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 elder patients. Clinical correlation is needed when deciding whether to treat these organisms or not.

Disclosures. R. Kozarek, Boston Scientific: Investigator, Research support

1193. Risk Factors for the Development of Bacteremia in Previously Healthy Children with Non-typhoidal Salmonella Gastroenteritis
Bethany Burdick, Medical Student; Aniki Dutta, MD, MPH; Lauren Hess, MD and Charles Minard, PhD; Baylor College of Medicine, Houston, Texas. Pediatrics, Texas Children’s Hospital, Houston, Texas

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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 has 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. Patients with 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%) were female and 44 (53%) 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 n = 49x88 when feasible. Azithromycin and ceftriaxone remain important treatment options.

should be aware of high rates of fluoroquinolone nonsusceptibility when selecting to 8%. Median age of patients was 23 years (range 1–99 years), 53% were male, most were ciprofloxacin nonsusceptible, 4% were ciprofloxacin resistant. One isolate was ≥1, azithromycin resistance as MIC ≥32, and ceftriaxone resistance as MIC ≥4.

tions (MICs) to agents representing 9 antimicrobial classes and categorized isolates ≥1, azithromycin resistance as MIC ≥32, and ceftriaxone resistance as MIC ≥4.

Conclusion. To our knowledge this is 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 infection with antibiotic resistant Group C Salmonella. These risk factors should prompt clinicians to monitor patients with NTS-AGE closely and help in deciding whether antimicrobials are warranted or not.

Disclosures. All authors: No reported disclosures.

1194. Clinically Important Resistance among Salmonella enterica Serotype Typhi Isolates—United States, 2003–2015
Felicia Medalla, MD, MS; Louise Francois Watkins, MD, MPH; Kevin Chatham-Stephens, MD, MPH; Jared Reynolds, MPH; Amelia Bicknese, BS and Cindy Friedman, MD; Division of Foodborne, Waterborne, and Environmental Diseases, Centers for Disease Control and Prevention, Atlanta, Georgia

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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 used in the treatment of typhoid fever, in an effort to eradicate the 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 digestive MDRO colonization but few data are available for Carbapenem-Resistant Enterobacteria (CRE) and Vancomycin-Resistant Enterococci (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).

Conclusion. 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%) were female and 44 (53%) 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 n = 49x88 when feasible. Azithromycin and ceftriaxone remain important treatment options.

should be aware of high rates of fluoroquinolone nonsusceptibility when selecting to 8%. Median age of patients was 23 years (range 1–99 years), 53% were male, most were ciprofloxacin nonsusceptible, 4% were ciprofloxacin resistant. One isolate was ≥1, azithromycin resistance as MIC ≥32, and ceftriaxone resistance as MIC ≥4.

Conclusion. To our knowledge this is 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 infection with antibiotic resistant Group C Salmonella. These risk factors should prompt clinicians to monitor patients with NTS-AGE closely and help in deciding whether antimicrobials are warranted or not.

Disclosures. All authors: No reported disclosures.

1195. Impact of Fecal Microbiota Transplantation on Digestive Tract Colonization due to Carbapenem-resistant Enterobacteriaceae and Vancomycin-resistant Enterococci
Benjamin Davido, MD, MS; Rui Batista, PharmD; Hugues Michelon, PharmD, MS; Tessa Escaut, MD; Hafez Fessi, MD; Olivia Senard, MD; Morgan Matt, MD; Laurens Deconinck, MD, MS; Pierre De Troyol, MD, PhD; Stéphane Gericke, MD, PhD and Aurelien Dinh, MD; Infectious Diseases, Hospital Raymond Poincaré, AP–HP, Garches, France, 3Pharmacy Unit, Hospital Cochin, AP–HP, Paris, France, 3Pharmacy Unit, Hospital Raymond Poincaré, AP–HP, Garches, France, 3Hospital Kremlin Bicêtre, AP–HP, Department of Microbiology, Hospital Tenon, AP–HP, Paris, France, Infectious Diseases, Hospital Raymond Poincaré-UVSQ, Garches, France, 3Hospital Raymond Poincaré, AP–HP, Garches, France, Infectious Diseases, Hospital Raymond Poincaré-AP–HP, Garches, France, 3Garches University Hosp, Garches, France

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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 digestive MDRO colonization but few data are available for Carbapenem-Resistant Enterobacteria (CRE) and Vancomycin-Resistant Enterococci (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).

Conclusion. 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%) were female and 44 (53%) 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 n = 49x88 when feasible. Azithromycin and ceftriaxone remain important treatment options.

should be aware of high rates of fluoroquinolone nonsusceptibility when selecting to 8%. Median age of patients was 23 years (range 1–99 years), 53% were male, most were ciprofloxacin nonsusceptible, 4% were ciprofloxacin resistant. One isolate was ≥1, azithromycin resistance as MIC ≥32, and ceftriaxone resistance as MIC ≥4.

Conclusion. To our knowledge this is 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 infection with antibiotic resistant Group C Salmonella. These risk factors should prompt clinicians to monitor patients with NTS-AGE closely and help in deciding whether antimicrobials are warranted or not.

Disclosures. All authors: No reported disclosures.

1196. The Global Burden of Shigellosis and Enterotoxigenic E. coli: Results from the Global Burden of Disease Study 2016
Ibrahim Khalil, M.D. MPH, Institute for Health Metrics and Evaluation, University of Washington, Seattle, Washington

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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. Methods. 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 and its etiologies, including Shigella and ETEC. To estimate the burden of diarrhea 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 geographic areas, all age groups, and for both sexes from 1990 to 2016. We used these estimates, in conjunction with odds ratios for diarrhea given pathogen detection from the Global Enteric Multicenter Study, to calculate the population attributable fraction for each pathogen.

Results. In 2016, Shigellosis was responsible for 75,000 deaths among children under-5 and 270,000 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 and feasible make no adjustment regarding interventions to reduce the burden of these pathogens. Our findings call for accelerated efforts for the development of vaccines against ETEC and Shigella.

Disclosures. All authors: No reported disclosures.