Conclusion. This is the largest data evaluating microbiology of infected walled-off necrosis. Organisms isolated are mostly colonizers of skin and gastrointestinal tract. Positive cultures were seen more in obese and older patients. Clinical correlation is needed when deciding whether to treat these organisms or not.

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1193. Risk Factors for the Development of Bacteremia in Previously Healthy Children with Non-typhoidal Salmonella Gastroenteritis

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Background. Non-typhoidal Salmonella (NTS) causes approximately 1.2 million illnesses per year in the United States. There are few pediatric studies which have investigated the risk factors for NTS bacteremia in healthy children with NTS gastroenteritis (NTS-AGE).

Methods. This was a retrospective study of children admitted to Texas Children’s Hospital, Houston, TX, with NTS-AGE from 2007–2016. Exclusion criteria included: patients aged ≤3 m or > 18 years, immunodeficiencies, hemoglobinopathies, extraintestinal manifestations or those in whom blood cultures were not obtained. Demographics, clinical and laboratory data were collected from electronic medical records and NTS bacteremia (NTS-B) were compared with patients who were non-bacteremic (NTS-NB).

Results. Of 350 patients reviewed, 83 patients met inclusion criteria: 53 with NTS-B and 30 NTS-NB. The median age of diagnosis was 1.58 years (range 3.5 months-18 years). Thirty-nine patients (47.0%) were female and 44 (53.0%) were male. Majority of patients were non-Hispanic White (n = 70; 84.3%). The most common serotype was Salmonella Group C (n = 41;49.4%). There was no difference in risk factors between NTS-B vs. NTS-NB in terms of age, duration of diarrhea prior to admission, travel or exposure, prior antibiotics exposure or white blood cell count at presentation. Duration of fever prior to admission was statistically significant with median duration for NTS-B being 6.11 days compared with NTS-NB at 1.97 days (P = 0.00000086). There was an increased trend for bacteremia in males and Salmonella Group C bacteremia (P = 0.07 and P = 0.08 respectively).

Conclusion. To our knowledge this is the first pediatric study in the United States to evaluate risk factors for NTS bacteremia in healthy children with NTS-AGE. Duration of fever prior to admission was associated with increased risk of NTS-B along with increased trend with GK Salmonella Group C. These risk factors should prompt clinicians to monitor patients with NTS-AGE closely and help in deciding whether antimicrobials are warranted or not.

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1194. Clinically Important Resistance among Salmonella enterica Serotype Typhi Isolates—United States, 2003–2015

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Background. Salmonella Typhi (Typhi) causes typhoid fever, accounting for an estimated 5,700 illnesses and 623 hospitalizations per year in the United States. Most infections are acquired during travel to regions outside the United States where typhoid fever is prevalent and antimicrobial resistance is a problem. Fluoroquinolones (e.g., ciprofloxacin) are considered the treatment of choice for susceptible Typhi infections due to their superior ability to concentrate intracellularly and in bile, however, nonsusceptibility has been associated with treatment failure or delayed response. Azithromycin and ceftriaxone are treatment options. We describe antimicrobial susceptibility among Typhi isolates in the United States and the implications for management.

Methods. The National Antiinfectious Resistance Monitoring System at CDC conducts susceptibility testing on all Typhi isolates submitted by public health laboratories. We used both broth microdilution to determine minimum inhibitory concentrations (MICs) to agents representing 9 antimicrobial classes and categorized isolates according to criteria from the Clinical and Laboratory Standards Institute. We defined ciprofloxacin nonsusceptibility as MIC ≥0.12 μg/mL, ciprofloxacin resistance as MIC ≥1 μg/mL, azithromycin resistance as MIC ≥1 μg/mL, and ceftriaxone resistance as MIC ≥2 μg/mL.

Results. From 2003–2015, isolates were tested from 4,550 patients; 2,760 (61%) were ciprofloxacin nonsusceptible, 4% were ciprofloxacin resistant. One isolate was azithromycin resistant and none were ceftriaxone resistant. Ciprofloxacin nonsusceptibility increased from 39% in 2003 to 66% in 2015; resistance increased from 0.3% to 3.4%. Median age at diagnosis was 23 years (range 2–99 years), 53% were male, most were from the Northeast (33%) or the West (29%), and 74% had an isolate from blood.

