Results. 11 consecutive patients with MSSA bacteremia (6 confirmed endocarditis) refractory to standard CZ or NAF rapidly cleared with CZ+ETP. 9 patients had daily positive blood cultures, and 8 cleared in ≤24 hr, including those with ≥2 cm vegetations. All 11 survived hospitalization. In MHB, 7/13 MSSA exhibited a CZ inoculum effect (CZ MIC >3 log, in 10² vs. 10⁴ CFU/mL), but only 1 showed a significant CZ inoculum effect in RPMI. CZ+ETP was significantly more efficacious than CZ in their primary model of MSSA endocarditis utilizing a strain displaying a CZ inoculum effect, though only modest benefit observed in vitro for 6 MSSA isolates.

Conclusion. CZ+ETP combination therapy yielded profound clinical success in severe MSSA infections with high bacterial densities, as demonstrated by rapid bacteremia clearance. Enhanced efficacy was also observed in a rat endocarditis model. The anti-staphylococcal activity of CZ+ETP in vivo exceeded that observed in vitro, consistent with our prior observations of host innate immune cooperativity with the regimen. CZ+ETP warrants further study for the treatment of refractory MSSA bacteremia and endocarditis.

Disclosures. All authors: No reported disclosures.

218. Evaluation of Clinical Outcomes with Shorter Vs. Longer Duration of Treatment for Common Inpatient Bacterial Infections Associated with Bacteremia

Thursday, October 3, 2019: 12:15 PM

Background. C. difficile and other anaerobic bacteria are the most common infections associated with bacteremia in the inpatient setting and often are associated with bacteremia. Though guidelines exist for cases involving bacteremia. We evaluated the clinical outcomes for patients receiving short (5-9 days) vs. long (10-15 days) duration of antibiotic treatment.

Methods. A retrospective study was conducted at 3 area hospitals comprising a university-based tertiary care and public safety net hospital, and a Veterans’ Affairs hospital. We included hospitalized adult patients with transient bacteremia associated with uncomplicated cases of PNA, UTI, or ABSSI. The primary outcome consisted of a composite of rehospitalization or resumption of antibiotic treatment attributed to the original infection or death due to any cause within 30 days of the antibiotic start date. Secondary outcomes included the individual composite components, Clostridioides difficile infection, and antibiotic-related adverse effects leading to change in antibiotic therapy. A propensity score weighted logistic regression model was used to mitigate factors which could bias a patient toward receiving a shorter or longer treatment duration.

Results. Of 411 patients included in the study, 123 (29.9%) received a short duration of therapy and 288 (70.1%) received a long duration of therapy. The median duration of treatment was 8 days in the short group and 13 days in the long group. In the propensity-weighted analysis, the probability of meeting the composite primary outcome was not statistically different between the short and long groups (Table 1). However, receiving a short course was associated with a higher probability of restarting antibiotics and Clostridioides difficile infection.

Conclusion. Shorter vs. longer courses of antibiotic treatment for bacteremia associated with PNA, UTI, and ABSSI were not significantly different in a composite of readmission, restart of antibiotics, and mortality; however, further study is needed to evaluate the safety and effectiveness of short-course therapy.

Disclosures. All authors: No reported disclosures.

220. Characteristics and Outcomes of Veterans with Invasive Group B Streptococcal Infection Vary with the Type of Syndrome

Thursday, October 3, 2019: 12:15 PM

Background. Surveillance from the US Center for Disease Control and Prevention (CDC) has detected an increase in the prevalence of invasive Group B streptococcus (GBS) infections between 2008 and 2016 among non-pregnant adults. Here, we use data from the US Veterans Health Administration (VHA) to assess the underlying clinical characteristics and outcomes associated with specific types of invasive GBS infection among veterans.

Methods. We used the VA Corporate Data Warehouse to identify patients with invasive GBS infection diagnosed between 2008–2017 using CDC’s surveillance definitions. Data on the microbiological source of infection (e.g., GBS in cultures from blood, bone or sterile fluids) and associated International Classification of Disease (ICD) codes were used to classify the type of invasive infection. We determined associated co-morbid conditions and 30-day all-cause mortality for incident cases.

Results. Between 2008 and 2017, there were 4760 incident cases of invasive GBS infection in veterans with a mean age of 66.6 years (±11.7) and 30-day all-cause mortality of 8%. The most common syndrome was osteomyelitis (23%, N = 1078) with 30-day mortality of 1%. Other common infections, such as bacteremia (20%; N = 972), skin and soft-tissue infections (18%, 853), and pneumonia (14%; N = 664), had higher mortality (5%, 1%, and 4%, respectively). In patients with GBS peritonitis, present in 3% (N = 138) incidence cases, 46% had chronic liver disease with a 30-day all-cause mortality for incident cases.

Disclosures. All authors: No reported disclosures.

S128 • OFID 2019:6 (Suppl 2) • Poster Abstracts