

included 242 isolates with fluconazole resistance (FLU-R) and 532 wild-type (WT) isolates of *C. albicans*, *C. glabrata*, *C. tropicalis* and *C. parapsilosis*. In vitro susceptibility was determined by broth micro-dilution using CLSI methods. Isolates with IBX MIC values >2-fold dilutions as compared to WT MIC50 values were considered resistant. FLU-R was defined for *Candida* spp. per CLSI M27-S4.

RESULTS: MIC50 values for IBX against the WT isolates ranged from 0.008 to 0.5 ug/mL. Similar results were obtained against FLU-R strains, for which IBX MIC50 values ranged from 0.06 to 0.5 ug/mL. Overall, IBX was active (MIC within 2 dilutions of WT) against 240/242 (99%) of the FLU-R isolates tested in these studies.

CONCLUSION: IBX exhibited in vitro activity against FLU-R *Candida* spp. These results suggest that IBX is a highly-promising, orally bioavailable antifungal agent for the treatment of patients with FLU-R VVC.

LEARNING OBJECTIVES: The learner will understand data on ibrexafungerp, in development for acute and recurrent vulvovaginal candidiasis, and its activity against both azole-susceptible and azole-resistant *Candida* spp. and how this will affect prescribing for by clinicians for patients with vulvovaginal candidiasis.

37 Withdrawn



38 An epidemiological portrait of sexually transmitted and blood-borne infections (STBBIs) in pregnant women followed at Sainte-Justine hospital: identification of risk factors and associated perinatal vulnerabilities



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OBJECTIVES: STBBIs have been on the rise in Quebec in recent years, with the large majority of cases being reported in women of child-bearing age. The reduction of STBBIs during pregnancy is a public health priority as their presence can have adverse effects on the pregnant woman's health, the course of the pregnancy, and the child's health. The objectives of this research project were to analyze the risk factors for the presence of STBBIs in pregnancy and to determine whether pregnant women with STBBIs are more likely to experience associated perinatal vulnerabilities.

METHODS: This retrospective cohort study was conducted by analyzing electronic clinical records, hospitalization data, and laboratory results of N = 4,032 pregnant women followed at Sainte-Justine hospital in Montreal, Canada between March 1, 2017 and January 31, 2019. In particular, gonorrhea, chlamydia, syphilis, and hepatitis B and C were studied. P-values were determined using the chi-squared test or Fisher's exact test where appropriate.

RESULTS: There were 68 positive STBBI cases identified in this cohort of 4,032 pregnant women (1.7%). The positive cases were distributed as follows: n = 35 chlamydia, n = 3 gonorrhea, n = 5 syphilis, n = 22 hepatitis B, and n = 3 hepatitis C. Among pregnant women with an STBBI, 48.5% were aged 20-29 and 13.2% were adolescents. Furthermore, 64.3% of pregnant women with an STBBI had a pre-pregnancy body mass index (BMI) classifying them as overweight or obese. Risk factors for the presence of STBBIs in pregnancy were age (p < 0.001), ethno-cultural group (p = 0.0017), personal history of STBBIs

(p = 0.0014), and pre-pregnancy BMI (p = 0.043). In addition, results for the associated perinatal vulnerabilities showed that smoking during pregnancy was borderline statistically significant with a p-value of 0.053.

CONCLUSION: Pregnant women with STBBIs are more likely to be young, of non-Caucasian descent, to have a personal history of STBBIs, and to have a high pre-pregnancy BMI. The results of this study will allow us to propose targeted interventions to reduce STBBIs in a group of women with common risk factors as part of a holistic approach to perinatal care. The ultimate goal is to improve infant and maternal health by reducing perinatal health inequalities in the context of STBBIs.

LEARNING OBJECTIVES: Learners will be able to identify risk factors and perinatal vulnerabilities that are common to pregnant women at risk of having an STBBI in pregnancy.

39 Predictors of antenatal tetanus, diphtheria, acellular pertussis and influenza vaccination in a medically underserved population



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OBJECTIVES: To evaluate predictors of vaccination for women that received tetanus, diphtheria, and acellular pertussis vaccination (Tdap), influenza vaccination, and Tdap and influenza vaccinations.

METHODS: In a retrospective cohort study of all full-term (≥37 weeks gestation) deliveries between July 1, 2016 and June 30, 2018 at a single, safety net institution, we used multinomial logistic regression models to compare predictors of vaccination among women who received Tdap only, influenza only, and both Tdap and influenza vaccines

RESULTS: Among 3,133 full-term deliveries, women were primarily non-Hispanic black (67.5%), between the ages of 21-34 (65.3%), and multiparous (76.0 %). The rates of only influenza and Tdap vaccination were 9.2% and 23.6% respectively; 41.3% of women received both vaccines, and 26.0% of women did not receive either vaccine. In the adjusted model, Hispanic ethnicity and non-Spanish language interpreter use were positively associated with receipt of all types of vaccination. Inadequate and unknown prenatal care adequacy were negative predictors of all types of vaccination. HIV-positive status was negatively associated with influenza vaccination and Tdap and influenza vaccination.

CONCLUSION: Compared to the national rate of both Tdap and influenza vaccination (32.8%), a higher proportion of women received both vaccines in our study population. Vaccine uptake may be affected by race/ethnicity, use of interpreter services, HIV status, and prenatal care adequacy. The lower rate of influenza vaccination, compared to Tdap vaccination, suggests that other factors, such as vaccine hesitancy and mistrust, may be differentially impacting influenza vaccination uptake in our predominantly minority population. Future provider and public health approaches to vaccine promotion should incorporate culturally appropriate strategies that address vaccine-related beliefs and misconceptions.

LEARNING OBJECTIVES: Learners will be able to identify predictors of antenatal Tdap and influenza vaccination. Learners will also be able to evaluate similarities between predictors of antenatal Tdap and Influenza vaccine in a medically underserved population.