

confidence related to appropriate and timely use of influenza antiviral medications to patients at high risk for influenza-related complications and morbidity.

Disclosures. All Authors: No reported disclosures

972. Antimicrobial Stewardship Educational Needs of Residents in an Internal Medicine Program

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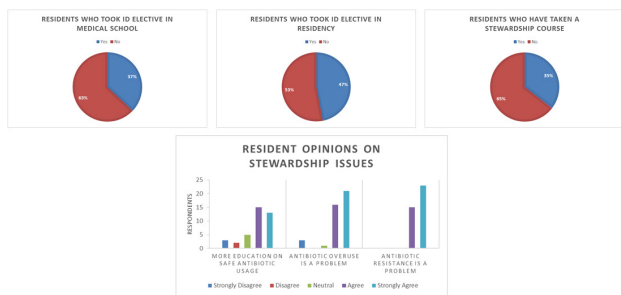
Session: P-54. Infectious Diseases Medical Education

Background. Antibiotic stewardship continues to be health concern that physicians often acknowledge, but whose real-life practices do not reflect that awareness. There is a wide range of opinions on the efficacy of the type of modality that is most effective to teach stewardship. Our project addresses resident needs specifically, with coverage in four topics—proper antibiotic dosing, IV to PO transitioning, duplicate coverage, and antibiotic time outs.

Methods. Categorical Internal Medicine residents in PGY 1-3 were sent an optional 48-question Likert survey querying needs in the above four topics.

Results. General Demographics. Resident response was 35%, with equal representation from all PGY years. Over half reported no ID or stewardship elective exposure and 74% agreed they could benefit from further education on stewardship (Figure 1). Proper Dosing Educational Needs. Of residents, 68% reported feeling confident about where to find information on dosing antibiotics for a given condition/organism (Figure 2a), but only 37% were comfortable with establishing an initial dose. When a range was suggested, 55% of respondents admitted to at least “sometimes, often, or always” choosing the highest suggested dose by default. IV to PO transition. Residents preferred (76%) and used (89%) IV antibiotics by default in an inpatient setting. Nearly 45% of respondents reported “sometimes or rarely” feeling comfortable in making an IV to PO transition, and 40% “often or always” avoid PO transition until discharge (Figure 2b). Duplicate Coverage. Over 70% of residents reported they “sometimes, rarely, or never” felt confident in stopping double coverage themselves when started by the primary team (Figure 3a). Antibiotic Time Out. Only 17% of respondents had heard of an antibiotic timeout, and only 8% have ever used one (Fig.3b); 80% of residents had no structured way to review usage and 53% reported “sometimes or often” forgetting about assessing for de-escalation daily.

Figure 1. Resident Demographics



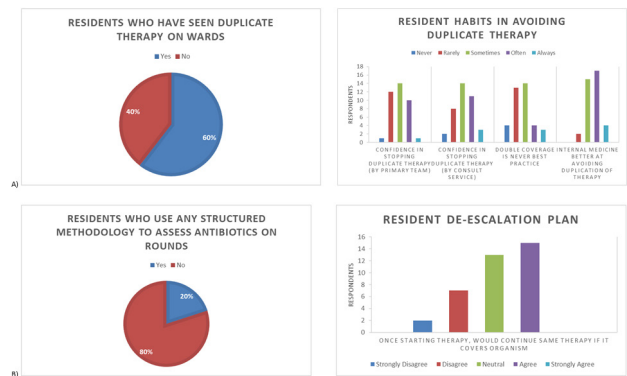
Our anonymous, optional survey attracted a 35% response rate from the categorical residents at our suburban program spread over two tertiary hospitals with >1200 beds total. Most had not received prior training in infectious disease or stewardship, yet most recognized antibiotic overuse and resistance as a major, ongoing problem.

Figure 2. Resident responses on proper dosing and IV to PO questions.



(A) Residents appear most uncomfortable with initial antibiotic dosing and seeking additional sources for best dosage when commonly used sources suggest a range of possible doses. (B) Majority of residents preferred and used IV antibiotics, and commonly transitioned to PO only at patient discharge. Some residents reported discomfort with establishing equivalent IV to PO transition dosages.

Figure 3. Resident responses to questions regarding duplication of therapy and antibiotic time outs.



(A) Though many could and had recognized duplication of therapy on the wards, several participants reported at least some discomfort in independently stopping double coverage. (B) Most residents had not heard of or utilized an antibiotic time-out or any other structured method to re-assess their antibiotic use on daily rounds. As such, 41% of respondents admitted they would likely just continue initial, broad-spectrum therapy.

