CLSI M100 MIC breakpoints. Clinically relevant, non-duplicate isolates cultured from patients with SSIs in 6 countries in LA in 2017 were tested by the AWARE Surveillance Program central laboratory (IHMA). In total, 1,435 non-duplicate isolates of MSSA, MRSA, β-hemolytic streptococci, and Enterobacteriaceae were tested: Argentina \((n = 349/24.3\% \text{ of all isolates tested})\), Brazil \((114/7.9\%\), Chile \((153/10.7\%), Colombia \((175/12.2\%), Mexico \((339/23.6\%),\) and Venezuela \((303/21.3\%).

**Results.** CPT activity is summarized in the following table.

| Bacteria                  | \(n\) | \(S\) | \(I\) | \(R\) | MIC<sub>CPT</sub> | MIC<sub>CLSI</sub> | % S | % I | % R |
|--------------------------|-------|------|------|------|-------------------|-------------------|----|----|----|
| MSSA                     | 354   | \(<1\) | \(≥2\) | \(≥4\) | 0.25 - 0.5         | 100               | 0  | 0  | 0  |
| MRSA                     | 389   | \(<1\) | \(≥2\) | \(≥4\) | 0.5 - 1            | 95.1              | 4.9 | 0  | 0  |
| β-Hemolytic streptococci | 120   | \(<0.5\) | \(≥2\) | \(≥4\) | 0.08 - 0.15        | 100 - 100         | 0  | 0  | 0  |
| Enterobacteriaceae, All  | 562   | \(<0.5\) | \(≥2\) | \(≥4\) | 0.5 - 12.8         | 55.3              | 3.9 | 40.8 |      |
| Enterobacteriaceae, ESBL | 358   | \(<0.5\) | \(≥2\) | \(≥4\) | 0.12              | 86.6              | 5.9 | 7.5 |      |

\(\beta\)-S. pyogenes \((n = 90)\), S. agalactiae \((n = 26)\), and S. dysgalactiae \((n = 14)\).

**Conclusion.** Overall, 100% of MSSA and 95.1% of MRSA from LA were susceptible to CPT (MIC \(<1\) μg/mL); 19 isolates of MRSA were CPT-intermediate (MIC 2 μg/mL) with 17 of the 19 isolates being from Chile; no CPT-resistant MRSA were observed. All β-hemolytic streptococci and 86.6% of ESBL-negative Enterobacteriaceae were also susceptible to CPT. CPT continues to demonstrate potent in vitro activity against clinically relevant pathogens associated with SSIs for patients in LA.

**Disclosures.**

- K. Cammarata, Pfizer Inc.: Consultant, Consulting fee. IHMA, Inc.: >128-

- McGinty, MD, Pfizer Inc.: Consultant, Consulting fee. IGMA, Inc.: 183/228 (80.3%)

- M. Karlowsky, MD, Pfizer Inc.: Consultant, Consulting fee. IGMA, Inc.: >128-

- J. Karlowsky, MD, Pfizer Inc.: Consultant, Consulting fee. D. Sahm, PhD, Pfizer Inc.: Consultant, Consulting fee. IGMA, Inc.: Employee, Salary.

**Results.** 850 patients were randomized in United States, Europe, Asia and Latin America. 63% were male with mean age 51 years. 48% had cellulitis, 25% abscesses, 26% wound and 1% burn infections. Baseline erythema and induration were reported in 100% and 93% of patients, respectively. Mean area of erythema and induration at baseline was 353 and 138 cm², respectively. Most common locations for lesions were lower extremities (56%) and upper extremities (24%). S. aureus was the most common isolate. Mean days of treatment was 7 days in either group. DLX and VAN/AZ patients had comparable impact on S&S with complete resolution in 42% vs. 45% at EOT, and 58% vs. 60% at FU, and 86% vs. 71% at LFU respectively. DLX was comparable to VAN/AZ in percent reduction in erythema over time (figure). There was a mean reduction of 58% vs. 53% at 48-72 h, 90% vs. 87% at EOT, and 98% vs. 97% at LFU for DLX and VAN/AZ respectively (figure). Baseline mean pain scores were 7/10 with scores of ~1/10 at EOT and ~0.5/10 at FU for both treatment groups.

**Conclusion.** Treatment with DLX and VAN/AZ provided equally rapid improvement in clinical signs and symptoms in ABSSSI with comparable reductions in S&S, lesion size and pain score.

**Disclosures.**

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