Dalbavancin was associated with clinical cure for diverse infections with low rates of adverse events, readmission and mortality in patients ineligible for traditional OPAT. Although confirmatory data are needed from larger studies, dalbavancin appears to be a versatile therapeutic agent for Gram-positive infections.

Disclosures. All Authors: No reported disclosures

614. Evaluating the Use of Dalbavancin for Off-Label Indications
Katherine Taylor, PharmD; John Williamson, PharmD; Tyler Stone, PharmD; James Johnson, PharmD; Zachary Gruss, PharmD; Vera Luther, MD; Vera Luther, MD; Courtney Russ-Friedman, MSN, FNP-BC; Chris Ohl, MD; James Beardsley, PharmD; Wake Forest Baptist Medical System, Winston Salem, NC; Wake Forest School of Medicine, Winston Salem, NC
Session: P-27. Clinical Practice Issues

Background. Dalbavancin (dalba) is a long-acting antibiotic (ABX) approved for skin and soft tissue infections. Post-marketing data suggests dalba is being used for off-label indications that require long term IV ABX; however, data assessing this off-label usage is limited. The purpose of this study was to evaluate the real-world efficacy, safety, and financial impact of off-label dalba use.

Methods. Setting: 4-hospital health system. Design: retrospective, observational study. Adult patients (pts) who received dalba from Jan 2018 to Jan 2021 for an off-label indication were included. Pts who were pregnant or had an infection caused by a pathogen outside dalba’s antimicrobial spectrum were excluded. Primary outcome was clinical success at 90 days defined as no need for additional ABX (excluding suppres- sion therapy) or surgical intervention following dalba therapy and no positive cultures post treatment associated with the dalba-targeted infection. Secondary outcomes included safety (nephrotoxicity and hepatotoxicity). A financial analysis was performed by subtracting the cost of dalba from the anticipated cost of pt stay ($427/day for hospital; $262/day for skilled nursing facility (SNF)) if standard IV therapy was given.

Results. 50 pts met study criteria: 42% were IV drug users; 14% were self-pay. Indications included osteomyelitis (54%), endocarditis (22%), bacteremia (16%), and prosthetic joint infection (PJI) (8%). The predominant organism was S. aureus (60%), with 42% caused by MRSA. All but 1 pt received 1.5 g of dalba. 20 (40%) pts received 1 dose; 26 (52%) received 2. Overall, 43 (86%) pts achieved clinical success at 90 days, including 98% of osteomyelitis/PJI pts, 82% of endocarditis pts, and 100% of pts with bacteremia. There were no instances of nephrotoxicity or hepatotoxicity. Estimated cost avoidance per pt was $5210 and $1652 if traditional IV therapy was completed in the hospital and SNF, respectively. Because the alternative therapy to dalba could not be predicted, these costs were not included in analysis but likely would have increased calculated cost avoidance.

Conclusion. Dalba was associated with a relatively high success rate for the treatment of off-label indications and may have less total costs than traditional IV ABX.

Disclosures. James Johnson, PharmD, FLGT (Shareholder) Vera Luther, MD. Nothing to disclose

615. A Year with COVID19 – Experience from the Front Line in a Large Infectious Disease (ID) Clinical Practice
Ronald G. Nahass, MD; Angelo Giordano, MBA; Edward J. McManus, MD; ID Care, Hillsborough, New Jersey; IDCare, Randolph, New Jersey
Session: P-27. Clinical Practice Issues

Background. ID Care (IDC) is a large, 43 physician, 74 provider, practice that treats patients in 16 acute care hospitals (ACH) and 120 skilled nursing facilities (SNF) in NJ. March 4, 2021 was the first day a patient with COVID19 seen by IDC. Over the subsequent year IDC evaluated, treated, and tested over 23,000 persons for COVID19. Patients were seen in 2 distinct time waves - wave 1 (W1) March 5-Aug 31 and wave 2 (W2) September 1 to March 4. We compare the experience of these 2 waves and report on the year of COVID19 at IDC.

Methods. The administrative data base for IDC was queried for demographic, visit and testing information. A survey of providers was performed to capture incidence of COVID19 and vaccination rates. Daily census logs were used to create epi curves. Comparisons between waves were performed using student T Test or X².

Results. Table 1 provides the comparisons between waves. More patients were seen in W2, however, the number of visits per patient was less, consistent with a shorter length of stay. Fewer patients were seen in SNF in W2 compared to W1. The age and sex distribution between the waves were the same. A total of 8741 molecular tests were performed. Test positivity peaked the week of December 31 at 6.99% and dropped to 0% by May 1 consistent with vaccination and the NJ epidemic curve. During the year of COVID19, 674 (8%) clinicians were infected with SARS-CoV-2. All recovered. Infections in providers were not clearly work-related exposures. 73/74 clinicians were vaccinated.

