medicinal testing methods. At our academic center, we implemented a 2-step testing algorithm to help identify true CDI cases. The University of Mississippi Medical Center is a 700+ bed academic facility located in Jackson, Mississippi. Hospital-onset (HO) CDI was defined based on NHSN Laboratory Identified (LabID) event as the last positive Clostridioides difficile – C. difficile polymerase chain reaction in last 7–365 days) and 58 had nonrecurrent CDI (Table 1). Patients with rCDI had a higher frequency of organ transplant and comorbidity. No differences in a not-β diversity were observed between groups. Also, 4 OTUs were more abundant in those with rCDI: Ruminococcus (n = 2), Odoribacter, and Lactobacillus. Patients with rCDI had microbiomes with greater proportions of Bacteroidetes (27% of OTUs) compared to the nonrecurrent group (18%) as well as fewer OTUs belonging to the Firmicutes phyla compared to the nonrecurrent patients (56% vs 59%). Among the rCDI patients, those experiencing 2 or more recurrences had greater abundances of Bacteroides and Ruminococcus, while those experiencing only 1 recurrence had significantly greater abundances of Akkermansia, Ruminococcus, Streptococcus, Roseburia, Clostridium IV, and Collinsella compared to those with only 1 recurrence (Table 2). Conclusions: Patients with rCDI had a more impaired microbiome than those with initial CDI. Ruminococcus OTUs have been previously indicated as a risk factor for recurrence and treatment failure, and they were significantly more abundant in those with rCDI and among those with multiple recurrences. The greatest differences in the microbiome were observed between those with 1 recurrence compared to those with multiple recurrences. Interventions for gut microbiome restoration should focus particularly on those with recurrent CDI. Funding: No. 

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The COVID-19 pandemic has underscored the importance of ongoing infection prevention efforts. Increased adherence to infection prevention recommendations, increased antibiotic use, improved hand hygiene, and correct donning and doffing of personal protective equipment may have influenced healthcare-associated infections (HAIs) in the United States during the pandemic. In this study, we investigated testing for *Clostridioides difficile* infection (CDI) and incidence during the initial surge of the pandemic. We hypothesized that strict adherence to contact precautions may have resulted in a decreased incidence of CDI in hospitalized patients during the first peak of the COVID-19 pandemic and that CDI testing may have increased even in the absence of directed diagnostic stewardship efforts.

**Methods:** We conducted a single-center, retrospective, observational study at the Veterans’ Affairs (VA) Hospital in Ann Arbor, Michigan, between January 2019 and June 2020. We compared data on CDI tests from January 2019 through February 2020 to data from March 2020 (the admission of the first patient with COVID-19 at our institution) through June 2020. Pre-peak and peak periods were defined by confirmed cases in Washtenaw County. No novel diagnostic or CDI-focused stewardship interventions were introduced by the antimicrobial stewardship program during the study period. An interrupted time series analysis was performed using STATA version 16.1 software (StataCorp LLC, College Station, TX).

**Results:** There were 6,525 admissions and 34,533 bed days between January 1, 2019, and June 30, 2020. Also, 900 enzyme immunoassay (EIA) tests were obtained and 104 positive cases of CDI were detected between January 2019 and February 2020 (Figure 1). After March 1, 2020, the number of EIA tests obtained decreased by 10.2 each month (95% CI, 10.2–19.7; P = .02). No statistically significant increase in EIA tests occurred after March 1, 2020 (the COVID-19 peak in our region) compared to January 1, 2019–March 1, 2020 (Figure 1).

**Conclusions:** In this single-center study, we observed a stable incidence of CDI but decreased testing during the first peak of the COVID-19 pandemic. Understanding local HAI reporting is critical because changes in HAI reporting structures and exemptions during this period may have affected national reporting. Further research should be undertaken to investigate the effect of COVID-19 on other HAI reporting within the US healthcare system.

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