

post-rotation quiz (mean pre-test of 49% to mean post-test 79%). Table 1 displays the question topics and pre/post test change in percentage correct. The most difficult pre-test topics were 'Recognition of AmpC-Expressing Organisms' and 'Antibiotics with activity against *Pseudomonas aeruginosa*', which improved, from 31% to 81% correct (p=0.03) and 50% to 100% correct (p=0.01), respectively.

Mean Score on Pre-Rotation vs Post-Rotation Antimicrobial Stewardship Quiz

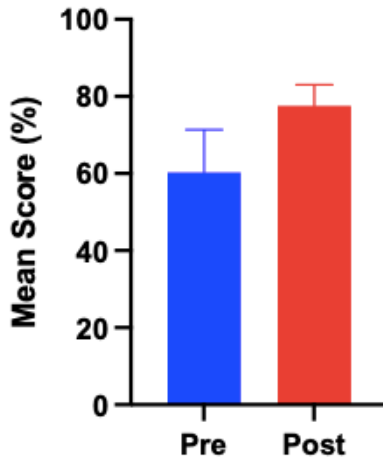


Figure 1. Mean score of interns on pre-rotation vs post-rotation antimicrobial stewardship quiz from March 2020 to May 2021 (n=16; p=0.01).

Table 1. Question topics and change in percentage correct on pre-rotation and post-rotation quizzes.

Question Topics	Pre-Test Percentage Correct	Post-Test Percentage Correct	p-value
Recognition of AmpC-expressing organisms and inducible resistance for ceftriaxone	31%	81%	0.03
Antibiotics with activity against <i>Pseudomonas aeruginosa</i>	50%	100%	0.01
Tick-borne illnesses	56%	63%	1.00
Anaerobic spectrum of commonly prescribed antibiotics	56%	63%	1.00
Extended Spectrum Beta-lactamase (ESBL) bacteremia recognition and antibiotic management	56%	75%	0.37
Vancomycin monitoring and trough level interpretation	56%	88%	0.18
Candidemia management and antifungal spectrum	63%	88%	0.22
Interpretation of <i>Klebsiella pneumoniae</i> carbapenemase (KPC)-resistance gene detected using a molecular assay in a blood culture	69%	31%	0.23
Indications for treatment of asymptomatic bacteriuria	75%	69%	0.67
Duration of antibiotic therapy for community acquired pneumonia and hospital acquired pneumonia	75%	94%	0.37
Coverage of atypical organisms in community-acquired pneumonia	75%	100%	0.13

Question topics and change in percentage correct on pre-rotation and post-rotation quizzes.

Conclusion. A required one-week ID consult rotation for IM interns improved antimicrobial stewardship knowledge. Our experience may serve as a model for other institutions interested in increasing IM housestaff exposure to ID and antimicrobial stewardship.

Disclosures. Kristen Marks, MD, Gilead Sciences (Grant/Research Support)

959. Online CME Successful at Improving Knowledge, Competence and Confidence on Incorporating mAbs for COVID-19 Among a Global Audience
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Session: P-54. Infectious Diseases Medical Education

Background. The incorporation of effective treatments is critical to improving patient care for COVID-19. We assessed the educational impact of a series of continuing medical education (CME) activities on knowledge, competence, and confidence changes in US and OUS physicians related to the use of monoclonal antibodies (mAbs) for COVID-19.

Methods. 10 online, CME-certified activities were delivered in multiple formats. For individual activities, educational effect was assessed with a repeated pairs pre-/post-assessment study including a 1 to 7-item, multiple choice, knowledge/competence questionnaire and one confidence assessment question. To assess changes in knowledge, competence, and confidence, data were aggregated across activities and stratified by learning theme. McNemar's test or paired samples t-test (P < .05) assessed educational effect. The activities launched between November 2020 and May 2021; data were collected through May 2021.

