

Table 1.

Table 1: Disposition of Employees Without Documented Rubella Immunity by Serological Immunity Status				
	Positive Rubella Titer	Negative Rubella Titer	No Rubella Titer Performed	Total
Employee Rubella Titers	2,856	770	383	4,009
Provided Proof Previous Rubella Vaccination		93	176	269
Vaccinated by Organization Task Force		531	53	584
Immunity Not Yet Documented		146	154	300

interfacing employees in departments considered higher risk were prioritized. These areas were the emergency, dermatology, infectious diseases, labor and delivery, obstetrics, and pediatrics departments. **Results:** At the onset of the initiative in June 2019, 4,009 employees lacked evidence of immunity. As of November 2019, evidence of immunity had been obtained for 3,709 employees (92.5%); serological evidence of immunity was obtained for 2,856 (71.2%), vaccine was administered to 584 (14.6%), and evidence of previous vaccination was provided by 269 (6.7%). Evidence of immunity has not been documented for 300 (7.5%). The organization administered 3,626 serological tests and provided 997 vaccines, costing ~\$132,000. Disposition by serological testing is summarized in Table 1. **Conclusions:** A measles preparedness strategy should include proactive assessment of employees' immune status. It is possible to expediently assess a large number of employees using a multidisciplinary team with access to a centralized database. Consideration may be given to prioritization of high-risk departments and patient-interfacing roles to manage workload.

Funding: None

Disclosures: None

Doi:10.1017/ice.2020.1093

Presentation Type:

Poster Presentation

VIM-CRPA in West Texas: Developing a Regional Multidrug-Resistant Organism Containment Strategy for a Novel Bug

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Background: The Texas Department of State Health Services Healthcare Safety (HCS) Investigation Team began investigating a cluster of positive carbapenem-resistant *Pseudomonas aeruginosa* (CRPA) results in August 2017. These CRPA isolates contained the novel carbapenemase Verona integron-encoded metallo- β -lactamase (VIM). This cluster became an outbreak that spanned >2 years and involved multiple healthcare facilities in and around northern Texas. In response to positive results, infection control assessments were conducted, which exposed common infection control gaps including inadequate hand hygiene performance, environmental cleaning issues, and poor communication

during interfacility patient transfers. As part of the ongoing investigation efforts, a regional containment strategy was developed to prevent the spread of multidrug-resistant organisms. **Methods:** Beginning in October 2018, the HCS Investigation Team made site visits to participating facilities every 6 months to provide targeted infection control support and hand hygiene performance and environmental cleaning observations. An initial kick-off meeting was held in February 2019 for facilities to begin collaboration on the containment strategy. This strategy became known as BOOT, an acronym meaning: Being prompt in response to positive cases, Obtaining isolates for testing, Optimizing infection prevention, and Transferring patients using a designated form. An interfacility transfer form to reduce the risk of transmission of multidrug-resistant organisms when patients are transferred between healthcare facilities was developed by a work group that consisted of the local health department, the Public Health Region healthcare-associated infections epidemiologist, and multiple healthcare facilities. **Results:** Facilities have increased communication with other facilities and with the health departments since the implementation of the BOOT strategy. The local health department is contacted when facilities do not receive a transfer form, and follow-up is initiated to ensure appropriate understanding and compliance. Facility hand-washing rates and environmental cleaning results have improved with each visit, and access to alcohol-based hand sanitizing dispensers has increased in select facilities. **Conclusions:** The regional containment strategy is dynamic and ongoing, and changes are implemented as obstacles are encountered. Implementation has resulted in a successful decrease of positive VIM results in the local area by ~50% since the first half of 2019. This program has led to greater collaboration among healthcare facilities, health departments, and a neighboring state. This investigation and its products have been used as a model for the implementation of containment strategies in other regions of Texas. The HCS Investigation Team hopes to create and implement an interfacility transfer form that can be used in healthcare facilities statewide.

Funding: None

Disclosures: None

Doi:10.1017/ice.2020.1094

Presentation Type:

Poster Presentation

VIM-Positive *Pseudomonas aeruginosa* Sink Colonization Dynamics in Patient Rooms of a Dutch Tertiary-Care Hospital

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