Gram-positive (GP) anaerobic isolates from Phase 3 ARBSSI clinical trials were determined and compared with the microbiologic response for evaluable isolates.

Methods. A total of 84 anaerobic isolates were collected during Phase 3 ARBSSI clinical trials and 9 additional Bacteroides fragilis (BF) were collected as part of the 2017 SENTRY surveillance program. The isolates tested included 11 BF, 13 Clostridium perfringens (CP), and other species with <10 isolates (table). Isolate identifications were confirmed by molecular methods. Susceptibility testing was performed according to CLSI agar dilution methodology (M11, 2012). Other antimicrobials tested included clindamycin (CD), metronidazole (MTZ), and moxifloxacin (MFX). In addition, the activity of DLX and MFX were compared at standard pH 7.0 and at pH 6.0.

Results. DLX had the lowest MIC values against both GP and GN species and was 32-fold more active than MXF for all organisms. For BF, DLX was 4- to 16-fold more active than the other comparators. For CP, DLX was 32- to 64-fold more active than the 3 comparators. When comparing the activity of DLX and MFX at pH 6 vs. pH 7, DLX had the same MIC values while MFX MIC values were 2-fold less active at the lower pH (Table 1). Of the 84 clinical trial isolates, 21 were recovered from subjects in the microbiologically evaluable at follow-up (MEFU) population. All of the subjects had a favorable microbiological response (presumed eradication) at F/U.

Conclusion. DLX demonstrated potent in vitro antibacterial activity against an aerobic isolates tested, including BF and CP and was more active than MXF. For all isolates combined, DLX activity was unchanged at lower pH while MFX MIC values increased 2-fold. These data suggest that DLX activity remains potent at a lower pH at sites common at sites of infection.

Table 1. Susceptibilities of DLX and comparators.

| Antimicrobial agent | MIC range (μg/mL) | MBC range (μg/mL) |
|---------------------|-------------------|-------------------|
| Clindamycin (CD)    | 0.062 ± 0.015     | 0.25 ± 0.126      |
| Metronidazole (MTZ) | 0.062 ± 0.015     | 0.25 ± 0.126      |
| Moxifloxacin (MFX)  | 0.25 ± 0.126      | 0.25 ± 0.126      |
| Dalixatrom (DLX)    | 0.015 ± 0.007     | 0.062 ± 0.031     |

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2374. Genomic Characteristics of Recurrent Staphylococcus aureus Skin and Soft-Tissue Infections Among US Army Trainees

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Session: 249. Skin and Skin Structure Infection Saturday, October 6, 2018: 12:30 PM

Background. Skin and soft-tissue infections (SSTIs) are among the most common infectious diseases-related hospitalizations. Although existing literature supports durations of 5–7 days, treatment durations commonly exceed 10–14 days driven by perceived lack of resolution and risk of relapse. Obesity and heart failure (HF) have been associated with increased risk for treatment failure of SSTIs.

Methods. We performed a retrospective cohort study at the Salt Lake City VA Medical Center including a subset of inpatients between January 1, 2006 and December 30, 2016 with SSTIs based on international classification of diseases (ICD) coding and either HF or obesity. Charts were manually reviewed to collect demographic, comorbidity history of illness, microbiology and treatment data. Patients were treated with a short course (≤5 days) vs. a long course (≥8 days) of antimicrobial therapy were evaluated. Primary outcome included treatment failure within 30 days defined as extending therapy, changing or adding antimicrobials, reinitiating therapy or drainage of an abscess after the end of the initial treatment course. Secondary outcomes assessed were length of stay, 30-day readmission, and 30-day mortality.

Results. 466 randomly selected charts were reviewed and 130 patients were included. 128 patients (98%) were male. 32% of patients had HF, 67% obesity and 47% diabetes. 5 patients were admitted to the ICU. Median treatment duration was 12 days [IQR 9–15]. 27 (21%) received ≤ 8 days of antibiotics and 103 (79%) received >8 days. 5/27 (19%) patients in the short treatment group experienced treatment failure vs. 26/103 (25%) in the long treatment group (P = 0.466). Median length of stay was 2 days [IQR 2–3] vs. 3 days [IQR 2–5] in the short vs. long treatment group, respectively (P = 0.002). There was no difference in 30-day readmission or 30-day mortality between the two groups.

Conclusion. Commonly prescribed antibiotic durations for SSTIs in patients with obesity and HF often exceeded 8 days. Short treatment duration does not appear to be associated with treatment failure, highlighting an opportunity for antimicrobial stewardship intervention.