Results. To date, the 10 activities have reached over 50,000 clinicians, including 24,627 physicians. Selected improvement/reinforcement in knowledge/competence measured as relative % change in correct responses pre/post education across the learning themes are reported. (i) 89% improvement/reinforcement among US ID specialists in knowledge/competence incorporating mAbs into patient care and 83% improvement among outside the US (OUS) ID specialists (P < .001). (ii) 70% improvement/reinforcement among US PCPs in knowledge/competence incorporating mAbs into patient care and 55% improvement among OUS PCPs (P < .001). (iii) 52% improvement/reinforcement in knowledge/competence among US PCPs regarding clinical data for mAbs and 44% among OUS PCPs (P < .001). (iv) 42% of US ID specialists and 29% of OUS ID specialists had a measurable improvement in confidence in identifying patients who would benefit from mAbs (P < .001).

Conclusion. This series of online, CME-certified educational activities resulted in significant improvements in knowledge, competence, and confidence regarding the appropriate use of mAbs for SARS-CoV-2 in clinical practice. These results demonstrate the effectiveness of global curriculum-based education for clinicians designed to address specific gaps in care.

Disclosures. All Authors: No reported disclosures

960. Creation of an Infection Prevention and Control (IPAC) Elective for Infectious Disease (ID) Fellows

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Session: P-54. Infectious Diseases Medical Education

Background. ID specialists often function as leaders of IPAC for healthcare systems, with variable training. Our graduates have noted feeling underprepared for this role despite completion of a computer-based training course on IPAC basics. We developed a 2-4 week IPAC elective (IPACe) rotation to address this gap to increase familiarity with key IPAC concepts, introduce learners to approaches to IPAC investigations, and develop understanding of common IPAC challenges and controversies.

Methods. Methodology followed Kern's 6-step approach. A reading list focusing on key areas in infection prevention was developed. Instructional methods included flipped classroom, learner led discussions, performing tracers, and integration with the IPAC team. Key hospital processes including High Level Disinfection (HLD) and Sterile Processing Department (SPD) were reviewed in detail with and observed by learners. In addition to an IPACe, periodic required IPAC essay questions on real-world investigations as they arose were delivered to the learners. **Learner Assessment:** Learners were assessed on elements of IPAC consistent with the ACGME 6 core competencies at the end of their rotation. **Program Assessment:** Anonymous narrative feedback was solicited post rotation completion and at semi-annual program evaluations. Additionally, learners were asked to rate the elective on a 5 point Likert scale (1 lowest, 5 highest) and specific feedback was solicited for improvement. Finally, feedback was solicited from graduates in IPAC roles.

Results. 8 learners participated over from 2017-2021: 2 for 4 weeks, and 6 for 2 weeks. 4 of 8 surveys included a response to the questionnaire, all survey respondents (4/4) rated the elective 5: "rotation should be required of all trainees in the program." Narrative assessments revealed the elective was highly valuable. Graduates reported feeling well-prepared after the IPACe for their roles as IPAC leaders. Highlights identified were: exposure to interdisciplinary teamwork, participation in tracers in identifying gaps, and using real-world IPAC challenges as cognitive frameworks for outbreak investigation.

Conclusion. An IPACe was highly valued by fellow learners and narrative assessments identified key areas for further focus.

Disclosures. All Authors: No reported disclosures

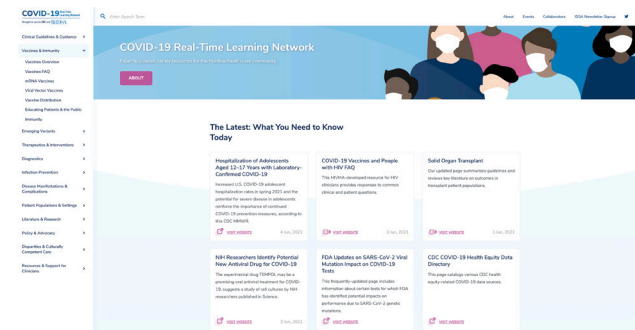
961. Experience, Lessons, and Strategies in Developing a High-Impact Real-Time Learning Network for Clinicians Caring for Patients with COVID-19 Infection

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Background. Accurate and rapid dissemination of clinical information is vital during pandemics, particularly with novel pathogens. To respond to the high volume and constantly evolving knowledge during the COVID-19 pandemic, the Infectious Diseases Society of America (IDSA) created an online educational COVID-19 Resource Center for frontline clinicians.

