Table 1: Crytococal presentation and infectious disease testing by patient risk groups

|                | HIV-infected patients | Solid organ transplant recipients | Non-HIV/non- | Total | p-value |
|----------------|-----------------------|-----------------------------------|--------------|-------|---------|
| Hydrophilic (%) | 17/23 (73.9)          | 7/11 (63.6)                      | 40/80 (50)   | 64/114 (56.1) | 0.11    |
| Isolated pulmonary disease (%) | 2/23 (8.7) | 4/11 (36.4) | 25/80 (31.3) | 31/114 (27.2) | < 0.01 |
| Presence of fungemia without meningitis (%) | 4/25 (17.4) | 0/11 (0) | 15/80 (18.8) | 19/114 (16.7) | 0.77    |
| Cirrhosis/ever disease (%) | 4/23 (17.4) | 4/11 (36.4) | 27/80 (33.8) | 35/114 (30.7) | 0.33    |
| Positive blood culture (%) | 12/21 (52.4) | 3/11 (27.3) | 22/74 (29.7) | 36/106 (34) | 0.15    |
| Positive serum Ag (%) | 16/20 (80) | 7/7 (100) | 24/61 (40.5) | 65/105 (62) | 0.46    |
| Impaired mortality (%) | 6/25 (26.1) | 6/11 (54.5) | 22/80 (27.5) | 34/114 (29.8) | 0.17    |

Figure 1: Percent positive test results by patient group for cryptococcal meningitis

Table 2: Results of diagnostic testing for cryptococcal meningitis in three patient groups

|                | HIV-infected patients | Solid organ transplant recipients | Non-HIV/non- | Total | p-value |
|----------------|-----------------------|-----------------------------------|--------------|-------|---------|
| Abnormal CSF WBC, protein, and/or glucose (%) | 11/15 (73.3) | 6/7 (85.7) | 35/39 (89.7) | 52/62 (83.3) |         |
| Positive India ink (%) | 12/16 (75) | 3/6 (50) | 23/40 (57.5) | 38/62 (61.3) |         |
| Positive CNS cultures (%) | 12/17 (70.5) | 5/7 (71.4) | 29/40 (72.5) | 47/64 (73.4) |         |
| Positive serum Ag (%) | 11/14 (78.6) | 5/5 (100) | 24/28 (85.7) | 40/47 (85.1) |         |
| Positive CSF Ag if culture is also positive (%) | 12/12 (100) | 3/4 (75) | 28/29 (96.5) | 43/45 (95.6) |         |

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1706. Use of Management Bundles as a Checklist for Candidemia: Impact of Compliance on Clinical Outcomes in a Multicenter Study in Japan

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Background. We previously developed management bundles for candidemia and beneficial effects on clinical outcomes were shown in compliant patients (JAC 2015). However, there is a risk for bias because some elements cannot be achieved in patients who have an early death.

Methods. Patients with candidemia who were treated at six medical centers between 2015 and 2017 were prospectively evaluated. Bundle elements consisted of removal of central venous catheters within 24 hours, initial appropriate selection and dosing of antifungals, an ophthalmological examination, follow-up blood cultures, consideration of alternative antifungals on the 3rd to 5th days, and at least 2 weeks of therapy. To exclude bias by early death, we investigated the clinical results in patients who survived ≥2 weeks.

Results. Among 221 patients with candidemia, 190 patients were analyzed (31 patients were excluded because of early death). Clinical success and the 28-day mortality rate were 77.4% (171/221) and 22.2% (49/221) in all patients with candidemia and 88.9% (167/180) and 9.5% (18/190) in eligible patients, respectively. Compliance in achieving all bundle elements was accomplished in 67.9% of eligible patients. In multivariate analysis, compliance with the bundles was an independent factor for 28-day mortality (4.7% vs. 19.7%, odds ratio 0.19, 95% confidence interval 0.05–0.63). However, compliance did not affect clinical success (92.2% vs. 82.0%, odds ratio 2.13, 95% CI 0.77–5.86). Non-Candida albicans, disseminated candidiasis, and total parental nutrition were independent factors for poor clinical success. Severe severity and total parenteral nutrition were independent factors for 28-day mortality.

Conclusion. With prospective use of bundles as a checklist in patients with candidemia, compliance of bundles has a beneficial effect on clinical outcomes. This research was supported by AMED (IP18fk0108045).

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