Table 1. Demographic and Characteristics of Mothers

Table 1. Demographic and Characteristics of Mothers

	Total Population† (N = 236)	Flu vaccine only (n=66)	Tdap vaccine only (n=32)	Both Flu and Tdap (n=64)	No vaccine (n = 74)	P-value
Age at delivery, years						
Median (IQR)	28.5 (25.3-33.2)	30.5 (25.6-33.5)	30.2 (25.3-34.2)	28.2 (24.3-34.5)	28.4 (25.4-31.2)	0.17
Race, n (%)						
Black	201 (85.17)	58 (87.88)	25 (78.12)	52 (81.25)	66 (89.19)	0.80
White	12 (5.08)	4 (6.06)	3 (9.37)	2 (3.12)	3 (4.05)	
Hispanic	14 (5.93)	2 (3.03)	2 (6.25)	6 (9.37)	4 (5.40)	
Asian	5 (2.12)	2 (3.03)	1 (3.12)	1 (15.6)	1 (1.35)	
Not specified	4 (1.69)	0 (0.0)	1 (3.12)	3 (4.69)	0 (0.0)	
Parity						
Median (IQR)	1 (1-3)	1 (0-2)	1 (0.5-3)	1 (1-2.5)	2 (1-3)	*0.0014*
Chronic medical conditions, n (%)						
Yes						
HTN	33 (13.98)	12 (18.18)	4 (12.5)	8 (12.5)	9 (12.16)	0.59
DM	2 (0.85)	0 (0.0)	0 (0.0)	1 (1.56)	1 (1.35)	0.53*
Tobacco use in pregnancy, n (%)						
Yes	48 (20.34)	15 (22.73)	8 (25.0)	9 (14.06)	16 (21.62)	0.74
Prenatal care						
On ART during pregnancy, n (%)	134 (56.78)	37 (56.06)	17 (53.13)	34 (53.13)	46 (62.16)	0.26
CD4, cells/mm³ (IQR)						
At presenting appt	421 (247-620)	449.5 (189-621)	338.5 (257-541.5)	435 (276-636)	416.5 (251-648)	0.85
At delivery	464.5 (282-616)	434 (229-592)	464.5 (337.5-623)	469.5 (331-637)	455 (266-607)	0.75
Viral Load, copies/mL						
During pregnancy‡, n (%)						
>200	138 (59.48)	32 (48.48)	16 (50.0)	40 (62.50)	50 (67.57)	*0.024*
>1000	120 (51.72)	31 (46.97)	14 (43.75)	33 (51.56)	42 (56.76)	0.13
Trimester 3§, n (%)						
>200	80 (34.33)	18 (27.27)	10 (31.25)	21 (32.81)	31 (41.89)	0.061
>1000	59 (25.32)	14 (21.21)	10 (31.25)	13 (20.31)	22 (29.73)	0.22

Percentages (%) are by column unless otherwise specified. Medians presented with corresponding IQR, means with standard deviation.
†Percentages derived from the column total
‡n = 232
§n = 233

Table 2. Relative Risk of a Healthcare Visit in the first 6 months of life for URI in Vaccinated vs Unvaccinated Mothers

Table 2. Relative Risk of a Healthcare Visit in the first 6 months of life for URI in Vaccinated vs Unvaccinated Mothers

	RR (95% CI)	P-value	aRR (95% CI)	P-value
Clinic visit (n = 221)	0.75 (0.27, 2.20)	0.62	--	--
ED/urgent care visit (n = 222)	0.79 (0.53, 1.19)	0.26	0.81† (0.53, 1.26)	0.35
Hospitalization (n = 221)	1.56 (0.45, 5.41)	0.48	--	--
ANY Visit (n = 301)	0.86 (0.59, 1.26)	0.44	0.81† (0.54, 1.20)	0.29

†Adjusted for year of delivery, mother's delivery age, race, new diagnosis of HIV during pregnancy, parity, ART pre-pregnancy, CD4 count at presentation and VL >200 copies/mL in the third trimester; n = 214

