by Cello Health MedErgy and funded by Astellas. and Salary. R. Van Maanen, Astellas Pharma: Employee and Non-Financial Support, Medical writing support was provided by Cello Health MedErgy and funded by Astellas. and Salary.

LB13. Candida auris in NYC: A Health System’s Experience Treating the Emerging Drug-Resistant Yeast
Dana Mazo, MD, MS; Lindsey Gottlieb, MD; Sarah Schaefer, MD; Kinata Alexander, MPH, CIC; Jordan Ebh, MPH, CIC; Jared Javid, MD; Gopi Patel, MD, MS; Judith Aberg, MD and Scott Lorin, MD, MBA;
1Medicine, Division of Infectious Diseases, Icahn School of Medicine at Mount Sinai, New York, NY; 2Infection Prevention, Mount Sinai Brooklyn, Brooklyn, New York; 3Infection Prevention, Mount Sinai Downtown, New York, New York; 4Mount Sinai Brooklyn, Brooklyn, New York
Session: 167. Late Breaker Oral Abstracts: Emerging Infections
Friday, October 5, 2018: 2:00 PM
Background. Candida auris is emerging multisugar-resistant yeast that can cause serious infections with published mortality rates as high as 60%. It was first recognized in 2009 and has been reported in over a dozen countries. The current United States outbreak was identified in 2016 with New York City (NYC) as the epicenter. The aim of this presentation was to describe the clinical infections and outcomes with C. auris in a large health system in NYC.

Methods. Cases were identified from clinical specimens collected December 2015–June 2018 from the Mount Sinai Hospital Clinical Microbiology Laboratory, the central laboratory for the Mount Sinai Health System, which encompasses seven hospitals across NYC. All C. auris isolates were confirmed by the New York State Department of Health Wadsworth Center. Medical charts were reviewed. A case was included if C. auris grew from a sterile body site, an antifungal treatment was initiated or the patient died before the yeast was identified on Gram stain.

Results. Twenty-nine cases were identified with 23 meeting the case definition. These cases included 19 bloodstream infections (BSI), two intra-abdominal abscesses, one skin soft tissue infection, and one otitis externa. Using the MIC breakpoint recommended by the Centers for Disease Control and Prevention, 100% of isolates tested were susceptible to caspofungin, 29% were susceptible to amphotericin B, and 17% were susceptible to fluconazole. Nineteen patients received antifungal treatment, 13 with caspofungin monotherapy and four with sequential therapy of caspofungin followed by an azole (three with fluconazole, one with posaconazole). Fifteen (56%) patients expired within 90 days of the positive culture. Fourteen of the deaths were in candidemic patients, despite that eight (57%) of these patients had documented microbiologic clearance after appropriate therapy. The 90-day mortality rate was 74% (for clinical and laboratory infection).

Conclusions. This case series is the largest reported in the United States. Candidemia was the most common site of infection and had a very high 90-day mortality rate, despite sterilization of the blood. These findings highlight the significant morbidity and mortality associated with C. auris and the need to focus efforts on rapid diagnostics and infection prevention.

Disclosures. All authors: No reported disclosures.

LB14. Safety and Immunogenicity of High-Dose Quadrivalent Influenza Vaccine Administered by Intramuscular Route in Subjects Aged 65 Years and Older
Lee Chang, MD, PhD; Ya Meng, PhD; Helene Janosczyk, MA; Victoria Landolfi, MSc, MBA; H. Keipp, MD, MPH and the QH000013 Study Team. 1Sanofi Pasteur, Swiftwater, Pennsylvania; 2Infectious Diseases, Vanderbilt University Medical Center, Nashville, Tennessee
Session: 213. Late Breaker Oral Abstracts: Influenza and Vaccines
Saturday, October 6, 2018: 10:30 AM
Background. Older adults (≥65 years of age) remain at increased risk of influenza because they do not respond to standard dose influenza vaccines as well as younger adults. A high dose, inactivated trivalent influenza vaccine, IIV3-HD, containing four times the antigen content (60 µg hemagglutinin per influenza strain) is authorized for use in individuals aged 65 years (27.4%). TTIIS was significantly shorter in BXM than PLC (median 73.2 hours vs. 102.3 hours, P < 0.001). Most patients (86.2%) were of Grade 1 or Grade 2 intensity. One serious adverse event considered related to the Investigator was reported in the IIV4-HD group.

Conclusion. Vaccination of adults 65 years of age and older with IIV4-HD was found to be noninferior to two IIV3-HD vaccines with a similar safety profile. The addition of a second B lineage strain does not adversely affect the safety or immunogenicity profile of IIV4-HD compared with IIV3-HD.

Disclosures. L. I. Chang, Sanofi Pasteur: Employee, Salary. Y. Meng, Sanofi Pasteur: Employee, Salary. H. Janosczyk, Sanofi Pasteur: Employee, Salary. V. Landolfi, Sanofi Pasteur: Employee, Salary. H. K. Talbot, Sanofi Pasteur: Investigator, Research grant. Celgene: Investigator, Research grant. MedImmune: Investigator, Research grant. Vaxnivate: Safety Board, none. Seqirus: Safety Board, none.

