acute and sub-acute brucellosis in the infectious disease department between 1992 and 2020.

Results. We encountered 104 patients (50.2%) with acute brucellosis and 103 patients (49.8%) with sub-acute brucellosis. Patients with sub-acute brucellosis were significantly older (45.1±17.2 years vs 36.5±17.5 years; p=0.001). Male gender represented 64.4% of acute brucellosis cases and 67% of sub-acute brucellosis cases (p=0.6). Night sweats (78.8% vs 65%; p=0.027), myalgia (34.6% vs 21%; p=0.034) and anemia (70.2% vs 45%; p< 0.001) were significantly more frequent among sub-acute brucellosis cases. Back pain was significantly more frequent among sub-acute brucellosis cases (78.6% vs 28.8%; p< 0.001). Fever (89.4% vs 83.5%; p=0.2), weight loss (29.8% vs 32.4%; p=0.6) and arthralgia (56.7% vs 51.5%; p=0.4) were noted among acute and sub-acute brucellosis group, with no significant difference.

Conclusion. The presence of sweating, myalgia and anemia associated with leukopenia and thrombocytopenia was suggestive of acute brucellosis, while back pain, especially among the elderly, was suggestive of sub-acute brucellosis.

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1196. A Multi-faceted, Iterative Program to Increase COVID-19 Vaccine Uptake in a Midwestern HIV Clinic

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Session: P-71. Public Health

Background. The National Institutes of Health Office of AIDS Research recommends that patients with HIV be prioritized for COVID-19 vaccination due to high rates of co-morbidities and sociodemographic risk factors that place them at increased risk for severe disease. However, COVID-19 vaccines were not distributed specifically to those in high-risk medical categories in Nebraska, and HIV clinics were not included in the state’s COVID-19 vaccine delivery system. As a result, barriers to vaccine uptake emerged and interventions to mitigate them were needed.

Methods. A multi-faceted and iterative program aimed at improving COVID-19 vaccine uptake was implemented at the University of Nebraska Medical Center’s (UNMC) HIV clinic in Omaha, Nebraska, in January 2021. A multidisciplinary task force was established in late January 2021 and met on a weekly basis to provide staff and patient education, linkage to vaccines, and review and analysis of vaccine completion