Table 3. Birth outcomes in HEU infants of Vaccinated vs Unvaccinated Mothers

Table 3. Birth outcomes in HEU infants of Vaccinated vs Unvaccinated Mothers

	Total Population† (N = 236)	Flu vaccine only (n = 66)	Tdap vaccine only (n = 32)	Both Flu and Tdap (n = 64)	P-value‡	No vaccine (n =74)	P-value
Gestational Age, wks Median (IQR)	38.6 (37.6-39.4)	38.5 (38.0-39.1)	38.5 (38.0-40.0)	39.0 (37.5-40.0)	0.46	38.1 (37.1-39.1)	0.06
Birth weight, g Median (IQR)	3012 (2708-3360)	2975 (2710-3290)	3020 (2860-3230)	3122.5 (2738-3458)	0.47	2970 (2550-3320)	0.19
SGA, n (%)§	14 (6.01)	5 (35.7)	0 (0.0)	4 (28.6)¶	0.3277	5 (35.7) ‖	
IUGR, n (%)§	8 (3.43)	4 (50.0)	0 (0.0)	4 (50.0)¶	0.4133	0 (0.0) ‖	

Percentages (%) are by row unless otherwise specified.
*Statistical significance at alpha level 0.05.
†Percentages derived from the overall column total, N = 236
‡P-value is excluding those designated as 'no vaccine' and across all three remaining groups for continuous/categorical, N = 162; chi-squared or Fisher's exact test used when data is skewed
§Three missing observations, n = 233
¶One missing observation, n = 63
‖Two missing observations, n = 72

Conclusion. There was a lower risk of healthcare visits for ARI in the first 6-months of life in HEU infants born to mothers who received antepartum vaccinations. Although not statistically significant, larger studies are needed to fully characterize the immune responses in this unique population.

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

1146. Thrombocytosis in Infants with Congenital Cytomegalovirus Infection Being Treated with Valganciclovir

Kathleen Murtagh, APN[1]; Jacquie Toia, DNP, RN, APN[1]; Tonya Scardina, PharmD, BCPS, BCIDP[1]; Anne H. Rowley, MD[2]; Leena B. Mithal, MD, MSCI[3]; [1]Ann & Robert H. Lurie Children's Hospital of Chicago, Chicago, Illinois; [2]Northwestern University/Lurie Children's Hospital of Chicago, Chicago, Illinois; [3]Northwestern University, Chicago, IL

Background. Congenital CMV (cCMV) is associated with sensorineural hearing loss and neurodevelopmental disabilities. Infants with symptomatic cCMV infection benefit from 6 months of oral valganciclovir (vGCV) therapy. Neutropenia, thrombocytopenia, and hepatotoxicity are adverse effects vGCV, for which we monitor. We observed a pattern that cCMV infants treated with vGCV developed an uptrend in platelets and/or thrombocytosis (platelet count >450,000/uL) while on therapy. This observation has not previously been reported.

Methods. Medical records and laboratory results from our multi-disciplinary cCMV clinic led by Infectious Diseases at Lurie Children's Hospital were reviewed (2017-2020). Data included cCMV signs/symptoms, cCMV treatment prescribed, indication for ganciclovir/vGCV treatment, and complete blood count prior to, during, and post- vGCV therapy.

Results. Of 21 cCMV infants referred to clinic, 14 received >1 month of vGCV for symptomatic disease, 1 discontinued vGCV < 1 month due to perceived fussiness, and 1 was part of a clinical trial. Four infants were initially treated with ganciclovir for ≤1 month and transitioned to vGCV. Of the 14 patients treated with vGCV, 10 (71%) had sensorineural hearing loss (50% unilateral), 12 (86%) had central nervous system abnormalities (including cystic lesions on head ultrasound), 5 (36%) had thrombocytopenia, and 7 (50%) were intrauterine growth restricted [Table 1]. Eleven infants (79%) developed thrombocytosis. Thirteen infants (93%) had an uptrend in platelet count [not including normalization of initial thrombocytopenia (platelets < 150,000/uL)]. Figure 1 shows platelet counts by time with respect to vGCV treatment. Neutropenia (absolute neutrophil count < 500/uL) occurred in 1 patient that required temporary discontinuation of vGCV.

