devices and supplies. Detailed summary reports were provided to the participating facilities after each site visit that included identified gaps, recommendations for improvement, and evidence-based resources. Results: Deficiencies were grouped into 7 major infection prevention categories among the 17 assessments, including cleaning and disinfection (n = 17, 100%), hand hygiene (n = 9, 53%), PPE use (n = 9, 53%), appropriate use of single and multiuse devices and supplies (n = 6, 35%), bloodstream pathogen prevention measures (n = 6, 35%), aseptic technique (n = 5, 29%), and storage of devices and supplies (n = 4, 24%). Conclusions: Our program’s prototype has been successful at detecting gaps in dialysis-based IP programs. By conducting data analyses of assessment findings, we have been able to assist the organization in establishing priorities for quality and performance improvement. Based on the results, comprehensive and robust systems to assess infection prevention programs, including those in dialysis settings, are necessary to enhance infection prevention operations across the continuum of care.

Disclosures: None

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Presentation Type: Poster Presentation - Poster Presentation
Subject Category: Dialysis

Characterization of negative health outcomes for dialysis events by vascular access type—Tennessee, 2015–2019
Tara Suhs; Alex Kurutz and Christopher Wilson

Background: The dialysis patient population is at a higher risk for nosocomial infections as well as related negative consequences including hospitalization and death. The CMS and the state of Tennessee mandate reporting of 3 types of dialysis events: positive blood culture, intravenous antimicrobial starts, and pus, redness, or increased swelling at the access site. We explored hospitalization and death outcomes by vascular access types for dialysis events reported to the NHQI for licensed outpatient hemodialysis clinics in Tennessee from 2015 to 2019. Methods: We looked at the frequency of hospitalization and death among those who experienced a dialysis event for 3 types of vascular access: arteriovenous fistula, arteriovenous graft, and tunneled central venous catheter (CVC). Other vascular-access types were excluded due to low usage rates. Odds ratios and confidence intervals were used to quantify the relationship between access type and hospitalization, and access type and death. Pooled analysis was used due to the stable rates of death and hospitalization among access types from 2015 to 2019. Results: From 2015 to 2019, 16,742 dialysis events were reported for the 3 access types: 8,055 dialysis events (48.1%) occurred among those with tunneled CVCs, 7,107 (42.5%) occurred among those with fistulas, and 1,580 (9.4%) occurred among those with grafts. Of the 16,742 dialysis events, 3,420 patients (20.4%) were hospitalized either due or related to their dialysis event; 220 (1.3%) deaths occurred due to or related to the patient’s dialysis event. The odds of being hospitalized was 1.47 (95% CI, 1.29–1.67) times greater in those with grafts compared to those with fistulas. Patients with tunneled CVCs were 1.30 (95% CI, 1.20–1.41) times greater to be hospitalized compared to those with fistulas. The odds of death was 1.09 (95% CI, 0.9–2.5) times greater in those patient with tunneled CVCs compared to those with fistulas, whereas the odds of death among patients with grafts was 0.73 (95% CI, 0.82–1.43) times the odds of death compared to patients with fistulas.

Conclusions: Overall, our findings conclude hemodialysis patients with tunneled CVCs have an increased risk for the negative health outcomes of hospitalization and death when compared to the other access types, supporting previous studies. Additionally, grafts had a higher risk of hospitalization compared to fistulas, but patients with grafts had lower odds of death than those with fistulas. Further investigation is needed to study how the COVID-19 pandemic may have affected the trends of negative health outcomes related to dialysis events.

Disclosures: None

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Presentation Type: Poster Presentation - Poster Presentation
Subject Category: Disinfection/Sterilization

Measuring the efficacy of routine disinfection methods on frequently used physical therapy equipment
Aaron Barrett; Amanda Graves; Elaine De Jesus; Jennifer Edelschick; Diandrea McCotter; Deverick Anderson; Nicholas Turner and Bobby Warren

Background: Frequently used physical therapy (PT) equipment is notably difficult to disinfect due to equipment material and shape, however, the efficacy of standard disinfection of PT equipment is poorly understood. Methods: We completed a prospective observational microbiological analysis of fomites used in adult or pediatric PT at Duke University Health System, Durham, North Carolina, from September to December 2022. Predetermined study fomites were obtained after being used during a clinical shift and standard disinfection had been completed by clinical service staff. Fomites were split into 2 halves, left and right, for sampling. Samples were taken with premoistened cellulose sponges processed using the stomacher technique and were incubated on appropriate selective and general media. We defined antimicrobial-resistant, clinically important pathogens (AMR-CIP) as MRSA, VRE, and MDR-gram-negative isolates, and non–AMR-CIP as MSSA, VSE, and gram-negative species. Study fomites were grouped as follows: (1) pediatric pig toy, (2) walking aids (walkers or canes), (3) balls (medicine, dodge, etc), and (4) other (foam roller, sliding board, etc). Results: In total, 47 patients, 61 fomites, and...
Presentation Type: Poster Presentation - Poster Presentation
Subject Category: Emerging Pathogens
Healthcare personnel with laboratory-confirmed mpox in California

Allison Bailey; Jane Siegel; Shua Chai; David Bui; Robert Snyder; Linda Lewis; Kayla Saadeh; J.B. Bertumen and Erin Epson

Objectives: Few reports have been published about the transmission of mpox in healthcare settings. During the 2022 multinational outbreak, the California Department of Public Health (CDPH) conducted a systematic review of healthcare personnel (HCP) with mpox, including their community and occupational exposures, to understand the transmission risk in healthcare settings. We also sought to inform return-to-work protocols by describing the frequency of HCP working while symptomatic for mpox and identifying occurrences of secondary transmission from infected HCP to patients.

Methods: We analyzed surveillance data for laboratory-confirmed mpox cases in California with symptom onset from May 17 to September 30, 2022, collected by investigators at local health departments and reported to the CDPH. The reported data were supplemented by review of free-text variables, interview notes, and other files uploaded to state and county disease surveillance data registries. We identified HCP as all persons working in healthcare settings with potential for direct or indirect exposure to patients or infectious materials, including clinical and non-clinical staff but excluding remote workers.

Results: The CDPH received reports of 3,176 mpox cases during the study period: 109 were HCP. Of the 109 HCP identified from 19 counties, 78 (72%) were aged 30–49 years, 102 (94%) were male, and 43 (39%) were Hispanic or Latino. Also, 29 HCP (27%) had received at least 1 dose of the JYNNEOS vaccine. Occupations requiring frequent physical interactions with patients were reported for 66 individuals (61%). During interviews with local health department investigators, nearly all HCP (n = 98, 90%) reported potential or confirmed sources of community exposure; 1 had confirmed occupational exposure with symptom onset 9 days after a sharps injury acquired during collection of an mpox specimen for testing. Of the 60 HCP who provided information about the days they worked, 35 (58%) worked while symptomatic, for a mean of 3.14 days (median, 2; IQR, 3). Also, 2 HCP worked for 12 days after symptom onset. No secondary cases of mpox were associated with HCP reported to the CDPH.

Conclusions: This analysis suggests that HCP are more likely to be exposed to mpox in community settings than healthcare settings. The findings support recommendations against sharps use for mpox specimen collection. Although transmission between symptomatic HCP and patients was not reported, HCP can decrease opportunities for mpox transmission by closely monitoring themselves for symptoms after potential exposures and staying home from work if symptoms develop.

Disclosures: None