Progression of addiction severity before and after completion of self-administered outpatient parenteral antibiotic therapy pilot among patients with a history of drug use (N=10). Addiction severity was defined using the National Institute of Drug Abuse (NIDA) -Modified ASSIST Score.

Table 1. Clinical Outcomes for Patients of Dalbavancin According to Type of Infection

| Type of Infection | Patients | Laboratory Abnormalities | Clinical Cure | Readmission | Mortality |
|-------------------|----------|--------------------------|---------------|-------------|-----------|
| Endocarditis      | 8 (21)   | 8 (25)                   | 7 (22)        | 0 (0)       | 0 (0)     |
| Sepsis            | 2 (5)    | 2 (5)                    | 1 (3)         | 1 (3)       | 0 (0)     |
| Dermatitis        | 0 (0)    | 0 (0)                    | 0 (0)         | 0 (0)       | 0 (0)     |

Table 2. Clinical outcomes of S-OPAT according to type of infection

| Type of Infection | n (%) |
|-------------------|-------|
| Endocarditis      | 8 (21) |
| Sepsis            | 2 (5)  |
| Dermatitis        | 0 (0)  |

Conclusion. 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

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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 suppresion 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 a shorter 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 95% of osteomyelitis/PJIs, 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

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Session: P-27. Clinical Practice Issues

Background. ID Care (IDC) is a large, 43 physician, 74 provider, practice that evaluates, treats, and tests over 23,000 persons for COVID19 in New Jersey. IDC evaluated, treated, and tested over 23,000 persons for COVID19. Patients were seen in 2 distinct time frames - wave 1 (W1) March 5-August 31 and wave 2 (W2) September 1 to March 4. W1 compared 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, 4774 (8%) clinicians were infected with SARSCoV2. All recovered. Infections in providers were not clearly work-related exposures. 73/74 clinicians 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, 4774 (8%) clinicians were infected with SARSCoV2. All recovered. Infections in providers were not clearly work-related exposures. 73/74 clinicians were vaccinated.