

Table 3. Patient Characteristics by Death

Treatment courses			
Hydroxychloroquine	48 (36.9%)	17 (54.8%)	NS
Antibiotics	101 (77.7%)	27 (87.1%)	NS
Remdesivir	12 (9.2%)	3 (9.7%)	NS
Immunomodulator	8 (6.2%)	1 (3.2%)	NS
Convalescent serum/plasma	24 (18.5%)	8 (25.8%)	NS
IVIg	3 (2.3%)	0	NS
Steroids	22 (16.9%)	16 (51.6%)	5.24 [2.26-12.14], <0.0001
Required ICU care	38 (29.2%)	31 (100%)	72.63 [9.56-552.89], <0.0001
Required intubation	18 (13.8%)	26 (83.9%)	32.36 [11.0-95.16], p<0.0001
Mean days to intubation	2 (0-7)	5.7 (0-22)	1.34 [1.02-1.75] p=0.03
Mean days on ventilator	18.5 (3-53)	11.9 (1-36)	NS
Required vasopressors	14 (10.8%)	22 (71%)	20.25 [7.81-52.5], <0.0001
Required inotropic agents	2 (1.5%)	4 (12.9%)	9.48 [1.65-54.42], 0.003
Outcomes			
New MI	8 (6.2%)	4 (12.9%)	NS
New arrhythmia	9 (6.9%)	12 (38.7%)	8.49 [3.15-22.86], 0.0001
New heart failure	3 (2.3%)	3 (9.7%)	NS
Bacteremia	2 (1.5%)	3 (9.7%)	6.86 [1.09-42.98], 0.02
Pneumonia	48 (36.9%)	19 (61.3%)	2.70 [1.21-6.05], 0.01
ARDS	19 (14.6%)	18 (58.1%)	8.09 [3.41-19.18], 0.0001
UTI	8 (6.2%)	3 (9.7%)	NS
Viral co-infection	2 (1.5%)	0	NS
VTE	6 (4.6%)	5 (16.1%)	3.97 [1.13-14.01], 0.02
DIC	2 (1.5%)	1 (3.2%)	NS
Rhabdomyolysis	0	1 (3.2%)	NS
New HD requirement	4 (3.1%)	11 (35.5%)	17.33 [5.03-59.74], 0.0001
Mean LOS (days)	11.1 (1-55)	16.7 (1-34)	1.04 [1.01-1.08], 0.01
Patients who had additional SARS-CoV-2 PCR	74 (56.9%) 59 still positive	20 (64.5%) 19 still positive	NS

Conclusion: COVID-19 pts admitted to our southeast U.S. HS had significant comorbidities, most commonly obesity, HTN, and diabetes. Additionally, AA comprised a disproportionate share (72%) of our cohort compared to the general population of our state (30%), those tested in our region (32.9%), and those found to be positive for COVID-19 (35.8%). In-hospital mortality was 19.3% and intubation, particularly if delayed, was associated with death as were several complications, most notably arrhythmia, ARDS, and renal failure with HD.

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366. Characteristics and Outcomes of COVID-19 Patients with Fungal Infections
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Session: P-12. COVID-19 Complications, Co-infections, and Clinical Outcomes

Background: There is concern that patients with coronavirus disease 2019 (COVID-19) are at risk of developing secondary bacterial and fungal infections; however, data on the clinical characteristics and outcomes of COVID-19 patients with fungal infections are limited. We evaluated the risk factors and mortality of hospitalized COVID-19 patients with fungal infections.

Methods: This was a retrospective chart review of 51 patients with fungal infections at an 877-bed teaching hospital in Detroit, Michigan from March through May 2020. Demographic data, comorbidities, complications, treatment, and outcomes, including relapse, readmission and mortality were collected. We performed a descriptive analysis.

