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643. Infectious Complications of Intravenous Drug Use: A Single-Center Review of Hospitalized Patients in Massachusetts, 2012-2015
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Background. The national opioid epidemic has been accompanied by precipitous increases in overdose deaths and hospitalizations for infections complications of injection drug use (IDU). Despite this, there is scant literature addressing the topic. We aimed to describe demographic characteristics, type of infection, healthcare utilization, disposition and outcomes among patients hospitalized for IDU-related infection over a multi-year period at a large tertiary care referral center in Boston, MA.

Methods. We conducted a retrospective chart review of patients hospitalized for IDU-related infection from 1/1/2012-9/30/2015. 901 charts were initially identified using administrative codes; 234 met the following inclusion criteria: 1) hospitalization within the study period for treatment of ≥1 of 6 selected infections and 2) IDU within 6-months preceding qualifying hospitalization. During the study period, 234 patients had 488 cumulative admissions. Admissions for IDU-related infection and ≤30-day readmission, all-cause, underwent detailed abstraction (N = 338, 69%).

Results. Of 234 patients, over half were male (57%; N = 134), 78% white (N = 183), 17% homeless (N = 37), 88% had public insurance (N = 210); 53% had a history of Hepatitis C infection (N = 124), most with untreated or unknown infection status (86%; N = 107). Average age was 38 (range 18-75). Fifty-eight percent (N = 136) of patients had one admission during the study period, the remainder had 2-13 admissions (mean = 3.6). Sentinel admission infection types were 1) skin and soft tissue (SSTI) N = 111 (42%), 2) endocarditis N = 70 (30%), 3) bone and joint N = 26 (10%), 4) pyogenic spinal N = 39 (15%), 5) isolated bacteremia N = 9 (3%) 6) and acute viral hepatitis N = 8. 338 admissions, 57% (N = 192) included infections, and 121 (35%) were related to drug use (IDU). Sentinel disease incidence was 42% (58/137) for SSTIs, 30% (21/70) for endocarditis, 10% (7/70) isolated bacteremia and 3% (3/98) for spinal infections.

Conclusion. Our study describes the characteristics of patients hospitalized with IDU-related infection over a multi-year period in a region highly impacted by the opioid epidemic. High rates of hospital readmission, prolonged antibiotic therapy and out-of-hospital death were common in this young cohort.

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