Methods. In February 2020, IDSA launched an online resource center for COVID-19, which housed relevant clinical guidance, institutional protocols, and clinical trials. Then, in September 2020, IDSA leveraged a CDC grant to transform the resource center into the COVID-19 Real Time Learning Network (RTLN), a user-friendly, up-to-date microsite that contains clinically focused original content, guidelines, resources, and multimedia (Figure 1). The RTLN is supported by a team consisting of a Medical Editor, Associate Editors, an Online Editor, and IDSA staff. As of June 2021, the RTLN housed 12 sections, 7 of which are comprised of original content; these 7 sections contain a total of 37 subsections. A Twitter account (@RealTimeCOVID19) was also created in October 2020 to share information from RTLN in real-time.

Figure 1. COVID-19 Real Time Learning Network Microsite



Results. As of June 2021, the most visited page of the RTLN was the Moderna Vaccine page, with 486,969 page views (Figure 2). Peak monthly page views are displayed in Figure 3. Between October 2020 and June 2021, the RTLN Twitter account had 2,911 followers, 2,135,783 impressions, and 41,793 engagements. The account had also hosted 2 Twitter Chats on COVID-19 vaccines; these chats resulted in 19 million and 5.3 million impressions, respectively. Twitter engagements by month are displayed in Figure 4.

Figure 2. Literature Review of Moderna COVID-19 Vaccine on RTLN

Moderna COVID-19 Vaccine

Overview +

Literature -

Efficacy and Safety of the mRNA-1273 SARS-CoV-2 Vaccine (Baden, December 2020).

Overall, in this Phase 3 randomized, stratified, double-blind, placebo-controlled trial, mRNA-1273 was effective at preventing symptomatic COVID-19 and was safe at a median time to follow-up of 2 months.

Study population:

- mRNA-1273 is an mRNA vaccine that is given in 2 doses, 29 days apart.
- mRNA-1273-P301 is a Phase 3 ongoing randomized, stratified, double-blind, placebo-controlled trial.
- 30,420 participants over 18 years of age from 99 sites in the United States were randomized in a 1:1:1 manner to receive injections of either the mRNA-1273 (N=15,210) or a saline placebo (N=15,210) on day 1 and day 29.
- More than 96% of participants received both injections.
- 66.3% of the study population was comprised of patients 18-64 years of age with risk for progression to severe COVID-19, and patients >=65 years of age.
- Patients were considered to have risk for severe disease if they had any of the following comorbidities: diabetes, chronic lung disease, severe obesity, significant cardiovascular disease, liver disease or well-controlled HIV (persons with poorly controlled HIV were not included in the trial).
- There were 179 patients living with HIV in the trial; data on this specific group have not yet been reported.
- The mean age of the participants was 51.4 years, 47.3% of the participants were female, 24.8% were >=65 years of age and 16.7% were younger than 65 years of age and had predisposing medical conditions that put them at risk for severe COVID-19.
- The majority of participants were white (79.2%); 10.2% of participants were African American and 20.5% were Hispanic/Latinx.
- Patients had a negative SARS-CoV-2 status at baseline (with a negative RT-PCR and negative serology against the SARS-CoV-2 nucleocapsid at day 1).
- 2.2% of study participants had serologic evidence of prior COVID-19.
- Participants were excluded if they were pregnant or breastfeeding, pediatric, immunocompromised or had a known history of SARS-CoV-2.
- The interim primary efficacy analysis was based on the Per-Protocol Set, which consisted of 28,207 participants with negative baseline SARS-CoV-2 status and who received 2 doses of investigational product per schedule with no major protocol deviations.
- The set included 14,134 patients in the vaccine group and 14,073 patients in the placebo group.

Primary endpoints:

- Efficacy:** The reduction of incidence of COVID-19 among participants without evidence of SARS-CoV-2 infection before the first dose of vaccine in the period after 14 days post-dose 2.
- The case definition of confirmed COVID-19 was:
 - At least 2 of the following systemic symptoms: Fever (>38 C), chills, myalgia, headache, sore throat, new olfactory and taste disorder(s) or at least 1 of the following respiratory signs/symptoms: cough, shortness of breath or difficulty breathing, OR clinical or radiographic evidence of pneumonia; and
 - Nasopharyngeal swab, nasal swab or saliva sample (or respiratory sample, if hospitalized) positive for SARS-CoV-2 by RT-PCR.
- Safety:** To describe the safety of mRNA-1273 after 1 or 2 doses.
- Solicited events: participants recorded local reactions, systemic events and antipyretic/analgesic medication usage from day 1 through day 7 after each dose.
- Unsolicited adverse events were collected from dose 1 to 28 days after the last dose.
- Medically attended adverse events and serious adverse events were also collected from dose 1 to the end of the study.