LB15. Vaccine Effectiveness of Flucelvax Relative to Inactivated Influenza Vaccine During the 2017–18 Influenza Season in Northern California
Nicola P. Kleinf, MD, PhD; Bruce Fireman, MA; Kristin Goddard, MPH; Pasteur: Employee; 1Pharmacia: Investigator, Research support. 2Pasteur: Employee; 3Protein Science: Investigator, Research support. 4Merck: Investigator, Research support. 5Pfizer: Investigator, Research support. 6Astellas: Investigator, Research support. 7MedImmune: Investigator, Research grant. Dynavax: Investigator, Research support. Pasteur: Employee, Salary. 8Vaccinia: Safety Board, none. Seqirus: Safety Board, none.
Session: 213. Late Breaker Oral Abstracts: Influenza and Vaccines
Saturday, October 6, 2018: 10:30 AM
Background. In June 2018, the CDC reported that influenza vaccine effectiveness (VE) against A(H3N2) influenza virus for the 2017–2018 season was ~24%. This lower than expected VE was hypothesized to be partially related to genetic changes arising in the vaccine virus during passage in eggs. Flucelvax™ (Seqirus) is a cell culture–based inactivated influenza vaccine (ccIV) that is not manufactured in eggs. We investigated whether the VE of ccIV against influenza A differed from that of egg-based IV (ebIV) during the 2017–2018 influenza season.

Methods. The study included all Kaiser Permanente Northern California members aged 4–64 years. We identified all individuals who were positive for influenza by polymerase chain reaction (PCR). This cohort analysis estimated the relative VE of ccIV vs. ebIV and the absolute VE of ccIV vs. ebIV by comparing each group of vaccinees with unvaccinated individuals. We used Cox regression with a calendar time as strata, stratified by birth year, and adjusted for facility, sex, years of membership, prior season influenza vaccine, comorbidities, and number of inpatient admits in the prior year. We calculated VE as 1 – hazard ratio (HR).

Results. Of the 3,015,891 members aged 4–64 years, 1,017,314 were vaccinated. Of these, 74% (95% CI: 91.7%) received ccIV and 26% received ebIV. Most (86.2%) were of Grade 1 or Grade 2 intensity. Comparing ccIV with ebIV, the adjusted relative VE against influenza A was 6.8% (95% CI: 11.2, 21.9; P = 0.43). The adjusted absolute VE was higher in ccIV (30.2% (95% CI: 17.1, 41.3; P < 0.0001)) and of ebIV was 17.9% (95% CI: 12.1, 23.3; P < 0.0001).

Conclusions. Both cell-culture and egg-based IV vaccines showed relatively low effectiveness during the 2017–2018 influenza season in which A(H3N2) predominated. The findings of this study show there was no significant influence in the effectiveness of cell-culture IV compared with egg-based IVs. Improvements in influenza vaccine are required for ongoing monitoring of improvements in effectiveness of cell-culture IVs.

Disclosures. N. P. Kleinf, GSK: Investigator, Research support. Sanofi Pasteur: Investigator, Research support. Merck: Investigator, Research support. Pfizer: Investigator, Research support. Protein Science: Investigator, Research support. MedImmune: Investigator, Research support. Dynavax: Investigator, Research support.

LB16. Phase 3 Trial of Baloxavir Marboxil as High-Risk Influenza Patients (CAPSTONE-2 Study)
Michael G. Born, MD MS, FIDSA; Simon Portsmouth, MD, PhD; Yuki Yoshida, MS; Takao Shishido, PhD; Frederick Hayden, MD and Takeki Uehara, PhD.
1Northwestern University, Chicago, Illinois; 2Shionogi Inc., Flathorn Park, New Jersey; 3Shionogi & Co., Ltd, Osaka, Japan; 4Medicine, University of Virginia, Charlottesville, Virginia
Session: 213. Late Breaker Oral Abstracts: Influenza and Vaccines
Saturday, October 6, 2018: 10:30 AM
Background. Baloxavir marboxil (BXM), an oral selective cap-dependent endo-nuclease inhibitor, is effective and safe for treating acute influenza in otherwise healthy patients.

Method. We conducted an international, randomized, double-blind, placebo (PLC) - and oseltamivir (Os) - controlled treatment study in patients at higher risk (HR) of influenza complications. Inclusion criteria included age ≥12 years, fever + influenza symptoms of ≤48 hours duration, and presence of at least 1 HR factor adapted from CDC criteria. Patients were randomized (1:1:1) to a single oral dose of BXM (40/80 mg for BW < 60 kg; 80/160 mg for BW > 60 kg) or PLC, or 75 mg Os BID for 5 days. The primary endpoint was to improve the frequency of improvement in symptoms (TTIS) in those with RT-PCR confirmed influenza (TTIT population). Secondary endpoints included infectious virus detection in serial nasopharyngeal swabs, prescription of antibiotics, and influenza-related complications.

Result. Among 2,184 randomized patients, 1,163(53%) comprised the ITTI population (47.9% A/H1N2, 6.9% A/H1N1, 41.6% B). The most common risk factors were asthma or chronic lung disease (39.2%) and age ≥65 years (27.4%). TTIS was significantly shorter in BXM than PLC (median 73.2 hours vs, 102.3 hours, P < 0.0001) and numerically shorter than Os (81.0 hours, P = 0.8347). TTIS of BXM patients with A/H1N2.