

infection rates of HCWs with close contact and non-close contact of infected HCWs and the effect of COVID-19 vaccination on transmission among HCWs in a tertiary-care hospital in South Korea. **Methods:** This study was performed in a tertiary-care hospital in Korea. We analyzed the COVID-19 cases and contacts among HCWs from January to December 2021. We reviewed the vaccination status of confirmed and exposed HCWs, the type of vaccination, and the infection rate according to the contact. We performed subgroup analyses in individuals who had been diagnosed since July 2021 when the  $\delta$  (delta) variant became the dominant strain in South Korea. Transmission was defined based on their spatiotemporal epidemiologic association. **Results:** During the study period, 173 HCWs had COVID-19, and 2,693 HCWs were exposed to them. Among them, 18 (1.52%) of 1,186 close contacts and 13 (0.86%) of 1,507 non-close contacts had a positive SARS-CoV-2 test ( $P = .11$ ). When the index cases had been fully vaccinated, the infection rate of close contacts was 0.85% (7 of 820), whereas the infection rate of close contacts was 3.01% (11 of 366) when the index had not been fully vaccinated ( $P = .005$ ). However, the infection rate of non-close contacts was not different according to the vaccination status of index (0.83% vs 0.89%;  $P = .90$ ). During the period of  $\delta$  (delta) variant being dominant, the infection rate of close contacts was significantly lower when the index case had been fully vaccinated index than in cases with a non-fully vaccinated index case (0.85% vs 5.88%;  $P < .001$ ). **Conclusions:** Transmission to colleagues was significantly lower from vaccinated HCWs than from nonvaccinated HCWs, and this finding was more significant in the era of the  $\delta$  (delta) variant. Our findings support the importance of vaccination in HCWs.

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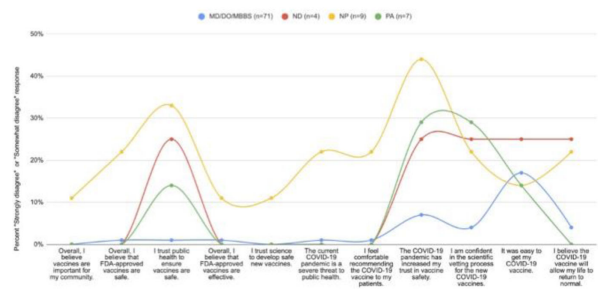
**Subject Category:** COVID-19

**COVID-19 vaccine knowledge, beliefs and attitudes among Oregon healthcare provider types**

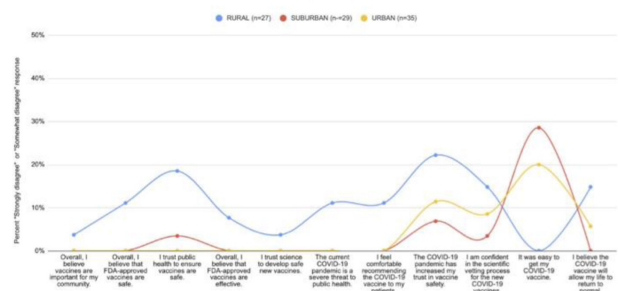
Lisa Corley Stampke; Jessica Osborn and Judith Guzman-Cottrill

**Background:** During this pandemic, the public has struggled to navigate the abundance of COVID-19 vaccine misinformation, and it is unclear how this misinformation has affected medical providers and their recommendations for patients. We sought to understand differences in COVID-19 vaccine knowledge, beliefs, and attitudes among Oregon healthcare provider types and regions of practice (rural, suburban, urban). **Methods:** A 36-question survey was constructed using Qualtrics with consultation from a survey methodologist. The survey was reviewed and approved by OHSU IRB and distributed via listserv or social media posting to provider societies in Oregon, including nurse practitioners (NPs), naturopathic doctors (NDs), physician assistants (PAs), doctors of medicine (MDs), doctors of osteopathic medicine (DOs), or practitioners with a bachelor of medicine-bachelor of surgery (MBBS), and via the Oregon Health Authority (OHA) immunization practice listserv. The survey accepted responses from July 9 to August 12, 2021. Participants were volunteers and responses were anonymous. **Results:** We collected 101 responses. Among them, 87 participants completed 100% of survey questions. Survey respondents were predominantly White females aged 41–50 years with an MD, DO, or MBBS. The overall COVID-19 vaccination rate of respondents was 94.6%. The vaccination rate was highest among the 4 NDs and 7 PAs at 100%, followed by 78 MDs, DOs, and MBBSs at 96.2%, and 12 NPs at 75%. Of NP respondents, 67% practiced rurally; 25.6% of MDs, DOs, and MBBSs practiced rurally; and 25% of NDs and 28.6% of PAs practiced rurally. In total, 22% of NPs did not feel comfortable recommending the COVID-19 vaccine to patients, compared to 1% of MDs, DOs, and MBBSs and 0% of NDs or PAs. All provider types had high rates of disagreement with the statement that the COVID-19 pandemic had increased their trust in vaccine safety: 44% of NPs; 29% of PAs; 25% of NDs; and 7% of MDs, DOs, and MBBSs. Among 19 rural providers, 19% indicated mistrust in

**Figure 1a:** Percent "strongly disagree" or "somewhat disagree" response to below statements about attitudes toward vaccination by provider type



**Figure 1b:** Percent "strongly disagree" and "somewhat disagree" responses to the below statements about attitudes toward vaccination by region of practice



public health to ensure that vaccines are safe versus 3% in suburban areas and 0% in urban areas. **Conclusions:** COVID-19 vaccine hesitancy is prevalent among healthcare providers and may be higher in NPs and those practicing rurally. Unfortunately, the response rate of NPs was low. Future research should focus on these providers to better understand their knowledge, beliefs, and attitudes about COVID-19 vaccines. These results can also inform future targeted vaccine education to healthcare providers during public health crises.

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**SARS-CoV-2 environmental contamination in COVID-19 patient rooms in a VA medical center**

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**Background:** SARS-CoV-2, the virus causing COVID-19 infection, can significantly contaminate environmental surfaces and can remain viable on surfaces for up to 9 days. Although respiratory route remains the most significant mode of transmission, fomites and environmental sources of infection remain a concern for healthcare personnel who are working in dedicated COVID-19 units. We investigated the extent of detectable SARS-CoV-2 contamination in the environment of COVID-19 patients at a single VA hospital, with the intent of identifying potential high-touch surfaces at risk for viral contamination, which could be used to inform the development of simple COVID-19 prevention strategies. **Methods:** We conducted a cohort study at 1 VA hospital in a unit housing adult veterans admitted with COVID-19 between October and December 2020. In total, 11 swab specimens were collected for PCR analysis (SARS-CoV-2 *env* gene) from environmental surfaces inside and just outside the rooms of COVID-19 patients one time. Retrospective chart reviews were conducted to provide the SARS-CoV-2 epidemiologic context for environmental