

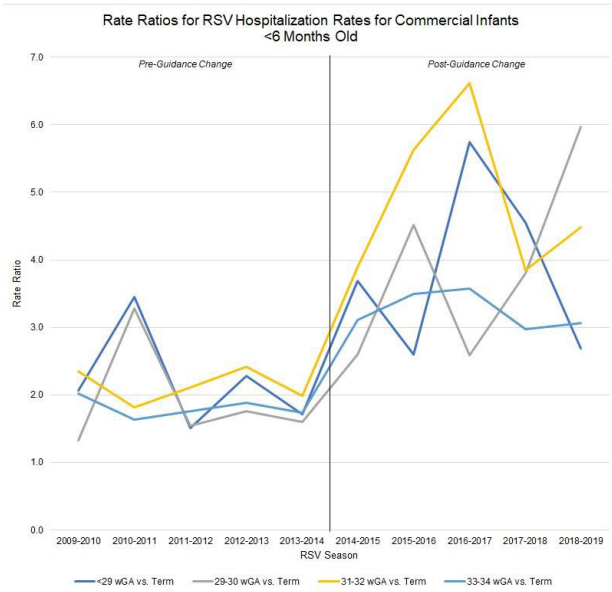
	N of Infants Contributing Follow-Up at <6 Months Old	N of Infant-Seasons Contributed at <6 Months Old
Commercial		
Preterm Infants <29 wGA	5,833	2,307.8
Preterm Infants 29-30 wGA	5,924	2,644.0
Preterm Infants 31-32 wGA	12,305	5,816.1
Preterm Infants 33-34 wGA	34,306	16,757.6
Term Infants	1,111,670	568,473.8
Medicaid		
Preterm Infants <29 wGA	12,116	4,817.4
Preterm Infants 29-30 wGA	10,680	4,934.3
Preterm Infants 31-32 wGA	21,298	10,428.6
Preterm Infants 33-34 wGA	53,121	27,190.2
Term Infants	1,492,943	796,745.7

Comparisons of RSV Hospitalization Rates for Preterm vs. Term Infants < 6 Months Old

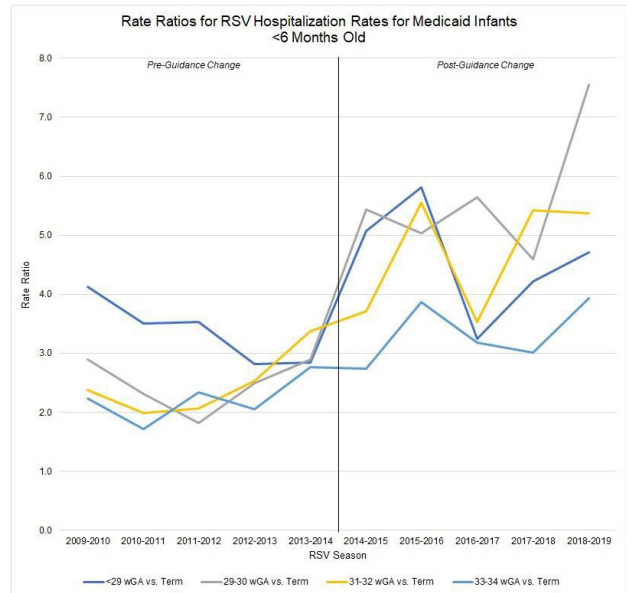
	RSV Hospitalization Rate per 100 Infant-Seasons (95% CI)		Rate Ratio for RSV Hospitalization for Preterm vs. Term Infants (95% CI)*		Ratio of Rate Ratios After vs. Before Guidance Change
	2009-2014	2014-2019	2009-2014	2014-2019	
Commercial					
Preterm Infants <29 wGA	2.8 (1.9-3.8)	3.8 (2.7-5.3)	2.2 (1.6-3.1)	3.9 (2.7-5.4)	1.7
Preterm Infants 29-30 wGA	2.4 (1.7-3.3)	3.9 (2.8-5.3)	1.9 (1.4-2.7)	3.9 (2.8-5.4)	2.0
Preterm Infants 31-32 wGA	2.6 (2.1-3.2)	4.8 (3.9-5.7)	2.1 (1.7-2.6)	4.9 (4.0-5.9)	2.3
Preterm Infants 33-34 wGA	2.2 (1.9-2.5)	3.2 (2.8-3.6)	1.8 (1.6-2.1)	3.3 (2.8-3.8)	1.8
Term Infants	1.2 (1.2-1.3)	1.0 (0.9-1.0)			
Medicaid					
Preterm Infants <29 wGA	6.6 (5.6-7.7)	6.7 (5.7-7.7)	3.3 (2.8-3.9)	4.5 (3.9-5.3)	1.4
Preterm Infants 29-30 wGA	4.9 (4.1-5.8)	8.2 (7.0-9.3)	2.5 (2.1-3.0)	5.6 (4.8-6.4)	2.2
Preterm Infants 31-32 wGA	4.9 (4.3-5.5)	6.8 (6.1-7.5)	2.5 (2.2-2.8)	4.6 (4.1-5.1)	1.9
Preterm Infants 33-34 wGA	4.3 (4.0-4.7)	4.9 (4.5-5.2)	2.2 (2.0-2.4)	3.3 (3.0-3.6)	1.5
Term Infants	2.0 (1.9-2.0)	1.5 (1.4-1.5)			

*All p-values comparing preterm rates to term rates are <0.01

Rate Ratios for RSV Hospitalization Rates for Commercial Infants < 6 Months Old



Rate Ratios for RSV Hospitalization Rates for Medicaid Infants < 6 Months Old



Conclusion. After the change in AAP recommendations for RSV-IP, increases in RSVH rates for infants born at 29-34 wGA compared to term were found. This was also true for < 29 wGA infants for whom RSV-IP is recommended, although the effect sizes were smaller.

