Background: Academic publishing is not exempt from potential structural disparities. We assessed the sex representation among the editors and on editorial boards by their level of influence in the decision of a manuscript of the leading journals focused on infectious diseases and healthcare epidemiology. We also explored whether the sex of the first or last author correlates with the sex of the editors in a convenience sample of these journals.

Methods: In a cross-sectional study, the 40 top infectious disease journals (Scimago Journal and Country Rank) and 4 healthcare epidemiology journals were selected. The names and positions of the editorial members were extracted from the journal’s website, and a decision-making level was assigned (ie, editor-in-chief as level 1, board members as level 3). Next, the first and corresponding authors’ names of all 2019 research articles published in a convenience sample of 15 of these journals were retrieved for the second aim. A digital gallery was used to assign one of the binary denominations of woman or man based on the probability that a name was culturally given to a woman or man. Differences were determined by χ² and linear regression.

Results: Overall, 2,416 names were retrieved from the editorial boards of 44 journals; 799 (33%) were assigned as women and 1,617 (67%) as men. The decision-making level showed 70 (3%) at the editor-in-chief level, 756 (31%) at the associate editor level, and 1,600 (66%) as editorial board members. The frequency distribution of assigned gender by decision-making level showed 21 (30%) women and 49 (70%) men at the editor-in-chief level; 263 (35%) women and 493 (65%) men at the associate editor level; 515 (32%) women and 1,075 (68%) men at the editorial board level. Some journals showed an even sex distribution, such as Clinical Infectious Disease or Microbiology Spectrum. However, others were significantly unbalanced. We retrieved 2,725 articles from the convenience sample of infectious disease–focused journals. Women were the first authors in 1,373 (50%) and the last authors in 974 (35%). Editorial board sex composition and sex of authors showed no significant correlation. Trends between infectious disease–focused and healthcare epidemiology–focused journals were similar.

Conclusions: Although the data showed uneven sex representation on the editorial boards of infectious disease–focused and healthcare epidemiology–focused journals, there is no apparent vertical segregation or influence on publishing by sex. A generational transition seems to be occurring in editorship and authorship in the field.

Disclosures: None

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Sex representation of editors, editorial boards, and authors of infectious diseases and healthcare epidemiology journals
Aldo Barajas-Ochoa; Manuel Ramirez-Trejo; Aditee Dash; Jillian Raybould and Gonzalo Bearman

Presentation Type: Poster Presentation - Poster Presentation
Subject Category: Other

Sex representation of editors, editorial boards, and authors of infectious diseases and healthcare epidemiology journals
Aldo Barajas-Ochoa; Manuel Ramirez-Trejo; Aditee Dash; Jillian Raybould and Gonzalo Bearman

Background: Infection prevention and control (IPC) competency is critical for healthcare personnel (HCP) and patient safety. In collaboration with the CDC new national IPC training collaborative called Project Firstline, the Oregon Health Authority’s (OHA) Healthcare Associated Infection (HAI) Program established a state-level program in 2021. The goal of Oregon Project Firstline is to provide relevant, accessible, and engaging IPC training materials for our state’s HCP. We assessed the IPC learning needs of Oregon’s healthcare workforce, and to understand the preferred methods and formats of training across the various HCP roles.

Methods: OHA’s HAI program recruited HCP by distributing electronic surveys through multiple healthcare, regulatory, and public health partners’ email listservs and HCP-targeted newsletters. Survey responses were recorded from September 23 to December 10, 2021. The HAI program assessed respondents’ IPC knowledge, online and in-person job training preferences, frequently used training devices, and trusted sources for IPC information. An individual’s understanding of an IPC topic was categorized based on their self-assessed confidence in their knowledge and ability to teach the topic to others. In total, 6,382 surveyed responses were analyzed.

Results: The average understanding among HCP was lowest in IPC topics

Disclosures: None

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Subject Category: Other

Oregon Project Firstline: A needs assessment of healthcare personnel infection prevention knowledge and training preferences
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relating to triage and isolation of contagious patients and fit testing of respiratory protection devices. For those topics, 3,208 HCP (66.21%) and 3,657 HCP (75.48%) HCP, respectively, did not understand the topic well enough to teach others (Fig. 1). The highest number of HCP (n = 2,512, 39.36%) requested additional training in methods on how to educate others about IPC topics (ie, “train the trainer”). Surveyed respondents most frequently used personal computers for job trainings in both work and at-home settings (n = 4,603, 72.12%) and 3,437 HCP (53.85%) were open to either in-person or remote formats for job education. The CDC and OSHA were the most frequented and trusted IPC sources among surveyed HCP; 4,124 HCP (64.62%) and 3,584 HCP (56.16%), respectively. Conclusions: IPC is a critical topic in HCP training across all healthcare facility types and employee roles. Effective educational planning includes understanding the learners’ knowledge needs and preferred methods of learning. Our learning needs assessment identified important IPC knowledge gaps and will help ensure that our training courses will be offered in effective educational formats for Oregon’s diverse HCP. Future training will include appropriate triage of potentially infectious patients, respiratory fit testing, and general IPC “train the trainer” sessions. Additionally, we will offer both in-person and remote options.

Disclosures: None

Presentation Type: Poster Presentation - Poster Presentation
Subject Category: Outbreaks
Fanny pack transmission of carbapenem-resistant Acinetobacter baumannii
Amber DelleFave; Juliana Mandarano and Nayef El-Daher

Background: Carbapenem-resistant Acinetobacter baumannii (CRAB) is a gram-negative cocobacillus that has garnered notoriety as a formidable cause of nosocomial infection with significant mortality. This organism poses a significant threat due to its multitude of resistance mechanisms and ability to endure within the environment. In the summer of 2022, a 350-bed acute-care hospital identified an outbreak of CRAB among critically ill patients in the intensive care unit (ICU) and intensive nursing care unit (INCU). Here, we report actions taken to contain the outbreak and to identify a common environmental source.

Methods: In total, 7 nosocomial CRAB infection cases were identified by the infection prevention team between July and September 2022. A multidisciplinary team reviewed the cases using relevant medical history and available microbial susceptibilities. Clinical culture sites include 1 PICC tip, 1 urine sample, 1 peritoneal fluid sample, 5 wounds, and 1 sputum sample. Of 7 infections, 6 met the criteria for hospital onset, with an average time to infection from admission of 61 days. We quickly initiated universal contact precautions in the ICU and INCU for 6 weeks, enhanced daily cleaning of high-touch surfaces, provided staff and visitor education, conducted adenosine triphosphate (ATP) testing, collected observations, and performed selective environmental culturing based on observations.

Results: In total, 71 environmental specimens were collected for culture. All were negative with the exception of 1 isolate obtained from the fanny pack of a wound-care nurse that was positive for CRAB. Also, 4 available patient isolates and the environmental isolate were sent to New York State Department of Health Wadsworth Center (NYSDOH Wadsworth) for genome sequencing, and relation to the same cluster was confirmed. Of 7 isolates, 6 were confirmed to express the blaOXA-23 resistance mechanism (1 was not available for testing). Subsequently, chart review identified that a wound-care nurse had had contact with all 7 patients within 30 days of their infections.

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