intravenous immunoglobulin; WBC: white blood cell count; ANC: absolute neutrophil count; ALC: absolute lymphocyte count.

Table 2. Characteristics of the 113 Infections in the 35 Subjects Who Developed Infections

Total Infections by Category*	113 Total Infections
Bacterial (Total #,% infections)	77 (68.1)
Proven bacterial infections	34
Gram positive (# infections, % proven bacterial)	12 (35.3)
Gram negative (# infections, % proven bacterial)	19 (55.9)
Other+ (#infections, % proven bacterial)	3 (8.8)
Proven bacterial infections by body site	
Pulmonary (# infections, % proven bacterial)	19 (55.9)
Urinary (# infections, % proven bacterial)	17 (50.0)
Sinus (# infections, % proven bacterial)	14 (41.2)
Other (# infections, % proven bacterial)	27 (35.1)
Probable bacterial infection+	43
Viral (Total #, % infections)	27 (23.9)
Proven viral infections	20
Non-respiratory virus (# infections,% proven viral)	5 (25.0)
Respiratory virus (# infections,% proven viral)	15 (75.0)
Proven viral infections by body site	
Pulmonary (# infections,% proven viral)	22 (81.5)
Urinary (# infections,% proven viral)	0 (0)
Skin (# infections,% proven viral)	1 (3.7)
Other (# infections,% proven viral)	4 (4.8)
Probable viral infections	7
Fungal (Total #, % infections)	9 (8.0)

*Patients could have more than one infection in each group and could have infections in each of the categories. Gram positive organisms included the following: Enterococcus faecium, Enterococcus spp, Staphylococcus spp, Coagulase negative Staphylococcus, Staphylococcus epidermidis. Gram negative organisms included: Klebsiella pneumoniae, Escherichia coli, Enterobacter spp, Stenotrophomonas, Acinetobacter spp, Citrobacter spp, Pseudomonas aeruginosa, Salmonella spp, Serratia marcescens. +Additional bacterial infections included Clostridium difficile infection and Lyme disease (Borrelia burgdorferi). Non-respiratory viruses included: included human papillomavirus and Cytomegalovirus. Respiratory viruses included: Coronavirus (non-SARS-CoV2), SARS-CoV2, Enterovirus, Human metapneumovirus, Influenza, Parainfluenza, Rhinovirus. Fungal infections included: Aspergillus spp, Cryptococcus spp, Candida glabrata. +Probable bacterial infections were treated with systemic antibiotics but did not have a confirmed pathogen.

Conclusion. Infectious complications, particularly of bacterial etiology, are common in the first year following CAR-T therapy. These data may inform future prophylactic strategies in this patient population.

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926. COVID-19 Infections After SARS-CoV-2 Vaccination in Solid Organ Transplant Recipients

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Session: P-53. Infections in Immunocompromised Individuals

Background. Solid organ transplant recipients (SOTR) have lower humoral responses following SARS-CoV-2 vaccination. Whether this equates to reduced vaccine effectiveness in SOTR or impacts disease severity is not yet known. We used the IDSA Emerging Infections Network (EIN) to identify SARS-CoV-2 cases in vaccinated SOTR. We describe their clinical characteristics and outcomes.

Methods. On 4/7/21, we requested case reports via the EIN listserv of COVID-19 infection following SARS-CoV-2 vaccination in immunocompromised individuals. Case reports were collected until June 7th. Online data collection included patient demographics, dates of SARS-CoV-2 vaccine administration and clinical data related to COVID-19 infection. We performed a descriptive analysis of these patient factors and compared differences between early onset (< / = 21 days after completing vaccine series) and late onset infection (> 21 days after completing vaccine series).

Results. As of 6/7/21, 34 cases of COVID-19 infection after vaccination in SOTR were submitted. Most cases (79%) occurred in individuals who were fully vaccinated. Only 3 cases (8.5%) occurred in SOTR within their first year after transplantation. Clinical characteristics are listed in Table 1. The vaccine administration date was known for 26 SOTR among whom symptoms occurred a median of 26.5 days (IQR 21.75 days, range 5-79 days) after completing the COVID-19 vaccine series. Twenty-three SOTR (68%) required hospitalization of which 12 had critical illness. Outcome data was available for 29 individuals of whom 20 (69%) demonstrated improvement. When comparing SOTR with early versus late onset COVID-19 infection in relation to vaccination timing, there were no differences in disease severity (80% vs 75% with severe or critical disease, p=NS) or outcome (30% vs 31% died or deteriorating, p=NS).

Table 1: Characteristics of Solid Organ Transplant Recipients with COVID-19 Infection Following SARS-CoV-2 Vaccination

Characteristics	N=34 (%)
Gender	
Female	13 (38%)
Male	10 (29%)
Unknown	11 (32%)
Age Group	
18-44	4 (12%)
45-64	10 (29%)
65-74	14 (41%)
75-84	5 (15%)
Unknown	1 (3%)
Vaccine Administered	
Pfizer/BioNTech	21 (62%)
Moderna	10 (29%)
Janssen	1 (3%)
Unknown	2 (6%)
Completed Vaccine Series	
Yes	27 (79%)
No	2 (6%)
Unknown	5 (15%)
Organ Transplanted	
Lung	10 (29%)
Heart	7 (21%)
Kidney	12 (35%)
Liver	1 (3%)
Dual	4 (12%)
Time from Transplant to COVID-19 Infection	
< 1 year	3 (9%)
1-5 years	15 (44%)
>5 years	13 (38%)
Unknown	3 (9%)
Disease Severity	
Mild/Moderate	11 (32%)
Severe	11 (32%_
Critical	12 (35%)
Outcomes	
Improving/Recovery	20 (59%)
Died/Deteriorating	9 (26%)
Unknown	5 (15%)

Conclusion. SARS-CoV-2 infections after vaccination are occurring in SOTR, including cases of critical illness, suggesting reduced vaccine effectiveness within this vulnerable population. We did not appreciate any correlation between time from vaccination and COVID-19 disease severity or outcome. Further studies evaluating the true incidence of and risk factors for breakthrough infections among vaccinated SOTR are needed.

Disclosures. **Matthew Kuehnert, M.D.**, **American Association of Tissue Banks** (Board Member)**ICCBBA** (Board Member)**Musculoskeletal Transplant Foundation** (Employee) **John W. Baddley, M.D.**, **Eli Lilly** (Consultant)**Pfizer** (Consultant)**R-Pharm** (Consultant)**Viela Bio** (Consultant)

927. Clinical Characteristics and Outcomes of Norovirus Infection in Patients with Hematologic Malignancies: A Retrospective, Single Center Study

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