Comparison of rates of CR and 30.9% (SA) causes morbidity and mortality in 1.33, 237.05). Two active antimicrobials was associated with better outcome (OR: 10.80, 95% CI: 6.16, 22.83). Source control was the only independent factor preventing death (OR: 5.07, 95% CI: 1.47, 19.36) were both independently associated with worse outcome, whereas source control was the only independent factor preventing death (OR: 5.07, 95% CI: 1.47, 19.36). In multivariable outcome analysis, high levels of CRP (OR: 0.99, 95% CI: 0.99, 0.999), duration of CR (OR: 0.62, 95% CI: 0.38, 1.01), and hospitalization with anticipated stay of greater than 2 days. Compared with 2016, rates of invasive infections decreased more for MRSA (2.4 vs. 5.5 per 1000 patient-days) than for MSSA (Q1 vs. Q4 decrease of 67% vs. 38%, respectively). Decolonization was more effective for MRSA (78%) vs. MSSA (53%). Compared with 2016, rates of invasive infections decreased more for MSSA (2.4 vs. 1.6 per 1000 patient-days, 33%) than for MSSA (9.4 vs. 7.8 per 1000 patient-days, 17%). Prevalence of mupirocin resistance through study period was higher for MSSA (24% vs. 10%). No outbreaks were detected.

Conclusion. A year-long surveillance and decolonization effort was more successful in decreasing MRSA colonization density and invasive infections compared with MSSA. These results are likely due to continual importation of MSSA into the NICU from the community. Since MSSA caused more invasive infections than MRSA, strategies primarily aimed at decreasing the burden of MRSA need to be modified to decrease the burden of MSSA in NICUs.

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