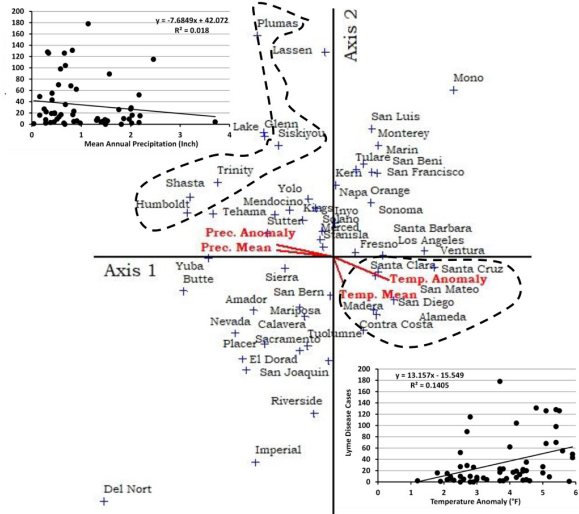


temperature (56.5 °F - 62.5 °F) and temperature anomaly (3.8 °F - 5.5 °F) were the most important variable predictor for high LD outbreak.



The CCA ordination shows the relationships between Lyme Disease and climatic variables for the 55 Counties of California. The bottom right circle represents Lyme cases positively correlated with temperature anomaly (3.8 °F - 5.5 °F) and moderate annual mean precipitation (56.5 °F - 62.5 °F). The upper left circle represents Lyme cases negatively correlated with mean annual precipitation.

**Conclusion.** Moderate temperature with low moist spell anomalies in the south neighboring CA counties showed a positive influence on LD outbreak. The climatic conditions in those areas suitable for Oak trees and masting acorn resulting in the establishment of tick and host (deer) populations. We recommend robust surveillance and lab testing for patients with a history of tick bites in these regions.

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

**1207. Coronavirus Disease, 2019 (COVID-19) in Long-Term Care Facilities (LTCF): One Large County's Response, California 2020-2021**

Raymond Y. Chinn, MD, FIDSA, FSHEA<sup>1</sup>; Sayone Thihalolipavan, MD, MPH<sup>2</sup>; Jennifer Wheeler, MSW<sup>3</sup>; Grace Kang, RN, PHN<sup>4</sup>; John D. Malone, MD, MPH, FIDSA, FACP, FACPE<sup>1</sup>; Eric McDonald, MD MPH<sup>3</sup>; <sup>1</sup>County of San Diego, Health and Human Services Agency, San Diego, California; <sup>2</sup>County of San Diego Health and Services Agency, San Diego, California; <sup>3</sup>County of San Diego, San Diego, California; <sup>4</sup>County of San Diego, Epidemiology & Immunization Services Branch, San Diego, California

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**Background.** The coronavirus-19 disease (COVID-19) outbreak has had a particularly devastating effect on skilled nursing facility (SNF) residents and healthcare workers (HCWs). While representing only 11% of COVID-19 cases, the residents accounted for 43% of deaths in the United States.

**Methods.** We report a retrospective review of the support provided by our local health department (LHD) to long-term care facilities in response to the COVID-19 pandemic. This group comprised of staff from healthcare-associated infections (HAI); the Medical Operations Center (MOC); Testing, Tracing, and Treatment (T3); and the Healthcare Provider Status Taskforce (Table 1 outlines their functions). The HAI team with the State Public Health Department provided infection prevention and control (IPC) outbreak investigation, education, recommendations, and ongoing access to technical assistance. The T3 team focused on rapid response testing and tracing; the HPSTF team collected data and issued questionnaires; the MOC responded to staffing and PPE requests; and the Long-Term Care Facility sector presented routine telebriefings to update the facilities on public health guidance, share resources, and answer questions during and in between briefings.

Table 1. Sectors and Function of Response Teams to COVID-19

Section	Function
Healthcare-associated Infection (HAI) team	Conduct field assessment to provide wrap-around support; assess infection prevention and control (IPC) practices; share practical/meaningful feedback, resources, and lessons learned; assist with testing/cohorting strategy; identify/escalate/support assistance critical needs; provide training, in-service, Q&A sessions for staff; and promote platform to address facilities' concerns real-time
Medical Operations Center (MOC)	Provide timeliness of response efforts; streamline logistics and warehouse distribution (e.g., personal protective equipment [PPE], testing supplies); collaborate with the County Long-Term Care Task Force; provide routine Long-Term Care Facility sector calls to provide education and answer questions.
Testing, Tracing and Treatment (T3) group	Streamline testing efforts (molecular and antigen testing); enhance tracing efforts (outbreak reporting, intake, and investigation); provide support for treatment (monoclonal antibodies and vaccines)
Healthcare Provider Status Taskforce	Conduct facility assessment (via email survey and phone); connect facilities to MOC for PPE; respond to inquiries; address problems; liaison with other county departments to provide technical assistance; connect facilities with testing and on-site vaccination assistance