Table 1: Clinical Outcomes for Patients with COVID19

| Type of Lab | W1 N (%) | W2 N (%) | Stat               |
|-------------|----------|----------|--------------------|
| Viral       | 71/74    | 77/74    | p<0.05             |
| Antibody   | 40/74    | 46/74    | p<0.05             |
| Culture    | 17/74    | 24/74    | p<0.05             |
| Antigen    | 9/74     | 20/74    | p<0.05             |
| CT          | 3/74     | 1/74     | NS                 |
| Serology   | 56/74    | 49/74    | p<0.05             |
| HIV         | 1/74     | 1/74     | NS                 |

Session: P-27. Clinical Practice Issues
Table 1. Baseline comparison

| Feature | Wave 1 | Wave 2 | Delta | % Change | p (0.05) |
|---------|--------|--------|-------|----------|----------|
| Patients (%) | 64,634 | 70,956 | 2,942 | 52.3% | *<0.0001* |
| Visit Rates (N) | 35,467 | 41,260 | 5,793 | 14.6% | *<0.0001* |
| WED Visits | 33,171 | 44,909 | 11,738 | 34.6% | *<0.0001* |
| AUC | 3,769 | 4,439 | 670 | 17.7% | *<0.0001* |
| Patients with > 20 Visits | 405 | 485 | 80 | 19.8% | *<0.0001* |
| Visits Per Patient | 8.5 | 7.0 | 1.5 | 18.2% | *<0.0001* |
| Age > 60 (%) | 65.5 | 65.4 | -0.1 | 0.2% | *<0.0001* |
| Mean Age | 66.1 | 65.5 | 0.6 | 0.9% | *<0.0001* |
| Median Age | 67.0 | 67.0 | 0.0 | 0.0% | *<0.0001* |
| Female (%) | 46.6 | 46.6 | 0.0 | 0.1% | *<0.0001* |

Table 2. Classification performance

| Feature | Wave 1 | Wave 2 | Delta | % Change | p (0.05) |
|---------|--------|--------|-------|----------|----------|
| Patients (%) | 64,634 | 70,956 | 2,942 | 52.3% | *<0.0001* |
| Visit Rates (N) | 35,467 | 41,260 | 5,793 | 14.6% | *<0.0001* |
| WED Visits | 33,171 | 44,909 | 11,738 | 34.6% | *<0.0001* |
| AUC | 3,769 | 4,439 | 670 | 17.7% | *<0.0001* |
| Patients with > 20 Visits | 405 | 485 | 80 | 19.8% | *<0.0001* |
| Visits Per Patient | 8.5 | 7.0 | 1.5 | 18.2% | *<0.0001* |
| Age > 60 (%) | 65.5 | 65.4 | -0.1 | 0.2% | *<0.0001* |
| Mean Age | 66.1 | 65.5 | 0.6 | 0.9% | *<0.0001* |
| Median Age | 67.0 | 67.0 | 0.0 | 0.0% | *<0.0001* |
| Female (%) | 46.6 | 46.6 | 0.0 | 0.1% | *<0.0001* |

Table 1. Baseline comparison

**Conclusion.** We trained a model to predict infectious disease diagnoses in the Emergency Department setting. Future work will further explore this technique and combine our supervised classifier with additional signs of medical error such as increased mortality or anomalous treatment patterns in order to study medical misdiagnosis.

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

617. Long Acting Lipoglycopeptide Use in Veterans for Serious Gram-Positive Infections in the COVID Era

Carlos S. Saldana, MD,1 Tiffany Goodbody, PharmD,2 Lauren H. Epstein, MD,1 Nora Oliver, MD,3 Emory University School of Medicine, Atlanta, Georgia; Atlanta VA Health Care System, Atlanta, Georgia; Veterans Administration Hospital, Decatur, Georgia; Emory University School of Medicine, Atlanta, Georgia; Georgia Emerging Infections Program, Atlanta, Georgia

**Methods.** We initiated a quality improvement project to assess the use of LGP for label and off-label indications at the Atlanta Veterans Affairs Health Care System. We define serious GP infections as infective endocarditis, osteomyelitis, joint infections, or bacteremia. Patients with serious GP infections that received LGP were selected at the treating physician’s discretion. We reviewed medical records of all patients receiving at least one dose of long-acting LGP from March 1, 2020 - May 31, 2021. We described patient demographics, clinical information, and outcomes (90-day readmission).

**Results.** Nineteen patients with GP infections received LGP (table). Overall, the most common infection was cellulitis (35%); 14 patients received LGs for serious GP infections. All patients received at least one other non-LGP antibiotic for at least 2 days, majority vancomycin (60%) and cefazolin (30%). Overall, the median hospital stay among patients who received LGP was 8.5 days (range: 2-45 days), for those with serious GP infections the median hospital stay was 15 days (range: 4-45). 90% of patients who received LGP were discharged home. Number of LPS doses ranged from 1 to 6 doses total. The most common type of infection. Sixteen veterans (80%) followed up in outpatient clinic following discharge within 2 weeks, two patients were discharged to home hospice due to complications of underlying malignancies and two patients were lost to follow-up. No adverse drug events were reported, and none with serious GP infections required rehospitalization at 90 days.

**Abstracts • OFID 2021:8 (Suppl 1) • S411**