Conclusion. Two thirds of Typhi isolates exhibited ciprofloxacin nonsusceptibility, which has increased over the last decade, and full resistance is increasing. Clinicians should be aware of high rates of fluoroquinolone nonsusceptibility when selecting empiric therapy and should tailor antimicrobial treatment to susceptibility results when feasible. Azithromycin and ceftriaxone remain important treatment options.

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1195. Impact of Fecal Microbiota Transplantation on Digestive Tract Colonization due to Carabepenem-resistant Enterobacteriaceae and Vancomycin-resistant Enterococci

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Background. Fecal Microbiota Transplantation (FMT) has proved to be an efficient therapy for recurrent C. difficile infection. Its indication is currently discussed for the decolonization of Multidrug-resistant organisms (MDRO) on the basis of mice experiments. Two recent publications suggest that it could be an efficient strategy for patients colonized with digestible MDRO colonization but few data are available for Carabepenem-Resistant Enterobactere (CRE) and Vancomycin-Resistant Enterococcus (VRE) colonization.

Methods. We performed a FMT among patients colonized by CRE or VRE documented by at least 3 consecutive positive swabs (including one in the week prior to the FMT). Before FMT procedure, 2 days prior to the FMT, patients received a proton pump inhibitor and a naso-duodenal tube was inserted to perform a bowel lavage with X-prop. FMT was performed with frozen feces from 4 donors previously screened for potential diseases using 5 syringes of 50 mL of feces diluted with saline. Patients were discharged after 24h of drug withdrawal and outpatient control exams (PCR + culture) on day 7, 14, 21, 28 and each month during 3 months in order to assess the decolonization. The study is registered at ClinicalTrials.gov (NCT03029078).

Results. Seventeen individuals were included. Mean age was 69 ± 12.7 (SD) years. Eight patients were positive for CRE (KPC, OXA48 or ND-M1) and 9 for VRE. All suffered from severe underlying condition (hemodialysis, dementia, cirrhosis) or chronic wounds. Median functional autonomy score was evaluated using the French Isso-Resources Groups (GIR)=4/6 (KQ(3-6)) supporting they were dependent persons. Ten patients were followed up, 3/8 patients were still free from CRE whereas 7/8 were free from VRE, considering one death from cirrhosis. Moreover, one of them received antibiotics during a week for a hospital-acquired infection a long time after FMT. No adverse events were reported.

Conclusion. FMT seems to be an attractive option to eradicate colonization of MDRO, especially for VRE. Limited data are available in the literature to determine response factors. Meanwhile its efficacy is moderate; it provides an alternative solution to quarantine for fragile and frequently hospitalized patients. More data and a controlled trial are required.

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1196. The Global Burden of Shigella and Enterotoxigenic E. coli: Results from the Global Burden of Disease Study 2016

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Background. Diarrhea is the seventh leading cause of death globally, responsible for more than 1,600,000 deaths in 2016 and nearly 90% of these deaths occurred in sub-Saharan Africa and South Asia. The Global Burden of Disease Study (GBD) is an annual effort to produce and refine estimates of diarrheal disease burden attributable to Shigella spp., enterotoxigenic Escherichia coli (ETEC), and other enteric pathogens. We used a counter-factual approach to estimate deaths, incidence, years of life lost (YLLs), years living with disability (YLDs), and total disability adjusted life years (DALYs) attributable to diarrheal infections and its etiologies, including Shigella and ETEC. To estimate the burden of diarrheal etiologies, we conducted a systematic review of the proportion of diarrheal cases positive for each pathogen and modeled these data using a Bayesian meta-regression tool called DisMod-MR. This tool generates estimates of the pathogen distribution for national and some subnational geographies, all age groups, and for both sexes from 1990 to 2016. We used these estimates, in conjunction with odds ratios ratios for diarrhea given pathogen detection from the Global Enteric Multicenter Study, to calculate the population attributable fraction for each pathogen.

Results. In 2016, Shigella was responsible for 75,000 deaths among children under-5 and 276,000 deaths among all ages and ETEC was responsible for 22,000 deaths among children under-5 and 60,000 deaths among all ages. Shigella and ETEC ranked second and fourth with regard to pathogen contributions to global diarrheal deaths.

Conclusion. The global burden of disease attributable to Shigella and ETEC is substantial. GBD 2016 estimates on the age- and location-specific impact of Shigella and ETEC enable making regarding interventions to reduce the burden of these pathogens. Our findings call for accelerated efforts for the development of vaccines against ETEC and Shigella.

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