rates. Subsequent urine cultures up to December 31/18 were examined for fosfomycin susceptibility.

Results. A total of 156 patients received fosfomycin; 21 (13%) had lower UTI, 39 (25%) had lower tract cUTI, 24 (15%) had upper tract not pylephritis, and 37 (24%) had pylephritis. The majority (n = 98, 63%) were female, 82 (53%) had urological or functional abnormalities, 67 (43%) had diabetes, 26 (17%) were immunocompromised and most (n = 135, 87%) presented from the community. E. coli was the predominant pathogen (n = 123, 79%), 112 (91%) of these patients received ESBL. For cUTI (n = 100), dosing interval was q48h (3%), q48h (51%) and q72h (46%). Among patients with 30-day outcomes (n = 100, 84%), success was seen in 84 (84%), and was 79% (14/104) among those with cUTI. Failure was associated with male gender (p = 0.005), urological abnormalities (p = 0.047), and non-E. coli UTIs (p = 0.03). Only 1 adverse effect at 30 days was described. Fosfomycin-resistant E. coli were found in 9/64 (14%) of patients with follow-up urine cultures > 30 days after initial treatment (mean 5.7 ± 4.3 mon).

Conclusion. Despite the lack of data supporting its use, we found that most patients receiving fosfomycin for complicated UTIs had clinical success. However, emergence of subsequent resistance warrants caution. Further studies should be done to better understand optimal use of fosfomycin for complicated UTIs.

Disclosures. All authors: No reported disclosures.

226. Management of Ertapenem-Resistant, Meropenem-Susceptible Enterobacteriaceae

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Session: 246. Clinical Outcomes of Infections with Resistant Organisms
Tuesday, October 8, 2019: 12:15 PM

Background. Carbapenemases are the most frequent mechanism of carbapenem resistance in Enterobacteriaceae. However, alternative mechanisms such as loss of outer membrane pumps cannot be inferred from susceptibility patterns. All patients with meropenem (MERO) failure were tested for carbapenemase activity. Clinical failure occurred in 21/43 (48%) patients presented from the community. In lung patients there were significantly fewer ADE associated with monotherapy than with combination therapy.

Conclusion. Overall mortality trends improved with combination therapy in blood culture patients and with monotherapy patients in pulmonary cultures. These findings are influenced by the limited number of patients available, and the medical necessity of these patients. In lung patients there were significantly fewer ADE associated with monotherapy as opposed to combination therapy.

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2265. Clinical Outcomes with Single vs. Combination Antibiotic Therapy in the Treatment of Burkholderia cepacia complex Bacteremia and Pneumonia

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Session: 246. Clinical Outcomes of Infections with Resistant Organisms
Saturday, October 5, 2019: 12:15 PM

Background. Burkholderia cepacia complex (Burkholderia cenocepacia and Burkholderia multivorans) (BCC) are uncommon, yet serious often drug-resistant nosocomial pathogens, especially in lung transplant pre-operative infection/colonization is seen as a contraindication to transplant. Optimal treatment for these difficult infections is not known. We examined impact of single vs. combination therapy on patient outcomes.

Methods. All cases of BCC positive pulmonary or blood cultures at The Ohio State University Wexner Medical Center between January 1, 2012 and June 30, 2018 were analyzed. No cystic fibrosis patients were included. All combinations thereof were evaluated. The primary outcomes were 30 all-cause mortality and 30-day infection-related mortality. Secondary outcomes included sterilization of cultures, isolation of a non-susceptible isolate within 30 days of therapy, hospital and intensive care unit (ICU) length of stay, and adverse drug effects (ADE) of therapy including: hyperkalemia, acute kidney injury (AKI), transaminists, and QTc prolongation.

Results. There were 90 unique patients who grew BCC (22 patients with 92 positive blood cultures; 54 patients with 87 positive pulmonary cultures). Four patients had mixed pulmonary and blood cultures. Ten patients died prior to having treatment for their cultures and were not evaluated. Overall, there were 85 evaluable infections. Overall 30-day all-cause mortality was 20/85 (23.5%); mortality in blood culture monotherapy patients was 20/34 (21.4%); combination was not higher (P = 1.00). Mortality in pulmonary culture monotherapy was 6/32 (18.75%); combination 10/30 (33.3%) (P = 0.19). Among blood cultures monotherapy was associated with 8 ADE while combination therapy was 11 (P = 0.82). In pulmonary patients, monotherapy had 16 ADE while combination had 23 (P = 0.03).

Conclusion. Overall mortality trends improved with combination therapy in blood culture patients and with monotherapy patients in pulmonary cultures. These findings are influenced by the limited number of patients available, and the medical necessity of these patients. In lung patients there were significantly fewer ADE associated with monotherapy as opposed to combination therapy.

Disclosures. All authors: No reported disclosures.