310. Cryptococcal Infection Following COVID-19 infection in Solid Organ Transplant Recipients: A Case Series

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**Method.** This is a retrospective study of patients who were admitted at our institute with COVID-19 and had a QFT done within one month of the positive SARS-CoV-2 nucleic acid amplification test result. Patient charts were analyzed for clinical course and outcomes, including in-hospital mortality (primary outcome), 90-day mortality, respiratory failure, requirement for intubation and other complications that would portend a more severe disease course.

**Results.** A total of 120 patient charts were analyzed, out of which 43 (35.8%) had an indeterminate QFT. All the indeterminate results were due to an inadequate mitogen response. The indeterminate QFT group had a 41.86% (18/43) in-hospital mortality vs. 9.09% (7/77) in the negative or positive QFT group (p-value of < 0.001). The 90-day mortality was similar between the two groups. Patients with indeterminate QFT also had a higher incidence of respiratory failure (97.7% vs. 75.3%; p-value = 0.020), requirement for mechanical ventilation (55.8% vs. 23.4%; p-value < 0.001), requirement of ECMO (25.58% vs. 0%; p-value < 0.001), requirement of pressor (48.83% vs. 14.28%; p-value < 0.001) and requirement for renal replacement therapy (32.5% vs. 1.3%; p-value < 0.001), when compared to patients with a negative or positive QFT. Patients in indeterminate group had a higher hospital length of stay than the other group (p-value = 0.035).

**Conclusion.** Our study indicates that patients with COVID-19 who fail to mount an adequate IFNG mitogen response in QFT assay have worse clinical outcomes and a more complicated and protracted clinical course. Evaluating cell-mediated immune responses through commercially available IFNG release assays may yield a promising strategy to predict COVID-19 clinical outcomes.

**Disclosures.** All Authors: No reported disclosures