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2376. In Vitro Activities of Cefetaroline and Comparator Agents Against Bacterial Pathogens Collected From Patients With Skin and Skin Structure Infections in Latin America: AWARE Surveillance Program 2017

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Background. The parenteral cephephem cefetaroline (CFT) fosamil is approved for the treatment of patients with skin and skin structure infections (SSSIs) caused by Staphylococcus aureus (both methicillin-susceptible [MSSA] and methicillin-resistant [MRSA] isolates), β-hemolytic streptococci (Streptococcus pyogenes, Streptococcus agalactiae), and select species of Enterobacteriaceae (Escherichia coli, Klebsiella pneumoniae, Klebsiella oxytoca). Limited data have been published on the in vitro activity of CFT against recent clinical isolates cultured from patients with SSSIs in Latin America (LA).

Methods. Standard CLSI broth microdilution MIC determinations (M07) were performed with CPT and comparator agents. MICs were interpreted using current
During Treatment of Acute Bacterial Skin And Skin Structure Infection (ABSSSI) With Delafloxacin (DLX) vs. Vancomycin/Aztreonam (VAN/AZ)

**Background.** DLX, an anionic fluoroquinolone antibiotic with Gram-positive and Gram-negative activity, was recently approved for treatment of ABSSSI. Two global phase 3 ABSSSI trials (studies 302 and 303) included patients with cardiac or vascular disease. **Methods.** Two multicenter, double-blind, double-dummy trials of adults with ABSSSI patients randomized 1:1 to receive either DLX monotherapy or VAN/AZ (AZ) for 5–14 days. AZ was discontinued once Gram-negative infection was excluded in the VAN group. The presence or absence of clinical S&Ss was collected at each evaluation timepoint. Patients with complete resolution of S&Ss were classified as complete cures. Lesions were measured by digital planimetry. **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.

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**Session: 249. Skin and Skin Structure Infection**
Saturday, October 6, 2018: 12:30 PM

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**Session: 2379. Multicenter Evaluation of Ceftazidime–Avibactam for Multidrug-Resistant Gram-Negative Bacterial Infections**

Sarah Jorgensen, PharmD, BCPS, AAHIVP; Trang D. Trinh, PharmD, MPH; Evan J. Zasowski, PharmD, MPH; Abdalhamid M. Laghf, MPH; Sahil Bhata, BS; SamuelSimon, PharmD; Sandy Estrada, PharmD, BCPS (AQ-ID); Joshua Rosenberg, MD; Molly Steed, PharmD; Susan L. Davis, PharmD; and Michael J. Bybak, PharmD, MPH, PhD; Anti-Infecive Research Laboratory, Department of Pharmacy Practice, Wayne State University, Eugene Applebaum College of Pharmacy & Health Sciences, Detroit, Michigan. Department of Clinical Pharmacy, University of California, San Francisco, School of Pharmacy, San Francisco, California; Anti-Infecive Research Laboratory, College of Pharmacy, School of Medicine, Division of Infectious Diseases, Wayne State University, Detroit, Michigan; Department of Pharmacy Practice and Translational Research, University of Houston College of Pharmacy, Houston, Texas; Brooklyn Hospital, Brooklyn, New York; Department of Pharmacy, Lee Memorial Health System, Fort Myers, Florida; University of Kansas, Kansas City, Kansas City, Missouri; Henry Ford Hospital, Detroit, Michigan; Eugene Applebaum College of Pharmacy and Health Sciences Bldg, 259 Mack Ave, Detroit, Michigan.

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**Session: 2378. Resolution of Signs and Symptoms (S&Ss) of Acute Bacterial Skin and Skin Structure Infections (ABSSSI) With Delafloxacin (DLX) IV/Ora Therapy**

John Pullman, MD; William O’Riordan, MD; Laurence, BS; Megan Quintas, BS; Carol Tseng, PhD; and Sue K. Cammarata, MD; Mercy Street Medical, Butte, Montana; "Study Site, San Diego, California; Melinta Therapeutics, Inc., New Haven, Connecticut." Firma Clinical, Deland, Florida.

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**Session: 2377. Outcomes in Patients With History of Cardiac or Vascular Disease (CV) During Treatment of Acute Bacterial Skin And Skin Structure Infection (ABSSSI) With Delafloxacin (DLX) vs. Vancomycin/Aztreonam (VAN/AZ)**

John Oguchi, MD; Richard Beasley, MD; Laura Lawrence, BS; Carol Tseng, PhD; and Sue K. Cammarata, MD; Midland Florida Clinical Research Center, LLC, Deland, Florida; Health Concepts, Rapid City, South Dakota; Melinta Therapeutics, Inc., New Haven, Connecticut; "Firma Clinical, Hunt Valley, Maryland.

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**Discussion.** G. Oguchi, Melinta Therapeutics, Inc.: Investigator, Research support. R. Beasley, Melinta Therapeutics, Inc.: Investigator, Research support. L. Lawrence, Melinta Therapeutics, Inc.: Employee and Shareholder, Salary. C. Tseng, Melinta Therapeutics (Jnc.: Consultant and Research Contractor, Consulting fee. S. K. Cammarata, Melinta Therapeutics, Inc.: Employee, Salary.