Conclusion. Our analysis aimed to establish resident educational needs in four major topics in stewardship. Gaps in knowledge include timing transition from IV to PO, initial antibiotic dosing, stopping double-coverage, and lack of awareness of timeouts. This needs assessment will be used to build an antibiotic stewardship curriculum for IM residents.

Disclosures. All Authors: No reported disclosures

973. Utilization of Project ECHO for COVID-19 Medical Knowledge and Best Practices for Health Professionals serving an Underserved Population

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Session: P-54. Infectious Diseases Medical Education

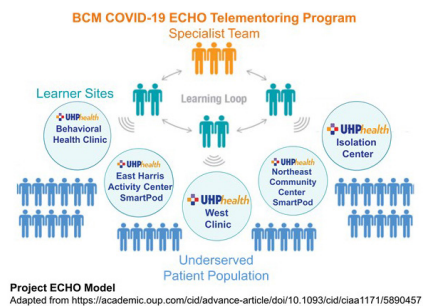
Background. During the global COVID-19 pandemic, the release of research and data particularly to guide clinical care evolved rapidly and highlights the critical need for timely, and equitable access to medical knowledge and best practices. Specialized medical knowledge has historically been confined to specialists in academic medical centers and disconnected from healthcare professionals in underserved areas. It is important to bridge this gap and democratize knowledge through a model that supports rapid dissemination of best practices to build capacity in areas of need.

Methods. A Project ECHO partnership was implemented between academic infectious diseases specialists and local healthcare professionals involved in COVID-19 screening, diagnosis and management serving an underserved population. BCM COVID-19 ECHO supported the Access2Health SmartPod COVID-19 clinical operations staffed by a charitable community organization. The SmartPod clinical team were engaged in weekly one-hour ECHO sessions with didactic presentations and case discussions on diverse COVID-19 topics. The program was evaluated at 6 months.

COVID 19 ECHO Model

Utilization of Project ECHO for COVID-19 Medical Knowledge and Best Practices for Health Professionals serving an Underserved Population

Methods: Figure 1



BCM COVID-19 ECHO Telementoring Program with the United Health Partners in the community
BCM COVID-19 ECHO Telementoring Session Topics

Methods:

Table 1: Curriculum developed for weekly telementoring sessions

BCM COVID-19 ECHO Telementoring Session Topics
Review of COVID-19 Testing, PPE, and Clinical Workflows
Overview of Clinical Workflows, Screening, and Triage Patients
Overview of Testing and Test Interpretation
COVID-19 Treatment Options
COVID-19 Counseling: Quarantine versus Isolation
Similarities and Differences between Flu and COVID-19
Multisystem Inflammatory Syndrome
COVID-19 and Mental Health
Vaccine Development: Where Are We Now?
Long COVID: An Overview of Current Knowledge



Curriculum developed for the health professionals seeing patients in the SmartPOD and clinics in underserved communities.

Results. In Fall 2020, BCM COVID-19 ECHO facilitated 10 sessions with an average attendance of 8 healthcare professionals per session. Evaluation results indicated high levels of satisfaction with session content and telementoring partnerships, with 80% expressing intent to apply the knowledge and skills acquired from the sessions to their clinical practice.

Conclusion. The Project ECHO model successfully engaged healthcare professionals in a continuous learning loop. With the rapid and vast amount of information during the COVID-19 pandemic, it is important to ensure health professionals have equitable access to medical knowledge and feel empowered to implement best practice changes.

Disclosures. All Authors: No reported disclosures

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 is published daily in Spanish. All the account's content is made by two infectious diseases specialists and a general practitioner. After 6 months since the creation of the account, we performed a survey to assess the followers perception of the usefulness of @cienciacontracovid19 during the pandemic.

Results. The account was opened in November 2020. Figure 1 QR to access. Currently, 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 useful. 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 putting themselves at risk. When asking if the information shared has made them feel safer by being informed, 49% answered always and 44% frequently.

QR to access the instagram account



Conclusion. @cienciacontracovid19 has been a valuable source of scientific information with a positive impact on its users. Its implementation has been a practical medical education tool during the COVID-19 pandemic. By being informed, people could potentially modify some of their behaviors to stay out of risk from COVID-19.

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975. Posaconazole for Treatment of Blastomycosis: An Academic Medical Center's Experience

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Session: P-55. Medical Mycology

Background. Blastomycosis is a serious 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 amphotericin B in severe disease and triazoles such as itraconazole, voriconazole, or fluconazole. 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 retroactive 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 itraconazole or voriconazole 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 fluconazole, voriconazole, and itraconazole 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.

Disclosures. All Authors: No reported disclosures

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 *muror* 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 mellitus (n=4, 25%). Most of the patients treated with amphotericin 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%) undergone 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