

Fig. 2.

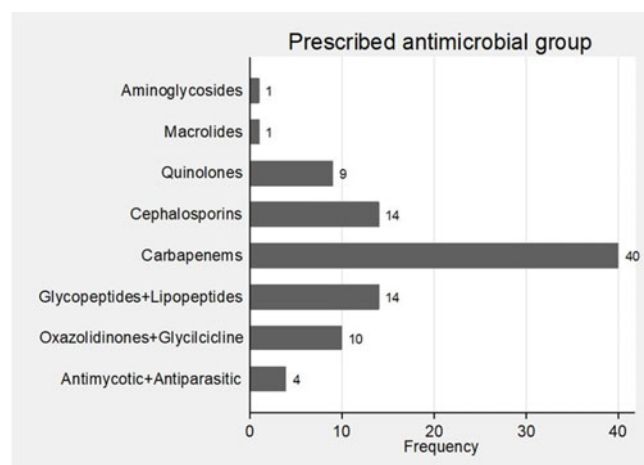


Fig. 3.

47 cases (43.93%) from 2017, 38 cases (35.51%) from 2018, and 20.56% from 2019. The month that reported the highest frequency was February, with 17 cases (15.89%). The median age was 63 years (range, 0–97 years; IQR, 36). The most affected age group was ≥ 65 years (48.60%), and the most affected 5-year age group was 75–79 years (13.08%). Moreover, 60 cases (56.07%) were men and 47 (43.93%) were women. Regarding the reason for discharge, 71% were discharged due to improvement, 27% died, and 2% were transferred to another healthcare facility. Also, 17 patients (15.89%) required re-admission due to respiratory illness within 72 hours of previous discharge. The most common diagnosis was a solid malignant neoplasm (20.19%), followed by heart or vascular malformation or anomaly (12.50%). The mean inpatient hospital stay was 39.95 days (± 46.40 ; median, 27 days, range, 2–317 days; IQR 35 days). The median time elapsed until detection was 14 days. The hospitalization area with the most cases was the intensive care unit, with 24 cases (22.43%); the service with most cases was oncology with 21 cases (20.56%). The most isolated pathogen was *Pseudomonas aeruginosa* (14%). Moreover, 59% were gram-negative, 36% were gram-positive, 19.67% were viruses, and 14.75% were fungi. Our accumulated-incidence-rate was 0.58 cases per 1,000 patient days and our case-fatality-rate was 25.23%. Furthermore, 41% of cases required invasive mechanical ventilation, 52.34% required noninvasive mechanical ventilation, 5% cases had an endo-pleural tube, 9.35% had a nasogastric

tube, and 41.12% had a central venous catheter. The most-prescribed antimicrobial was meropenem (33.33%), and meropenem-resistance was 61.54%. **Conclusions:** Infection prevention efforts should target oncological patients, critical-care units, and the elderly. We must reinforce our antimicrobial policy due to our overprescription of carbapenems. Early detection is needed to reduce mortality.

Funding: None

Disclosures: None

Doi:10.1017/ice.2020.806

Presentation Type:

Poster Presentation

Hepatitis A Virus Survival on Drug Paraphernalia

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Background: The ongoing hepatitis A outbreak in the United States has concerned public health authorities since March 2017. The outbreak has already spread throughout 30 states and includes primarily homeless individuals and persons who use drugs, including persons who inject drugs (PWIDs). Contaminated drug injection paraphernalia and sharing of these items are suspected to be one of multiple causes of hepatitis A virus (HAV) transmission in those populations.

Methods: We used a standard plaque assay to investigate HAV infectivity. Liquid suspensions of HAV were tested to examine the effects of time and temperature on viral infectivity. We also examined HAV survival on commonly used drug paraphernalia, such as needles, syringes, cookers, tourniquets, and cotton balls/filters frequently shared among PWIDs. We investigated the effect of low pH on HAV survival using citric acid, which is frequently used by PWIDs during dose preparation. We also compared the plaque assay results with those concurrently obtained by RT-PCR to establish whether viral HAV RNA levels could be used as surrogates for plaque assay results. **Results:** We found that HAV suspended in PBS at room temperature was able to infect FRhk4 cells for >17 weeks. HAV remained viable in syringes and needles (ie, semidry conditions) for up to 10 weeks depending on the size of the needles and the syringe dead volume. HAV survival in dry conditions on cooker, tourniquet, and cotton balls/filter surfaces did not exceed 4 weeks. HAV retained its infectivity for >10 weeks at pH as low as 2. PCR results suggest that RNA is amplified from both infectious and noninfectious HAV. **Conclusions:** Our findings show that HAV can survive and remain infective in the PWID setting for 4–10 weeks depending on the type of paraphernalia examined. These findings suggest that sharing drug paraphernalia by the homeless and PWIDs can potentially facilitate the transmission of HAV within these populations. Moreover, our results confirm that the plaque assay is currently the only reliable method to determine the infectivity of HAV in vitro.

Funding: None

Disclosures: None

Doi:10.1017/ice.2020.807

Presentation Type:

Poster Presentation

Hepatitis C Virus Transmission at a Long-Term Care Facility (LTCF) Providing Hemodialysis Services—Georgia, United States, 2019

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