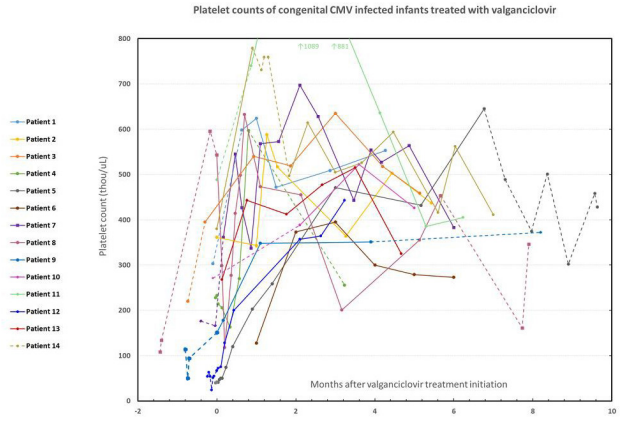
Table 1

Congenital CMV patients receiving valganciclovir (vGCV)

Patient	Congenital CMV features	Age of CMV testing (day of life)	Age at start of treatment (day of life)	Duration of vGCV treatment (months)	Platelet uptrend while on vGCV	Thrombocytosis >450,000 while on vGCV	Platelets oscillated* while on vGCV	Sensorineural hearing loss (SNHL)
1	SNHL, CNS subependymal cystic lesions	2	19	6	Y	Y	N	unilateral
2	SNHL, CNS subependymal cystic lesions	2	12	6	Y	Y	Y	unilateral
3	SNHL	3	22	6	Y	Y	N	unilateral
4	thrombocytopenia, rash, ventriculomegaly, pneumonitis	2	2	6†	Y	Y	N	
5	IUGR, petechiae, CNS periventricular calcification, ventriculomegaly	1	1	7†	Y	Y	N	
6	SNHL, thrombocytopenia, CNS complex cystic lesions in germinal matrix regions	3	9	6	N	N	Y	bilateral
7	SNHL, CNS periventricular white matter changes	10	12	6	Y	Y	Y‡	bilateral
8	IUGR, thrombocytopenia, petechial rash, microcephaly, SNHL, CNS cortical malformation, ventriculomegaly	45	45	7†	Y	Y	Y	bilateral
9	thrombocytopenia, ventriculomegaly	2	24	5	Y	N	N	
10	IUGR, CNS intracranial calcifications, hyperbilirubinemia	9	14	6	Y	Y	Y	
11	IUGR, SNHL	3	31	6	Y	Y	Y	bilateral
12	IUGR, thrombocytopenia, CNS cerebral calcifications and cortical malformation, SNHL	2	7	6†	Y	N	N	unilateral
13	IUGR, SNHL, CNS periventricular cysts	4	12	6	Y	Y	N	bilateral
14	IUGR, SNHL, microcephaly, ventriculomegaly	1	35	6	Y	Y	N	bilateral

sensorineural hearing loss (SNHL); intrauterine growth restriction (IUGR); yes (Y); no (N)
*oscillated = both increased and decreased over time (as opposed to only trending upward)
†received IV ganciclovir initially and transitioned to vGCV
‡on numerous other medications, including antiepileptics

Figure 1



Conclusion. We observed an interesting trend of rising platelet count and the development of thrombocytosis in the majority of our cCMV patients on vGCV. Platelet elevation associated with vGCV has not previously been described. This observation is limited by small number of patients and thrombocytosis is not a definitive association/adverse effect. With increasing use of vGCV and interest in its effect on bone marrow function, this observation is notable and warrants further study.

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

1147. Short Course of Voriconazole Therapy as a Risk Factor for Relapse of Invasive Pulmonary Aspergillosis

Dong Hoon Shin, MD[1]; Seung-Jin Yoo, n/a[2]; JONGTAK JUNG, MD[3]; Kang Il Jun, MD[1]; Hyungjin Kim, n/a[2]; Chang Kyung Kang, MD[1]; Kyung Ho Song, MD, PhD[4]; Pyoeng Gyun Choe, MD[2]; Wan Beom Park, MD, PhD[1]; Ji-Hwan Bang, n/a[5];