Results: A total of 51 patients with fungal infections were included, in which 31 (60.8%) had confirmed or suspected COVID-19 infection. Of the COVID-19 patients, the average age was 66 years and the majority (54.9%) were female. The average length of stay (LOS) was 29.3 days. *Aspergillus* sp. (2 *A. fumigatus*, 1 *A. niger*) were isolated in 3 (10%) patients while 23 (74.2%) had candidemia diagnosed via blood culture or T2Candida* Panel. One had a positive serum galactomannan. The average time from admission to diagnosis was 13 days. Significant comorbidities included hypertension (74%), diabetes (51.6%), coronary artery disease (25.8%), congestive heart failure (32.2%), chronic kidney disease (22.6%), and malignancy (16.1%). Most patients received steroids (83.9%) and broad-spectrum antibiotics (80.6%), had a central line (80.6%), and required intensive care unit management (90%). Only 71% were treated with antifungals. One

patient with candidemia relapsed due to poor source control; two were readmitted within 30 days. In-hospital mortality rate was 51.6% among COVID-19 patients.

Conclusion: COVID-19 patients with fungal infections had multiple comorbidities, prolonged hospitalization and predisposing risk factors for fungal infections with a high in-hospital mortality rate. Prevention of fungal infections in COVID-19 patients is paramount.

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367. Clinical Characteristics and Outcomes in Patients with Pneumonia secondary to Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2)

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Session: P-12. COVID-19 Complications, Co-infections, and Clinical Outcomes

Background: Since discovery in December 2019, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) which causes the disease of COVID-19 has become a global pandemic. Little is known about which risk factors lead to more severe disease or increased mortality in patients diagnosed with SARS-CoV-2. We aimed in this study to compare clinical characteristics associated with disease severity and increased mortality in hospitalized patients with COVID-19.

Methods: This was a single-center, retrospective study at The Ohio State University Wexner Medical Center to compare clinical characteristics associated with increased mortality in hospitalized patients with confirmed SARS-CoV-2. Adults patients positive for SARS-CoV-2 between March 1, 2020 and April 20, 2020 were included in the study. Prisoners and pregnant women were excluded. Baseline demographics, clinical characteristics, and outcomes were collected, and then compared to determine association with mortality. Statistical analysis used univariate and multivariate logistic regression analysis to evaluate the relationship between patient characteristics and mortality.

Results: The cohort included 92 patients. Median age was 58 years (ranging from 25-93) and 47/92 were men (51%). 12 patients were admitted directly to the intensive care unit (ICU), with 22 additional patients transferred to the ICU. 23 patients required mechanical ventilation. Clinical characteristics significantly associated with mortality in univariate analysis included underlying coronary artery disease (CAD) (OR=7.8, p = 0.002), chronic obstructive pulmonary disease (OR=5.21, p=0.02), living in an extended care facility (ECF) (OR=4.2, p=0.025), and immunocompromised status (OR=4.2, p=0.025). Multivariate analysis showed a statistically significant association in patients with underlying CAD (OR=13.1, p=0.001) and those admitted from an ECF (OR=12.1, p=0.005), when adjusted for other variables in the model.

Characteristics Associated with Mortality in Patients with COVID-19 in Univariate Analysis

Characteristics Associated with Mortality in Patients with COVID-19 in Univariate Analysis	Odds Ratio	Confidence Interval	p-value
Clinical Characteristic			
Male Gender	1.40	0.41 – 4.78	0.590
African American	0.61	0.17 – 2.19	0.450
Age Greater Than 60	3.86	0.97 – 15.30	0.055
Coronary Artery Disease	7.88	2.09 – 29.70	0.002
Living in Extended Care Facility	6.17	1.43 – 26.60	0.015
Tobacco Use	0.56	0.11 – 2.77	0.480
Diabetes Mellitus	3.27	0.94 – 11.30	0.060
Obesity (BMI > 30)	2.00	0.50 – 7.95	0.320
Asthma	0.87	0.17 – 4.37	0.860
Chronic Obstructive Pulmonary Disease	5.21	1.24 – 21.77	0.020
Immunocompromised Patient	4.20	1.20 – 14.70	0.025

Conclusion: Our study found that CAD and admission from an ECF were associated with SARS-CoV-2 mortality, when adjusted for age and other comorbidities. Further studies are necessary to identify potential preventative strategies to mitigate mortality in this vulnerable population.

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368. Clinical Characteristics of Hospitalized COVID-19 American Indian Patients in Rural Arizona

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Session: P-12. COVID-19 Complications, Co-infections, and Clinical Outcomes

Background: American Indians have an increased risk of serious complications from COVID-19 due to the high prevalence of comorbidities such as diabetes,