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1414. #Vaccine Twitter Influencers: is it Just About Reach and Followers?

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Session: P-65. Public Health

Background. A small number of powerful users (“influencers”) dominates conversations on social media platforms: less than 1% of Twitter accounts have at least 3,000 followers and even fewer have hundreds of thousands or millions of followers. Beyond simple metrics (number of tweets, retweets...) little is known about these “influencers”, particularly in relation to their role in shaping online narratives about vaccines. Our goal was to describe influential Twitter accounts that are driving conversations about vaccines and present new metrics of influence.

Methods. Using publicly-available data from Twitter, we selected posts from 1-Jan-2016 to 31-Dec-2018 and extracted the top 5% of accounts tweeting about vaccines with the most followers. Using automated classifiers, we determined the location of these accounts, and grouped them into those that primarily tweet pro- versus anti-vaccine content. We further characterized the demographics of these influencer accounts.

Results. From 25,381 vaccine-related tweets available in our sample representing 10,607 users, 530 accounts represented the top 5% by number of followers. These

accounts had on average 1,608,637 followers (standard deviation=5,063,421) and 340,390 median followers. Among the accounts for which sentiment was successfully estimated by the classifier, 10.4% (n=55) posted anti-vaccine content and 33.6% (n=178) posted pro-vaccine content. Of the 55 anti-vaccine accounts, 50% (n=18) of the accounts for which location was successfully determined were from the United States. Of the 178 pro-vaccine accounts, 42.5% (n=54) were from the United States.

Conclusion. This study showed that only a small proportion of Twitter accounts (A) post about vaccines and (B) have a high follower count and post anti-vaccine content. Further analysis of these users may help researchers and policy makers better understand how to amplify the impact of pro-vaccine social media messages.

Disclosures. Jean-Etienne Poirrier, PhD, MBA, The GSK group of companies (Employee, Shareholder) Theodore Caputi, PhD, Good Analytics Inc. (Consultant) John Ayers, PhD, GSK (Grant/Research Support) Mark Dredze, PhD, Bloomberg LP (Consultant) Good Analytics (Consultant) Sara Poston, PharmD, The GlaxoSmithKline group of companies (Employee, Shareholder) Cosmina Hoge, PhD, GlaxoSmithKline (Employee, Shareholder)

1415. A qualitative study of intersectional stigma among older adults living with HIV who are victims of childhood sexual abuse

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Session: P-65. Public Health

Background. Intersectional stigma is based upon co-occurring and intersecting identities or conditions and occurs at multiple levels of influence. Intersectional stigma has been repeatedly associated with poor health behaviors and outcomes. The effect of intersectional stigma among older adults are particularly challenging due to issues related to ageism, loss of social support, and comorbidities. We examined the impact of multiple stigmas on older adults living with HIV who are victims of childhood sexual abuse.

Methods. Semi-structured interviews were conducted with a purposefully selected heterogeneous sample of 24 adults living with HIV who are 50 years and older in South Carolina. Interviews were audio-recorded, transcribed verbatim, and coded using thematic analysis.

Results. Participants shared experiences and perceptions of stigma and discrimination most commonly related to their HIV status and sexuality at the interpersonal/familial and community levels. Four themes emerged to explain the impact of intersectional stigma: depression, lack of HIV disclosure, limited support, and reduced intimacy.

Conclusion. The complexity of multiple stigmas profoundly shapes life experiences, opportunities, and mental health of older adults living with HIV. This study highlights that public health programs need to consider the impact of intersectional stigma in order to promote the wellbeing of and improve quality of life for older adults living with HIV.

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1416. Assessing the potential for interspecies transmission of Clostridioides difficile on dairy farms

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Session: P-65. Public Health

Background. *Clostridioides difficile* (CD) can cause severe colitis in humans and many species of animals. It is thought that farm animals could be a reservoir for CD and that farm workers could therefore be at increased risk of colonization and infection with CD. While pigs and swine farm workers have been shown to be colonized with identical clones of CD, the zoonotic transmission of CD from animals to people has not been definitively demonstrated, and no studies have examined whether dairy farm workers, who are generally in closer contact with animals than swine farmers, are at increased risk of being colonized or infected with CD. The aim of this study was to assess whether dairy calves and farm workers harbored genetically similar isolates of CD.