Peak IDSA RTLN Monthly Page Views During the Course of the COVID-19 Pandemic

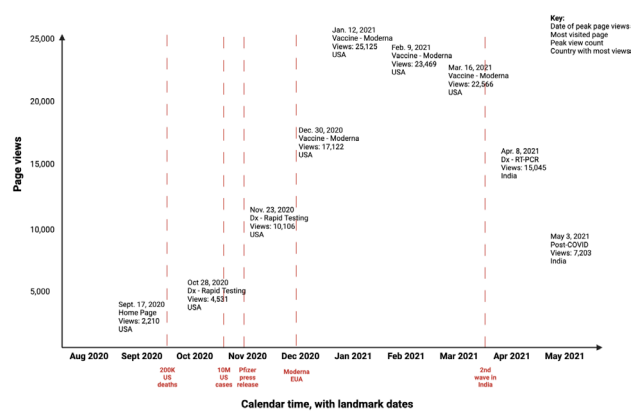
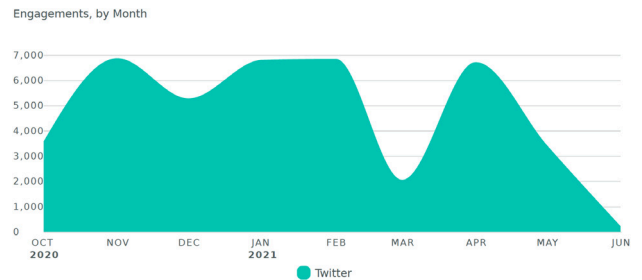


Figure 4. RTLN Twitter Engagements By Month



Conclusion. A comprehensive educational microsite housing clinically relevant COVID-19 information had high uptake, and an accompanying Twitter account had significant engagement. Rapid curation is labor-intensive and required expansion of our editorial team. To ensure we continue to serve the needs of our users a qualitative survey is planned. Our experience launching the RTLN can serve as a roadmap for the development of accessible and nimble educational resources during future pandemics.

Disclosures. Varun Phadke, MD, Nothing to disclose

962. Essential Consultants' Skills and Attitudes (Willing CONSULT): A Cross-Sectional Survey
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Background. There is an increasing number of studies that infectious diseases consultations improve patients' outcomes, but few studies have investigated the quality of consultations. The aim of this study was to identify important skills and attitudes for consultants to improve the quality of consultations.

Methods. We conducted our research in two phases: a preliminary survey (May 1 to 14, 2020) and the main survey (June 1 to 14, 2020). As a preliminary survey, first-year postgraduate residents at St. Luke's International Hospital in Tokyo, Japan, were first asked an open-ended question about the types of skills and attitudes that are important for consultants. After eliminating duplicate answers, there were 19 skills and attitudes in total. In the main survey with residents who completed their residency training at our institute, from 2014 to 2018, and current residents (2019-2020), we first asked them about their demographic characteristics (gender, years of postgraduate education, and type of specialty). Then, they answered how important each skill and attitude are for consultants. All 19 items were scored on a seven-point Likert scale that ranged from 0 (completely disagree) to 6 (totally agree) (Figure 1). Cronbach's alpha confirmed the internal consistency of the questionnaire items. Principal component analysis and exploratory factor analysis were performed.

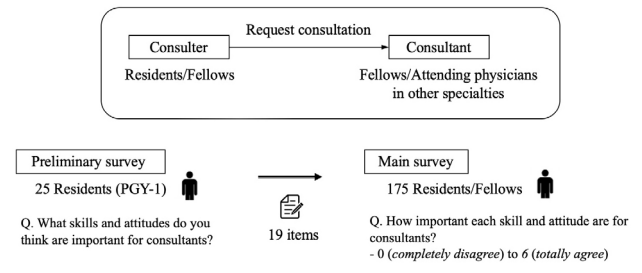


Figure 1. Skills and attitudes required in consultants according to residents