34 Evaluating the guideline for group B streptococcus screening of pregnant women with hospital admissions prior to term

E. W. Zantow[1], S. Wyatt[1], J. D. Peck[2], M. Maxted[1], S. Grimes[1], R. K. Edwards[1]
[1]Department of Obstetrics and Gynecology, The University of Oklahoma Health Sciences Center, Oklahoma City, OK, [2]Department of Biostatistics and Epidemiology, The University of Oklahoma Health Sciences Center, Oklahoma City, OK

OBJECTIVES: The objective of this study was to evaluate the recommended practice of screening patients admitted preterm for group B streptococcal (GBS) colonization by comparing culture results between those who received antibiotics before culture and those who did not. Since many patients (e.g. those transferred from other facilities) receive antibiotics before screening culture specimens are obtained, false negative results might occur.

METHODS: We conducted a retrospective cohort study of all pregnant patients admitted to our center at 23 0/7 to 36 6/7 weeks gestational age from January 1, 2014 to March 31, 2017. Patients were included if a GBS screening culture was obtained within 24 hours of admission and it could be ascertained whether or not antibiotics for GBS prophylaxis had been administered before obtaining the screening culture. A power calculation determined the need for 650 eligible patients to detect a 40% decrease in GBS positivity from 25% to 15% in the antibiotic group. Chi-square analysis was used for the primary outcome of antibiotics prior to culture vs GBS culture result. Multivariable regression models were used to calculate risk ratios and 95% confidence intervals adjusted for demographic and clinical characteristics. Kaplan-Meier method was used to estimate GBS culture result by time to culture.

RESULTS: Of the 1879 maternal records reviewed, 751 met eligibility requirements, 151 (20%) of whom received antibiotics prior to culture and 600 (80%) of whom did not. Patients receiving preculture antibiotics had a lower proportion of positive GBS cultures (20%) compared to those who did not receive preculture antibiotics (25%), but this difference did not reach statistical significance (p=0.24). This unadjusted risk ratio (RR) is 0.82 (95% confidence interval (CI) 0.58-1.15). This RR still was not statistically significant after adjusting for covariates (age, race/ethnicity, parity, BMI, chronic hypertension, diabetes, primary indication for preterm admission) RR 0.91 (95% CI 0.59-1.41). In those receiving preculture antibiotics, the median (25th, 75th) time from antibiotics to culture was 4.6 (1.8, 6.6) hours for those with positive and 4.5 (2.6, 6.6) hours for those with negative culture results (p=0.94).

CONCLUSION: In this cohort of preterm pregnant women admitted to the hospital, administration of antibiotics before GBS screening culture did not significantly reduce the likelihood of culture positivity.

LEARNING OBJECTIVES: Learners will be able to evaluate the efficacy of GBS screening practices in women admitted prior to term.

35 Disparities identified in knowledge, acceptance and uptake of influenza vaccine during pregnancy among a diverse population of women in an academic medical center in South Florida

A. Aserlind[1], J. Wang[1], N. Fleurantin[1], A. Mohamed[1], J. Galli[1], J. Potter[1]
[1]University of Miami Miller School of Medicine

OBJECTIVES: This study explored knowledge, acceptance and uptake of influenza vaccine among pregnant woman, and examined factors underlying the decision to vaccinate, barriers to vaccination, and patient-provider communication regarding influenza vaccinations during prenatal care.

METHODS: Method: Women who delivered during February and April 2019 were asked to complete a questionnaire regarding vaccination in pregnancy. Women able to read and willing to complete the questionnaire were eligible to participate. Following informed consent, participants provided demographic information, general knowledge about influenza and vaccination, and personal vaccination history. Vaccination history was confirmed by medical record review. Statistical analysis was performed using chi-squared and fisher's tests. A p-value of less than 0.05 was considered statistically significant.

RESULTS: Among women who completed the survey (n=168), 32% were Black (African American and Caribbean), 55% were Hispanic, and a third (39%) had a college degree. Although most women (90%), reported being offered the flu vaccine, upon review of medical records, only 58% were confirmed to have been vaccinated. The majority of those vaccinated during pregnancy ranged between ages 25-34. Black women had lower rates of vaccination. The reverse was true for Hispanics. Participants who self-reported being vaccinated had higher knowledge scores than those not vaccinated ($p < 0.001$). Eighteen incorrectly identified that they had received the vaccine; 3 reported never receiving the vaccine, despite the medical record indicating the contrary. Age, insurance status, education, or employment were not associated with vaccination status. A variety of barriers, such as being opposed to vaccination (10%), concerns about safety (24%) and needing more information (8%) were identified. When stratified by race/ethnicity, Black women were significantly (p=0.018) more likely to indicate fear and concerns about vaccination, compared to Hispanics. When assessing knowledge scores, Blacks were less likely than Hispanics to agree that pregnant women should receive a flu vaccine (74% versus 97%; $p < 0.001$).

CONCLUSION: This study found that 42% of respondents had not been vaccinated during pregnancy, despite the majority reporting being offered vaccination. Low uptake was associated with low knowledge scores. Culturally targeted educational strategies to improve vaccination knowledge and increase rates among diverse communities of pregnant women is warranted.

LEARNING OBJECTIVES: Learners will be able to describe potential barriers to uptake of influenza vaccination among diverse communities of pregnant women.

36 In vitro activity of ibrexafungerp (formerly SCY-078) against Candida spp. (including fluconazole-resistant isolates) in development for the treatment of vulvovaginal candidiasis

K. Borroto-Esoda, S. Barat, D. Angulo
SCYNEXIS, Inc.,

OBJECTIVES: Vulvovaginal candidiasis (VVC) is a common fungal infection caused by Candida spp., with only one oral treatment, fluconazole, currently approved in the U.S. Another oral option is desirable, particularly with azole resistance on the rise among some Candida spp. Ibrexafungerp (IBX, formerly SCY-078) is a first-in-class, broad-spectrum, intravenous and oral, triterpenoid antifungal, a novel class of glucan synthase inhibitors, currently in phase 3 development for the treatment of VVC. The purpose of this study was to evaluate the activity of IBX against Candida spp., including fluconazole-resistant isolates.

METHODS: In vitro MIC data for IBX against multiple Candida spp. were compiled from 7 independent studies. The combined studies