the current (2019) US-FDA website document states "cefadroxil may be deduced from CIZOL" regardless of clinical indication.

**Conclusion.** Cefadroxil is useful for guiding uUTI therapy cannot be accurately predicted by CIZOL results at ≤5 mg/L (unacceptable surrogate accuracy and compromised spectrum/potency). Furthermore, direct cefadroxil AST does not exist in United States due to lack of breakpoint criteria (CLEX, USCAST) and reagent materials (MIC products or disks). CLEX or other OCs remain preferred, more active (table) AST treatment choices having quality direct or surrogate AST guidances.

| Drug name | Proportion of total prescription (%) | Treatment failure rate [%] |
|-----------|--------------------------------------|---------------------------|
| penicillin-combinations | 0.4 | 8.5 |
| first generation cephalosporins | 0.5 | 8.8 |
| second generation cephalosporins | 1.0 | 4.1 |
| third generation cephalosporins | 3.9 | 6.3 |
| fosfomycin | 0.2 | 8.4 |
| sulfamethoxazole/trimethoprim | 0.7 | 6.6 |
| quinolones | 53.6 | 5.2 |
| fosfomycin calcium | 0.8 | 10.7 |
| Others | 3.3 |  |

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1455. Epidemiology, Empiric Treatment, and Outcomes Among Hospitalized Patients With Complicated Urinary Tract Infections in the United States, 2013–2018
Marya Zilberberg, MD, MPH1; Brian Nathanson, PhD2; Kate Sulham, MPH3, Andrew F. Shorr, MD, MPH, MBA1, 1EvitMed Research Group, LLC, Goshen, Massachusetts; 2OptiStatim, LLC, Longmeadow, Massachusetts; 3Spero Therapeutics, Cambridge, Massachusetts; Medstar Washington Hospital Center, Washington, DC

**Session:** 157. Urinary Tract Infections
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**Background.** Complicated urinary tract infection (cUTI) is common among hospitalized patients. Though carbapenems are an effective treatment in the face of rising resistance, overuse drives carbapenem resistance (CR). We hypothesized that resistance to routinely used antimicrobials is common, and, despite the frequent use of carbapenems, associated with an increased risk of inappropriate empiric treatment (IET), which in turn worsens clinical outcomes.

**Methods.** We performed a multicenter retrospective cohort study in ~180 hospitals in the Premier database, 2013–2018. Using an ICD-9/10-based algorithm we identified all adult patients hospitalized with cUTI and a positive blood or urine culture (CR excluded). We examined with the impact of triple resistance (TR; resistance to >3 of the following drugs/classes: third-generation cephalosporin [C3R], fluoroquinolones, trimethoprim-sulfamethoxazole, fosfomycin, and nitrofurantoin), on the risk of receiving IET. We derived multivariate models to compute the impact of IET on hospital outcomes.

**Results.** Among 23,331 patients with cUTI (96.2% community-onset), 3,040 (13.0%) had a TR pathogen. Compared with those with non-TR, patients with TR were more likely male (57.6% vs. 47.7%), black (17.9% vs. 13.6%), and in the South (46.3% vs. 41.5%), P < 0.001 each; had a higher median Charlson score (3 vs. 2), and were more likely to need early ICU (22.3% vs. 18.6%) and mechanical ventilation (7.0% vs. 5.0%), P < 0.001 each. Patients with TR were hospitalized at centers with higher median prevalence of both C3R (16.3% vs. 14.4%) and TR (15.1% vs. 12.2%), P < 0.001 each. IET was more frequent in TR than non-TR group (19.6% vs. 5.4%) despite greater empiric carbapenem use in TP (43.3% vs. 16.2%), P < 0.001 each. Though IET did not have an impact on adjusted hospital mortality or 30-day readmission rate, it was associated with excess adjusted resource utilization (81,364 in costs and 0.66 day in length of stay).

**Conclusion.** Among hospitalized patients with cUTI, TR is common, and is associated with a nearly 4-fold increase in exposure to IET, which in turn contributes to excess resource utilization. Given the high prevalence of TR, clinicians should consider a lower threshold for broader empiric treatment in appropriate patients.

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1456. Increase in Resistance to Antibiotics in Enterobacteriaceae from Ambulatory Urinary Samples in Buenos Aires City
Emiliano Bisotto, MD; José Luis Mones, MD; Meret Mariela, Biochem2; Virginia Riselli, ms; Adriana Sucari, Biochem1; Magdalena Pennini, Biochem1; 1FUNCEI, Buenos Aires, Ciudad Autonoma de Buenos Aires, Argentina; Stamboulian Laboratories, Buenos Aires, Ciudad Autonoma de Buenos Aires, Argentina; 1Medstar Washington Hospital Center, Washington, DC

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**Background.** During the last years, an increase in the rates of resistance among causal agents of urinary tract infection (UTI) has been reported, even in community-acquired infections. This increase in resistance is problematic since it affects most therapeutic agents used in the ambulatory setting and often implies the lack of oral options for treatment. The aim of this study was to determine whether there were changes in the prevalence of resistance among samples from patients with UTI in the ambulatory setting caused by the most common Enterobacteriaceae.

**Methods.** We analyzed the resistance profiles of the three most common Enterobacteriaceae recovered in cultures from urinary samples of ambulatory adult patients, processed in a reference Laboratory in Buenos Aires City; according to

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