Methods. First, we validated a glove-juice protocol to detect CD spores on the hands of farm workers. Volunteers' hands were inoculated with serially diluted suspensions of non-toxicogenic CD organisms, and hand rinsates underwent broth enrichment and anaerobic culture. Second, we collected fecal samples from 5 randomly selected dairy calves (< 7 d of age) from each of 23 farms in southeastern Pennsylvania, northern Maryland, and Delaware. We focused specifically on dairy calves, as the prevalence of CD is highest in this age group. Third, using the glove-juice protocol, we collected hand rinsates from 38 dairy farm workers who work closely with calves. Only 4 of these workers were willing to submit fecal samples along with their hand rinsates. All fecal samples and hand rinsates underwent broth enrichment and anaerobic culture for CD.

Results. Validation of the glove juice protocol showed that CD could be recovered successfully from all hand rinsate dilutions (up to 10⁻⁶). When applied to farm workers, this method yielded CD in none of the hand rinsates (0%, 95% CI 0.0-92.2%). CD was also not detected in any of the human fecal samples. However, CD was detected from calf fecal samples on 10 farms (43.5%, 95% CI 20.8%-80.0%).

Conclusion. While the zoonotic transmission of CD cannot be ruled out, our results suggest that contact with dairy animals is not likely to be associated with an increased risk of acquiring CD via the fecal-oral route. The glove-juice protocol appears to be a useful tool for studying the epidemiology of CD in populations where obtaining fecal samples is difficult.

Disclosures. All Authors: No reported disclosures

1417. Clinical Features and Outcomes of *Raoultella terrigena* Infections. A Single-Center Experience from Karachi, Pakistan

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Session: P-65. Public Health

Background. *Raoultella terrigena* (formerly *Klebsiella terrigena*) is an environmental gram-negative rod, occasionally causing infections in humans, especially in elderly, immunosuppressed patients. Moreover, this organism tends to be multi-drug resistant, limiting treatment options. Evidence on clinical presentation and outcomes of this infection is limited; we conducted a cross-sectional study to get a better insight into these infections.

Methods. We conducted a cross-sectional study on all adult patients with clinical specimen positive for *Raoultella terrigena* at a 700-bedded tertiary care hospital in Karachi, Pakistan, between January 2013 to December 2018.

Results. A total of 58 patients with *R. terrigena* were identified. The median age was 61.5 years, and the male to female ratio was (60.9% vs. 39.1%). The most common site of infection was respiratory tract 28.3%, followed by urinary tract infections 26%, and central line-associated infections 15.2%. In 12 patients 22.6%, *R. terrigena* was a colonizer. Amongst infected cases, 23.6% were in shock, and of which 18.1% required vasopressors. 29.2% had respiratory failure requiring non-invasive ventilation in 13.9%, and mechanical ventilation in 15.3%. The previous history of multidrug-resistant organisms was present in 67.4% cases and the history of prior antibiotics use within the last six months was present in 78.3%. 91.3% of isolates were resistant to piperacillin-tazobactam and meropenem, 65.2% were resistant to colistimethate. However, tigecycline susceptibility maintained in 30.4% checked in n=31, 67.4% and fosfomycin sensitivity in 15.2% cases, checked in n=29, 63% cases. Eight patients lost to follow up. Majority of patients were treated with combination therapy n=31, 81.6% and meropenem plus colistimethate was the most commonly used combination n=11, 44%. The overall mortality rate was 44.7%. Among all recorded co-morbid conditions, chronic kidney disease was strongly associated with mortality (p=.029), as also the use of vasopressors (p=.005). Persons who had high (greater or equal to three) Charlson comorbidity index had high mortality (p=0.002).

Conclusion. *R. terrigena* is a highly drug-resistant organism with high mortality rate, and causes hospital-acquired respiratory tract infections in majority of patients.

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1418. Injections and Infections: Understanding Harm Reduction Utilization in a Rural State

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Session: P-65. Public Health

Background. Increasing rates of injection drug use (IDU) associated-infections suggest significant syringe service program (SSP) underutilization. Our study objective is to assess patient knowledge, attitudes, and practices of safe injection techniques and to determine predictors of SSP utilization in a rural state.

Methods. This is a fifteen-month cross-sectional study of participants hospitalized with IDU-associated infections at four hospitals in Maine. Data were collected through Audio Computer-Assisted Self-Interview survey and medical record review. Descriptive analyses were performed to characterize injection knowledge, attitudes and practices. The primary outcome was past 3-month SSP utilization, and the main independent variable was self-reported distance to SSP. Secondary outcomes were uptake of clean drug equipment, naloxone, and treatment with medication for opioid use disorder. Logistic regression analyses were performed to identify factors associated with the primary outcome, controlling for gender, homelessness, history of overdose, having primary care physician and distance to SSP.

Results. Of the 101 study participants, 62 participants (65%) reported past 3 month SSP utilization, though only 33% used SSPs frequently. Few participants (10%) reported clean needle/syringe use or clean drug equipment use (5%). Forty-eight percent of participants reported naloxone uptake, and 66% of participants were prescribed medication for opioid use disorder prior to admission. Many participants (59%) lived more than 10 miles from an SSP with 18% of participants living in rural areas. Fifty-four percent reported difficulty accessing an SSP. Participants who lived