974. The Use of Social Media for Medical Education During the COVID-19 Pandemic: A Vision to the Future

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Session: P-54. Infectious Diseases Medical Education

Background. The COVID-19 is the first pandemic in history where technology and social media can be used to keep people safe and informed. The correct management of information has been recognized as a critical part of controlling the COVID-19 pandemic. The objective of this study is to create a source of information about COVID-19 that is reliable, accessible, and easy to share while providing literature references.

Methods. An Instagram account named @cienciacontracovid19 was created in 2020. In this account, the most relevant up-to-date medical information of COVID-19 was shared. The account was opened in November 2020. Figure 1 QR to access. The account has 9,534 followers from 5 Latin-American countries; 48% are between 25-34 years old, 76.6% are women, and 52% are healthcare workers. Until May 2021, 142 educational slides, 3 educational videos and 5 webinars have been posted. In the last 30 days, @cienciacontracovid19 has had 10,540 interactions and growth of +125% reaching 22,000 users. We conducted a survey in April 2021, in which 3,556 people answered. The following results were obtained: 76% considered that the information was always useful in their daily lives and 17% frequently. 77% affirmed that the information shared was always reliable and 47% consider that the information differed from other sources of information since it is easy to understand and 34% because it has bibliographic references to support it. 85% responded that the information shared in the account kept them from doing behaviors that could potentially modify some of their behaviors to stay out of risk from COVID-19.

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975. Posaconzole for Treatment of Blastomycosis: An Academic Medical Center’s Experience

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Session: P-55. Medical Mycology

Background. Blastomycosis is a seriously environmentally acquired infection that is endemic to parts of North America. Treatment with antifungal agents is recommended for all patients with blastomycosis. Current guidelines recommend treatment with amphoteran B in severe disease and triazoles such as itraconazol, voriconazol, or fluconazol. All of these agents are known to have considerable toxicities. To date, only isolated case reports have been published describing the use of the newer, generally well-tolerated, posaconazole for this indication. Here we describe an academic medical center’s experience treating patients with blastomycosis in Wisconsin using posaconazole.

Methods. A retrospective chart review of electronic medical records was conducted of patients diagnosed with blastomycosis at Froedtert and The Medical College of Wisconsin. Nine blastomycosis patients were identified as being treated with posaconazole. Information was collected regarding patient demographics, comorbidities, risk factors, diagnostics, treatment history and clinical outcomes.

Results. The most common reasons for switching from itraconazol or voriconazol to posaconazole were adverse effects or inadequate triazole serum concentrations. Patients were relatively equal in gender and had an average age of 46 years old. All except one patient had an underlying immunocompromising condition, most commonly solid organ transplant. Two patients reported fatigue, weight gain, and memory problems after initiation of posaconazole. No patients had the drug discontinued due to adverse effects. Four patients were confirmed to be cured from blastomycosis, though some remained on long-term prophylactic therapy. Duration of treatment with posaconazole ranged from 1 to 60 months. Two patients died from causes unrelated to their infection or treatment.

Conclusion. Overall, the results of this study support posaconazole as a potential alternative to fluconazol, voriconazol, and fluconazol in the treatment of blastomycosis. Randomized controlled trials are needed to determine the efficacy and tolerability of posaconazole in comparison to other triazoles recommended in the current treatment guidelines.

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977. Invasive Mucormycosis in a Tertiary Care Hospital, Western Saudi Arabia: 11-Year Retrospective Chart Review, from 2009–2019

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Session: P-55. Medical Mycology

Background. Mucormycosis is a rare, life-threatening invasive fungal disease that mostly affects immunocompromised hosts. The objectives of this study to assess clinical presentations and outcomes among patients with mucormycosis in a tertiary care hospital, western Saudi Arabia.

Methods. A retrospective chart review of cases diagnosed with mucormycosis was conducted from January 2009 to December 2019 in King Abdulaziz Medical City, Jeddah, in the western region of Saudi Arabia. Data were obtained on demographic information, comorbidities including immunocompromised conditions.

Results. 16 cases were identified as proven or probable mucormycosis according to revised European organization for research and treatment of cancer/mycoses study group criteria (EORTC/MSGERC). Most cases (n=11, 68.75%) were categorized as proven while 5 cases (31.25 %) as probable. The median age of cases 29.5 years, with 5 cases were less than 18 years. Cutaneous mucormycosis is the predominant presentation as noted in 7 cases (43.75%), followed by rhino-orbital-cerebral mucormycosis in 4 cases (25%), and pulmonary mucormycosis in 2 cases (12.5%). Rhizopus and mucor species were the two main fungal isolates. The most common underlying etiology were hematological malignancies (n=7, 43.75%); trauma with a motor vehicle accident(n=4 25%), and diabetes melitus(n=2, 25%). Most of the patients treated with amphoteran B lipid complex alone or in combination with posaconazole. The average days of antifungal use were 57.2 days. Most patients (n=11, 68.75%) underwent either one or repeated surgical debridement. Overall, 11 (68.75%) patients died, 2 of them prior to a confirmed diagnosis. All pulmonary cases died, the majority (75%) of rhino-orbital-cerebral, and 57.1% of the cutaneous cases died as well.

Conclusion. Mortality among cases with mucormycosis was high. Relatively better survival was observed among the cutaneous cases. A combination of new