studied the clinical characteristics of staphylococcus aureus catheter-related septic thrombosis as well as the appropriate management and duration of treatment.

Methods. We conducted this retrospective study where we included patients with CLABSI due to Staphylococcus aureus who had a concomitant radiographic evidence of thrombosis at the level of catheter placement between the years 2005 and 2017. We collected data pertaining to patients' medical history, presentation, management of thrombosis and treatment and outcome within 3 months of bacteremia onset. Failure was defined as persistence of signs and symptoms at 72 hours, persistence bacteremia at 48–96 hours, relapse, complications or overall mortality. Results. A total of 451 patients were included. The median age was 55 years. Total relapse/recurrence rate was 8% and all-cause mortality within 3 months was 16%. We found no significant difference in overall outcome between patients who had deep vs. superficial thrombosis. Patients with superficial thrombosis were found to have higher rate of antibiotic resistance (5/23; 21.7%) compared to patients with deep thrombosis. Patients who received less than 28 days of intravenous antibiotic therapy had higher all-cause mortality (31 vs. 5% P = 0.001). A multivariate logistic regression analysis identified two independent predictors of treatment failure: presence in the catheter at any point during their illness (OR = 2.34; 95% confidence interval (CI) = 1.08–6.99, P = 0.034) and not receiving anticoagulation (OR = 0.24, 95% CI = 0.11–0.54, P < 0.001).

Conclusion. Intravenous anticoagulant therapy for 28 days or longer carries a survival advantage over shorter duration therapy and anticoagulation as an adjunctive treatment is an independent predictor of successful anticoagulation therapy.

Disclosures. I. Raad, The University of Texas MD Anderson Cancer Center: Shareholder, Licensing agreement or royalty. The University of Texas MD Anderson Cancer Center: Shareholder, Dr. Raad is a co-inventor of the Nitroglycerin-Citrate-Ethanol catheter lock solution technology which is owned by the University of Texas MD Anderson Cancer Center (UTMDACC) and has been licensed to Novel Anti-Infective Technologies LLC, in which UTMDACC and Licensing agreement or royalty.

2100. Nitroglycerin-Citrate-Ethanol Catheter Lock Solution Is Highly Effective in Eradicating Candida auris Biofilms

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Session: 234. Healthcare Epidemiology: Device-associated HAs
Saturday, October 6, 2018: 12:30 PM

Background. Blood stream infections due to Candida auris is a significant public health concern due to increased patient mortality, frequent misidentification, and high rates of antifungal resistance. C. auris is known to be azole resistant, however several strains have been identified with elevated MICs to all classes of antifungals. Current treatment options for a pan-resistant strain of C. auris would be extremely challenging. Previously we have shown that non-antimicrobial Nitroglycerin + Citrate + Ethanol (NiCE) lock solution was highly efficacious in eradicating various species of mul-

Results. NiCE catheter lock solution was capable of completely eradicating C. auris biofilms on silicone discs. C. auris biofilm was grown on silicone discs for 24 hours. Discs were then washed to remove any non-adherent organisms and exposed for 2 hours to various antifungal treatments. NiCE and Caspofungin were significantly more effective in eradicating C. auris biofilms compared to other antifungal treatments (N = 24,22,64; P < 0.05) for all strains.

Conclusion. NiCE catheter lock solution was capable of completely eradicating all C. auris biofilms within 2 hours indicating high potential for preventing CRBSI caused by C. auris. Caspofungin eradicated some strains of C. auris biofilm, but failed to eradicate all. Other commonly used antifungals were no different than control. Future clinical studies to verify these findings need to be conducted.

Disclosures. D. P Kontoyiannis, Merck: Consultant, Research support and Speaker honorarium; Pfizer: Consultant, Research support; Astellas: Consultant, Research support and Speaker honorarium; Gilead: Speaker's Bureau, Speaker honorarium; F2G Inc: Speaker's Bureau, Speaker honorarium; 2 missing) compared with chlorhexi-

2102. Peripherally Inserted Central Catheter (PICC) Placement: Indications and Financial Impact

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Session: 234. Healthcare Epidemiology: Device-associated HAs
Saturday, October 6, 2018: 12:30 PM

Background. Although PICCs are important for venous access, they pose risk of infection, venous thrombosis, and are costlier relative to other forms of vascular access. We conducted a preliminary quality improvement study to assess the indications for PICC placement at our institution and evaluate the associated healthcare costs.

Methods. We obtained data on all PICCs placed by the vascular access team over a representative 2-month period (November and December 2017) at Allegheny General Hospital. Indications entered during order entry for PICC placement were collected. Additionally, charts of all central line-associated blood stream infections (CLABSI) in 2017 were reviewed to determine the number of events where PICC may have been implicated. We calculated the cost incurred for PICC placement and that for treating infection in PICC-associated CLABSI. The cost of each PICC insertion is about $4,700 and that of each CLABSI approximates $25,000.

Results. A total of 451 PICCs were inserted over the 2-month period. Documented indications for PICC insertion included: “poor venous access” (128, 28.3%), “receiving antibiotic prophylaxis pre-insertion.” Rates of CRIs complicating CV AD procedures were similar in a vascular cohort and an interventional radiology cohort where antibiotic prophylaxis was rarely used. There was no evidence to support antibiotic prophylaxis in prevention of CRIs, although choice of skin preparation and other factors may have confounded findings.

Conclusion. All authors: No reported disclosures.

Disclosures. All authors: No reported disclosures.