Conclusion. Cefadroxil is effective for treating uUTI and cannot be accurately predicted by CIZOL results at ≤16 mg/L. Additionally, direct cefadroxil AST does not exist in United States due to lack of breakpoint criteria in CLSI (USCAST) and reagent materials (MIC products or disks). CLEX or other OC’s remain preferred, more active (table) uUTI treatment choices having quality direct or surrogate AST guidances.

Table 1. Cross S analysis for cefadroxil (≤16 mg/L) versus cephalaxin or cephalosporin (≤16 mg/L).

| Cefadroxil (≤16 mg/L) | Cefalexin (≤16 mg/L) | Cephaloridine (≤16 mg/L) | Cephalaxin (≤16 mg/L) | Cephalosporin (≤16 mg/L) |
|-----------------------|----------------------|-------------------------|-----------------------|-------------------------|
| 0.6                    | 0.5                  | 0.7                     | 0.7                   | 0.0                     |
| *Accurancy rate = 97.0*| *Accurancy rate = 97.0*| *Accurancy rate = 97.0*| *Accurancy rate = 97.0*| *Accurancy rate = 97.0*|

Disclosures. All authors: No reported disclosures.

1454. Epidemiology, Empiric Treatment, and Outcomes Among Hospitalized Patients With Complicated Urinary Tract Infections in the United States, 2013–2018
Marya Zilberberg, MD, MPH1; Brian Nathanson, PhD2; Kate Sulham, MPH1; Andrew F. Sherr, MD, MPH, MBA1; 1EvMedResearch Group, LLC, Goshen, Massachusetts; 2OptiStatim, LLC, Longmeadow, Massachusetts; 3Spero Therapeutics, Cambridge, Massachusetts; 4Medstar Washington Hospital Center, Washington, DC

Session: 157. Urinary Tract Infections
Friday, October 4, 2019: 12:15 PM

Background. Complicated urinary tract infection (cUTI) is common among hospitalized patients. Though carbapenems are an effective treatment in the face of rising resistance, overuse drives carbapenem resistance (CR). We hypothesized that resistance to routinely used antimicrobials is common, and, despite the frequent use of carbapenems, associated with an increased risk of inappropriate empiric treatment (IET), which in turn worsens clinical outcomes.

Methods. We performed a multicenter retrospective cohort study in ~180 hospitals in the Premier database, 2013–2018. Using an ICD-9/10-based algorithm we identified all adult patients hospitalized with cUTI and a positive blood or urine culture (CR excluded). We examined with the impact of triple resistance (TR; resistance to >3 of the following drugs/classes: third-generation cephalosporin [C3R], fluoroquinolones, trimethoprim-sulfamethoxazole, fosfomycin, and nitrofurantoin), on the risk of receiving IET. We derived multivariate models to compute the impact of IET on hospital outcomes.

Results. Among 23,331 patients with cUTI (96.2% community-onset), 3,040 (13.0%) had a TR pathogen. Compared with those with non-TR, patients with TR were more likely male (57.6% vs. 47.7%), black (17.9% vs. 13.6%), and in the South (46.3% vs. 41.5%), P < 0.001 each; had a higher median Charlson score (3 vs. 2), and were more likely to need early ICU (22.3% vs. 18.6%) and mechanical ventilation (7.0% vs. 4.1%), P < 0.001 each. Patients with TR were hospitalized at centers with higher median prevalence of both C3R (16.3% vs. 14.4%) and TR (15.1% vs. 12.2%), P < 0.001 each. IET was more frequent in TR than non-TR group (19.6% vs. 5.4%) despite greater empirical carbapenem use in TP (43.3% vs. 16.2%), P < 0.001 each. Though IET did not have an impact on adjusted hospital mortality or 30-day readmission rate, it was associated with excess adjusted resource utilization ($81,364 in costs and 0.66 day in length of stay).

Conclusion. Among hospitalized patients with cUTI, TR is common, and is associated with a nearly 4-fold increase in exposure to IET, which in turn contributes to excess resource utilization. Given the high prevalence of TR, clinicians should consider a lower threshold for broader empiric treatment in appropriate patients.

Disclosures. All authors: No reported disclosures.

1456. Increase in Resistance to Antibiotics in Enterobacteriaceae from Ambulatory Urinary Samples in Buenos Aires City
Emiliano Riselli, MD1; José Luis Montes, MD2; Meriel Marjela, Biochem3; Virginia Riselli, ms4; Adriana Sucari, Biochem5; Magdalena Pennini, Biochem6; 1FUNCEI, Buenos Aires, Ciudad Autonoma de Buenos Aires, Argentina; 2Stamboulian Laboratories, Buenos Aires, Ciudad Autonoma de Buenos Aires, Argentina; 3Medstar Washington Hospital Center, Washington, DC

Session: 157. Urinary Tract Infections
Friday, October 4, 2019: 12:15 PM

Background. During the last years, an increase in the rates of resistance among causal agents of urinary tract infection (UTI) has been reported, even in community-acquired infections. This increase in resistance is problematic since it affects most therapeutic agents used in the ambulatory setting and often implies the lack of oral options for treatment. The aim of this study was to determine whether there were changes in the prevalence of resistance among samples from patients with UTI in the ambulatory setting caused by the most common Enterobacteriaceae.

Methods. We analyzed the resistance profiles of the three most common Enterobacteriaceae recovered in cultures from urine samples of ambulatory adult patients, processed in a reference Laboratory in Buenos Aires City; according to

| Drug name | Proportion of total prescription (%) | Treatment failure rate (%) |
|-----------|------------------------------------|---------------------------|
| penicillin-combinations | 0.4 | 8.5 |
| first generation cephalosporins | 0.5 | 8.8 |
| second generation cephalosporins | 1.0 | 4.1 |
| third generation cephalosporins | 3.9 | 6.3 |
| fosfomycin | 0.9 | 8.4 |
| sulfamethoxazole/trimethoprim | 0.7 | 6.6 |
| quinolones | 53.6 | 5.2 |
| fosfomycin calcium | 0.8 | 10.7 |
| Others | 3.3 |

Disclosures. All authors: No reported disclosures.