**Background.** *Acinetobacter urinary* is an emerging urinary pathogen frequently identified by MALDI-TOF. It is generally susceptible to β-lactams, however, its susceptibility pattern to fluorquinolones (FQ) remains variable. The goals of this study were to (i) evaluate the performance of the gradient diffusion method (Etest) to determine FQ resistance compared with broth microdilution (BMD) and (ii) to estimate the resistance rate of *A. urinae* toward FQ in Quebec hospitals.

**Methods.** Two hundred seven consecutive isolates of *A. urinae* from urinary tract specimens originating from five hospitals in Quebec and Montreal were identified by MALDI-TOF (Vitek MS and Bruker). All isolates were tested with the BMD and gradient diffusion methods. BMD was carried out in triplicate and was conducted in accordance with CLSI guidelines (M45-A3). Isolates with insufficient growth at 24 hours were reincubated and evaluated at 48 hours. The gradient diffusion method was carried out using Etest strips on MH agar with 5% sheep blood.

**Results.** Of the 207 isolates of *A. urinae*, 52 (25%) gave uninterpretable results using the BMD method (insufficient growth = 20; trailing = 32). We obtained the following results for the remaining 155 isolates:

| Susceptible, n (%) | Intermediate, n (%) | Resistant, n (%) |
|-------------------|---------------------|-----------------|
| Ciprofloxacin     | 105 (67%)           | 16 (10%)        |
| Levofoxacin       | 114 (74%)           | 10 (6%)         | 35 (23%) |

**Conclusion.** The new BioFire<sup>®</sup> Pneumonia Panel provides reliable quantitative microbiological data in BAL specimens, in only 65 minutes, which can lead to more appropriate management of VAP suspected patients in the ICU.

**Disclosure.** None.

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**Background.** Ventilator-associated pneumonia (VAP) is one of the most common encountered hospital-acquired infections worldwide, and one of the major contributors to an over mortality in critically ill patients. Initial empirical antimicrobial therapy is often broad spectrum. Fast identification and quantification of microorganisms is of great importance to enable early effective targeted antimicrobial treatment. This trial performs the comparison of the new BioFire* Pneumonia Panel (BPP) with quantitative conventional culture (CC) and an independent real-time quantitative molecular-based method (MM), in Intensive Care Unit (ICU) patients with VAP suspicion.

**Methods.** Bronchoalveolar lavage (BAL) specimens from 120 patients with suspected VAP, enrolled at four different French ICUs, during January to November 2013, were processed by CC and BMD following microbiological standard procedures, by BPP and MM. A total of 15 bacterial targets, commonly detected by the three methods, were analysed for concordance above an agreed threshold for positivity. While every step is fully integrated, from specimen-to-results (BPP), bacterial DNA was extracted from each sample on the NucliSENS easyMAG<sub>®</sub> Platform, and real-time polymerase chain reactions were run in an ABI 7500 Dx thermocycler (MM).

**Results.** A total of 117 different BAL specimens were processed. Positive culture was obtained for 65.8% of BAL, while positive detections were observed in 79.4% with BPP and 75.4% with independent MM. Fourteen different species were detected by the three methods, with majority of the bacteria being *Staphylococcus aureus*, *Haemophilus influenzae*. Overall concordance between BPP and MM was 97.1% (93.8%–100.3%) and 96.6% (95.6%–97.6%) NPA. Following discrepancy analyses overall performance increased to 95.3% (91.2–99.3%) PPA when comparing BPP to CC.

**Conclusion.** Our population had a low prevalence of aerobic bacteremia. The *anaerobic* culture significantly decreased the TTP compared with an aerobic culture. The cost-effectiveness of routinely including an aerobic blood culture bottle needs further study.

**Disclosure.** No reported disclosures.

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**Background.** *Staphylococcus aureus* is a major human pathogen, causing a variety of nosocomial and community-acquired infections. Nasal carriers of SA are at increased risk for healthcare associated infections with this organism. Timely microbiological data in BAL specimens, in only 65 minutes, which can lead to more appropriate management of VAP suspected patients in the ICU.

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