propensity matched pairs of 2:1 match and subgroup analysis on propensity matched pairs of (1) proven bIH8s alone (2) probable bIH8s alone (3) ICU admission (within 24h of culture sampling) (4) patients receiving vasopressor therapy (within 24h of culture sampling) (5) Group A bIH8s alone (6) Non Group A bIH8s alone. There was no statistically significant difference in the ORs for in-hospital mortality between clinda- mycin and propensity-matched non-clindamycin cases in the primary analysis (*) as well as all sensitivity and subgroup (1) analyses.

Figure 3: SOFA Score Trajectory by Survival Status

Abbreviations: B: Non-Clindamycin cases, BC: Clindamycin Cases

347. High Rate of Extended-Spectrum β-Lactamase Producing Gram-Negative Infections and Associated Mortality in Ethiopia: A Systematic Review and Meta-Analysis
Tafesse B. Tufa, MD, MSc;1 Takele Beyene Tufa;2 Fuchs André, MD3 and Feldt Torsten1

Background. Although little has been done to identify risk factors of ESBL-producing bacteria is associated with high mortality due to ineffective antibiotic treatment. To date, regular surveillance of multidrug-resistant (MDR) pathogens is lacking in Ethiopia. For this report, published data regarding ESBL-producing bacteria in different regions of Ethiopia were reviewed systematically. To our knowledge, this is the first systematic review from Ethiopia on ESBL-producing infections and associated mortality in the country.

Methods. A literature search was conducted in PubMed, PubMed Central, and Google Scholar from January 1, 1990 to April 28, 2019, using the following search terms: “ESBL producing Enterobacteriacea”, “Gram-negative bacteria infection associated mortality”, and “Ethiopia.” Patient mortality associated with infections by ESBL-producing Gram-negative bacteria was recorded.

Results. Fourteen publications qualified for review. Totally, 1,782 Gram-negative bacteria isolated from 5,191 clinical samples were included. The phenotypic pooled rate of ESBL-producing Gram-negatives was estimated to be 52.9% (95%CI 50.5%, 55.4%). Among different species, ESBL rates were 65.7% (262/399) Klebsiella spp., 60.6% (20/33) Enterobacter spp., 47.8% (22/46) Citrobacter spp., 47.0% (383/815) E. coli. 45.7% (851/186) for Salmonella spp., 27.4% (15/54) for Proteus spp., 16.7% (4/24) for P. aeruginosa, 14.3% (3/21) for Acinetobacter spp., and 40.5% (15/37) for others, respectively. ESBL genes were confirmed in three studies. blaCTX-M and blaTEM were the predominately detected genes. Two studies reported mortality associated with Gram-negative infections and 86% (12/14) of the patients infected with ESBL-producing bacteria died.

Conclusion. In this meta-analysis, the pooled phenotypic prevalence of ESBL-producing pathogens is considerably high. Also, the mortality due to ESBL-producers is high but data are scarce. This highlights the need for establishing and upgrading of clinical microbiology laboratories in the country for routine antibiotic susceptibility testing. The capacity to detect ESBL genes is desirable for continuous surveillance of MDR.

Disclosures. All authors: No reported disclosures.

447. Risk Factors of Community-Onset Extended-Spectrum β-Lactamase-Producing Klebsiella pneumoniae Bacteremia in South Korea Using National Health Insurance Claims Data
Yongseop Lee, MD,1 Yoon Soo Park, MD,1 Dekyun Kim, MD, PhD1 Young Ah Kim, MD, PhD;2 Jong Wha Shin, MD, PhD;3 Young Hwan Shin, MD, PhD and Seok Hoon Jeong, MD, PhD1 Yong Seob Shin, MD, PhD;3 Jong Hwan Shin, MD, PhD;3 and Seok Hoon Jeong, MD, PhD1

Methods. This retrospective cohort study randomly selected 100 IVDU and 100 nonusers (controls) hospitalized for an SSTI over 18 months in a community teaching hospital. Patients eligible for inclusion were 18–80 years old and treated with IV inpatient antibiotics for at least 48 hours. Pregnant women, transfers from an outside hospital, and diabetic foot infections were excluded. The primary endpoint was hospital length of stay (LOS). Secondary endpoints included: percentage prescribed empiric combination antibiotic therapy, percentage prescribed an anti-pseudomonal agent, and total antibiotic duration of therapy (DOT), 30-day readmission rate, and 30-day emergency department (ED) visit rate.

Results. The study population was predominantly male (66%), Caucasian (72%), and had a mean age of 40 years old (18–89). IVDU were more likely to have complications (18% vs. 6%) and polymicrobial infections (19% vs. 2%). Mean hospital length of stay was 9.0 days for IVDU compared with 4.8 days for controls (P < 0.001). There was no difference in empiric combination therapy (48% vs. 37%; P = 0.115) or empiric exposure to an anti-pseudomonal agent (38% vs. 30%; P = 0.232). Mean duration of inpatient antibiotic DOT was longer in IVDU (7.5 days vs. 4.3 days; P = 0.001), but total antibiotic DOT was similar amongst clindamycin and non-clindamycin subjects (mean [SD] SOFA score: 1.79 [2.88] vs. 1.67 [2.49]; P = 0.586). The SOFA delta (day 0 SOFA score - day 4 SOFA score) was similar between remaining 310 clindamycin and 286 non-clindamycin hospitalized patients (mean [SD] SOFA score: 1.79 [2.88] vs. 1.67 [2.49]; P = 0.034). On day 4 of therapy SOFA scores were similar between 310 clindamycin and 286 non-clindamycin hospitalized patients (mean [SD] SOFA score: 1.79 [2.88] vs. 1.67 [2.49]; P = 0.034). When examined amongst survivors only, SOFA scores on day 4 of therapy were similar between and 272 non-clindamycin and 310 clindamycin hospitalized patients (mean [SD] SOFA score: 1.45 [2.20] vs. 1.52 [2.44]).

Conclusion. Documented IV drug abuse resulted in a significant increase in the length of stay in hospitalized adults with SSTIs requiring IV antibiotics. Exposure to combination therapy and anti-pseudomonal agents did not differ between the groups as would be expected. In the future stewardship initiatives are needed to increase adherence to SSTI guideline recommendations for empiric therapy.

Disclosures. All authors: No reported disclosures.