**Results.** From March 2020 through May 2021, there were 504 outbreaks in LTCFs; the HAI team performed 281 outbreak investigations (Figure 1). In the same period, 308,264 molecular tests were performed using various platforms; laboratory services were outsourced during peak testing requests (Figure 2); "strike teams" were deployed to facilitate testing on 404 occasions. Self-reported fully vaccination rate for SNF staff was 73% (March 2021) and 76% for residents (April 2021). There were 568 staff requested; total orders for PPE were 4,839 and 16,892,823 PPE items were fulfilled (Figure 3). In addition to knowledge gaps in IPC, other challenges included shifting IPC guidance, PPE shortages, timeliness of test results that impacted cohorting, community acquisition of disease with transmission to residents, interfacility spread among staff, staffing shortages, and vaccine hesitancy issues.

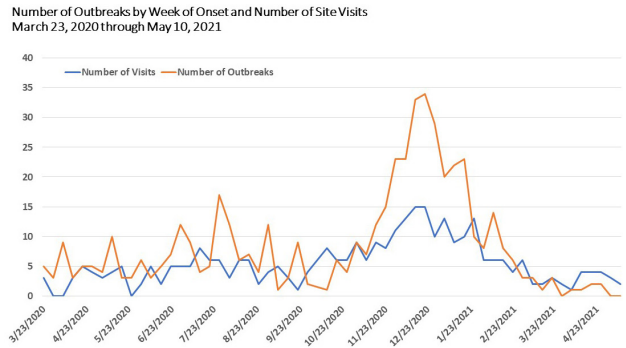


Figure 1. Number of Outbreaks and Number of Outbreak Investigations

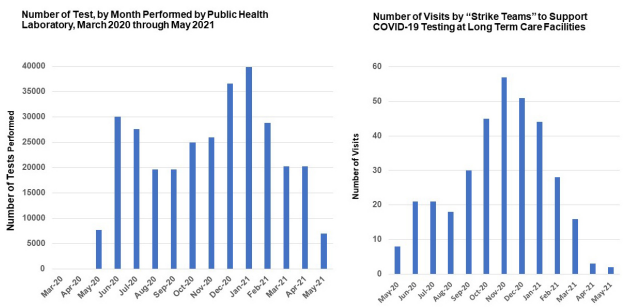


Figure 2. Number of Tests Performed by the Public Health Laboratory and the Number of Visits by "Strike Teams"

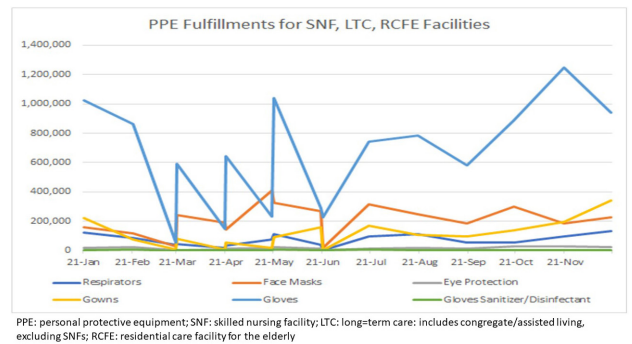


Figure 3. Personal Protective Equipment Fulfillment during COVID-19 Pandemic

**Conclusion.** The management of the recent COVID-19 outbreaks required a multi-pronged approach. Lessons learned are applicable to other highly transmissible infectious diseases.

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

**1208. Omadacycline In Vitro Activity Against Bacillus Anthracis**

Alisa W. Serio, PhD<sup>1</sup>; H. Carl Gelhaus, PhD<sup>2</sup>; Noah Eichelberger, BS<sup>2</sup>; Henry S. Heine, PhD<sup>3</sup>; Diane M. Anastasiou, BA<sup>1</sup>; Kristina Eichhorst, MS<sup>2</sup>; <sup>1</sup>Paratek Pharmaceuticals, Inc., King of Prussia, Pennsylvania; <sup>2</sup>MRIGlobal, Kansas City, Missouri; <sup>3</sup>University of Florida, Orlando, Florida

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**Background.** *Bacillus anthracis*, the etiological agent of anthrax, is one of the agents most likely to be used in a biologic attack. Omadacycline previously has demonstrated