

Table 1: Characteristics of the Study Population

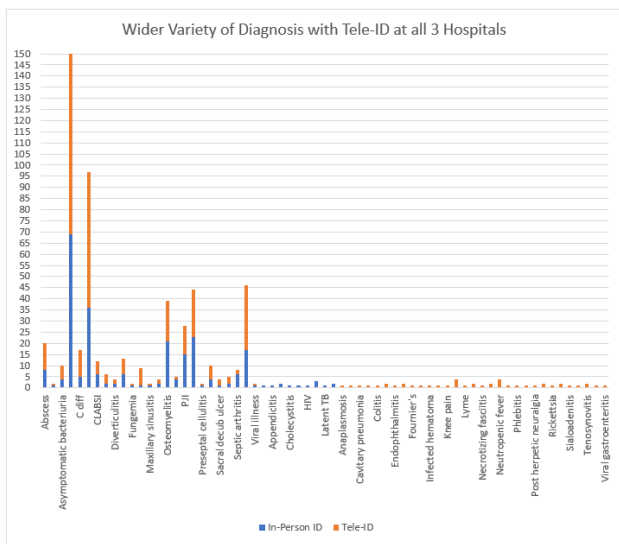
	Hospital #1		Hospital #2 and #3		Overall
	In-person ID	Tele-ID	In-person ID	Tele-ID	
Total	147	239	104	152	642
Encounters					
Caucasian (%)	126 (85.7)	205 (85.8)	97 (93.2)	145 (95.4)	573 (89.3)
Female (%)	74 (50.3)	141 (59.0)	54 (51.9)	79 (51.9)	348 (54.2)
Age (years)	67.4	66.7	66.5	67.3	67.0
BMI (average)	31.5	30.9	32.6	34.7	32.4
Comorbidity	5.4	5.8	6.4	7.0	6.2
Score (average)*					

* = Charlson Comorbidity Score

Table 2: Primary Outcomes of Consulted Patients

	Hospital #1		Hospital #2 and #3		Overall
	In-person ID	Tele-ID	In-person ID	Tele-ID	
Total Encounters	147	239	104	152	p=0.018
LOS after ID consult (Days)	5.3	4.6	3.6	3.6	p=0.468
ID Related Readmission at 30 days (%)	12 (8.2)	7 (2.9)	4 (3.8)	3 (2.0)	p=0.072
Transfer to tertiary center (%)	17 (11.6)	23 (9.6)	16 (15.4)	17 (11.2)	p=0.301
Discharge to Home (%)	63 (42.9)	121 (50.6)	64 (61.5)	95 (62.5)	p=0.333

Figure 1: Wider variety of ID diagnosis by Tele-ID service



Conclusion: This comparative study shows that patient outcomes are similar between in-person and Tele-ID, despite higher volume and complexity encountered by Tele-ID. The greater number of consults and broader range of diagnosis made by Tele-ID suggests greater productivity, possibly related to travel time elimination. Tele-ID appears to be a good alternative solution for rural locations that lack in-person access to ID care.

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613. Lessons learned from a Rhode Island academic out-patient Lyme and tick-borne disease clinic

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Session: P-23. Clinical Practice Issues

Background: Although the prevalence of tick-borne diseases (TBD) continues to increase, there remains significant confusion regarding treatment for Lyme and other TBDs. We conducted a chart review of all new patients that came to an academic center for Lyme and TBDs. We then initiated a quality improvement project

for feedback from a small subset of patients with Post-treatment Lyme disease syndrome (PTLDS).

Methods: Charts of patients visiting the clinic between March and November 2018 were reviewed. Data abstracted from the electronic health record included demographics, laboratory and clinical data. A small subset of patients who reported a history of Lyme and at least 6 months of symptoms after antibiotic treatment were enrolled in a phone survey to evaluate their experience with treatment for PTLDS.

Results: Symptoms most commonly seen in 218 new patients included fatigue (66.5%), joint pain (58.2%), cognitive difficulty (32.1%), headache (27.9%) and sleep disturbance (27.5%). 87% had already received tick-borne disease directed antibiotic treatment. Over half (60.5%) of patients report having symptoms for more than 6 months. More than half of patients (54.8%) who had more than 6 months of Lyme-related symptoms had positive serological testing. Common themes identified in the 16 phone surveys of patients with PTLDS conducted so far included significant frustration related to the dismissive attitudes from medical professionals (n=9/16), and many sought alternative or complementary therapies (n=11/16). Six patients reported receiving very long-term antibiotic regimens from other Lyme specialists. Many patients expressed satisfaction with the visit and medical advice even in the absence of curative therapy (n=9/16), although a significant number continued to seek care elsewhere (n=6/16).

Conclusion: More than half of new patients reported symptoms lasting more than 6 months after targeted antibiotic therapy. Further research is needed to develop interventions for the common symptoms of fatigue, joint pain, cognitive difficulty and sleep disturbance. Treatments to improve sleep, diet, and physical activity and decrease inflammation among patients who suffer from PTLDS are needed.

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614. Long-Acting Lipoglycopeptides for the Treatment of Bone and Joint Infections and Bacteremia in Infectious Disease Outpatient Infusion Clinics

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Background: Long-acting lipoglycopeptides (LGP) are approved for the treatment of acute bacterial skin and skin-structure infections. Broad Gram-positive coverage and weekly dosing regimens are useful for other diagnoses, but real-world data supporting such use are sparse. We review our experience of dalbavancin and oritavancin for the treatment of bone and joint infection (BJI) and bacteremia (BAC) in outpatient infusion clinics (OICs).

Methods: We conducted a multicenter, retrospective, observational cohort study of patients (pts) receiving long-acting LGPs in OICs over 2 yrs from 2018-2019 for BJI and BAC. Data collected included demographics, diagnosis, dosing regimen, microbiology, clinical outcomes, and adverse events (AEs). Clinical success, defined as resolution of infection with continued oral antibiotics allowed, was assessed at the next follow-up visit. Worsening infection, the need for additional intravenous therapy, and discontinuations during therapy were deemed non-successful.

Results: We identified 70 pts (mean age: 64±16 years, 53% male) from 25 OICs, who received dalbavancin (n=50), oritavancin (n=19) and both (n=1). BJI accounted for 55 (79%) with 31 osteomyelitis, 9 bursitis, 7 prosthetic joint, 7 septic arthritis and 1 tenosynovitis. BAC was the primary diagnosis in 15 (21%) and sources were 6 device, 2 lower respiratory tract, 2 urinary tract and 5 unknown. 46% of pts were treated in the OIC without prior hospitalization. 72 Gram-positive isolates were obtained from 67 pts, with *Staphylococcus aureus* predominant (42/72, 58%), including methicillin-resistant (26/72, 36%) and methicillin-susceptible isolates (16/72, 22%). Median number of doses administered were 2 [IQR 1-2] in BJI and 1 in BAC [IQR 1-2]. Overall clinical success was 86% (57/66), with 4 non-evaluable. BJI had 85% success (44/52), with 90% in osteomyelitis (28/31), 50% in prosthetic joint (3/6) and 87% (13/15) in the others. Clinical success was 93% (13/14) in BAC. Three pts (4%) on dalbavancin experienced mild AEs, none resulting in discontinuation of therapy.

Conclusion: This multicenter real-world study of long-acting LGPs demonstrates safety and high clinical success rates in BJI and BAC. Our experience suggests a role for use of these agents in treatment of BJI and BAC in the outpatient setting.

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615. Overlooking those at Intermediate Risk? ASCVD Prevention Measures among People Living with HIV at an Urban Academic Medical Center

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