accounting for known risk factors of age, gender, body max index (BMI), length of stay, emergency admissions, and comorbidity risk. This suggest that including and analyzing health inequity risk factors may help in early intervention to reduce or prevent HAIs.

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Presentation Type:
Oral Presentation - Top Poster Abstract
Subject Category: Pediatrics
Impact of Shorter Contact Isolation Duration on Healthcare Associated Multidrug-Resistant Organisms in a Pediatric Medical Center
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Background: Patients with multidrug-resistant organisms (MDROs) often require prolonged contact isolation, negatively impacting patient care and resource utilization. De-isolation criteria for MDROs vary across pediatric hospitals, typically based on organism type and achieving negative cultures. This study assessed the impact of revised MDRO de-isolation criteria allowing shorter contact isolation (Table 1) on healthcare-associated (HA) MDRO incidence rates in a freestanding academic pediatric medical center. **Methods:** We measured HA-MDRO incidence (MDROs listed in table 1, identified on or after hospital day 3) per 1000 patient days during two periods: (1) Pre-intervention (January 2019 – February 2022), prior to revised de-isolation criteria, and (2) Post-intervention (March 2022 – July 2024). Negative binomial regression was used to compare the level and trend of HA-MDRO incidence rates between the periods. **Results:** The incidence rates of all HA-MDROs, extended-spectrum beta-lactamase (ESBL)-producing organisms and methicillin-resistant Staphylococcus aureus (MRSA) are shown in Figure 1. No significant difference was observed in the level (p=0.38, 0.37, 0.9) or trend (p=0.67, 0.82, 0.76) of HA-MDRO, ESBL, or MRSA incidence rates between the periods. Estimating a daily cost of about $43 for personal protective equipment only, a minimum reduction of two weeks of contact isolation translates to approximately $602 cost reduction per patient. **Conclusion:** Shortening the duration of contact isolation for MDROs did not increase HA-MDRO incidence rates in our children's hospital and may offer cost savings. Carefully designed MDRO policies can enhance patient care without compromising infection prevention goals.

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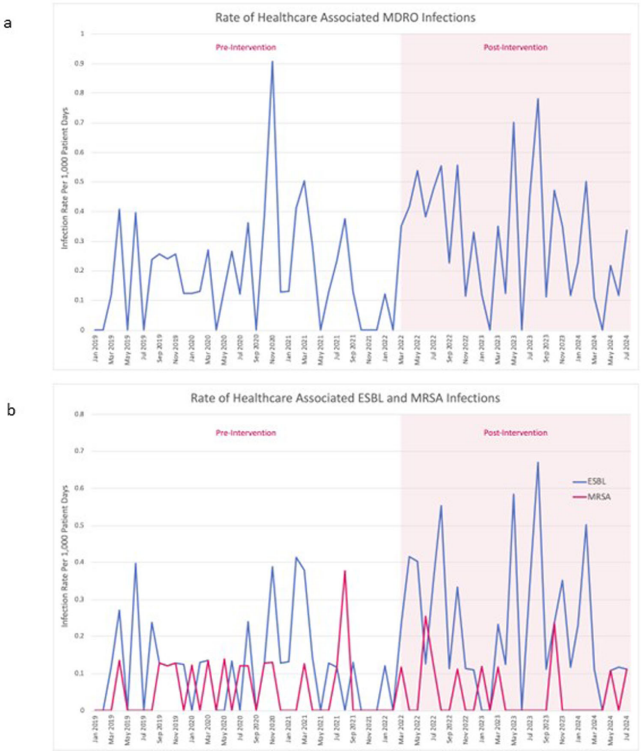
Table 1: MDRO de-isolation criteria

	Previous	Revised
Extended-spectrum beta-lactamase organism (ESBL)	Off all antibiotics for 2 weeks + negative culture	Off targeted antibiotics + resolved infection
Methicillin-resistant *Staphylococcus aureus* (MRSA)	Off all antibiotics + infection resolution + negative culture	
Vancomycin resistant *Enterococcus*	Off all antibiotics + infection resolution + negative culture + 2 negative stool or rectal cultures	Off targeted antibiotics + resolved infection + 1 month after positive culture
Carbapenem-resistant Enterobacteriaceae (non carbapenamase-producing)	Off all antibiotics for 2 weeks + negative culture + 2 negative stool or rectal cultures	
Carbapenem-resistant Enterobacteriaceae (carbapenamase-producing)	Indefinite isolation	Indefinite isolation
Candida auris		

Figure 1: Incidence rate of (a) total HA-MDROs, (b) HA-ESBL and MRSA before and after the change in de-isolation criteria



Presentation Type:
Oral Presentation - Top Poster Abstract
Subject Category: Public Health
Relationship Between Area Deprivation Index (ADI) Ranking and Targeted Multidrug Resistant Organisms (MDROs) in Philadelphia, 2018-2023
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Background: Antimicrobial-resistant pathogens cause more than 2.8 million infections and 35,000 deaths annually in the U.S. Risks for antimicrobial-