1207. Analysis of Oritavancin Activity against Gram-Positive Clinical Isolates Responsible for Bacterial Endocarditis in United States and European Hospitals (2008–2016)

Methods. A total of 424 organisms recovered from patients with a diagnosis of bacterial endocarditis at US and EU sites during the SENTRY Antimicrobial Surveillance Program (2008–2016) were included (see Table). Isolates were identified by standard biochemical algorithms and MALDI-TOF. Susceptibility (S) testing was performed according to CLSI reference broth microdilution methodology, and results were interpreted per CLSI (2017) breakpoints. Other antibacterials tested included levofloxacin (LVX) and penicillin.

Results. Oritavancin (ORI) showed potent activity against isolates recovered from patients with endocarditis in US and EU sites. The data presented here warrant further study.

Conclusion. ORI demonstrated potent activity against S. aureus clinical isolates. Notably, ORI was effective against all the echinocandin and azole resistant S. aureus isolates tested.

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1209. In Vitro Activity of Eravacycline and Comparator Antimicrobials Against 143 Strains of Bacteroides Species

Methods. Clinical isolates recovered during the past 3 years from patients in Southern California were saved as pure cultures in 20% skim milk at −70°C. Prior to testing, they were transferred at least twice to ensure purity and good growth. Antimicrobials included ERV, TET, TGC, piperacillin-tazobactam (P-T), meropenem (MER), clindamycin (CLI), and metronidazole (MET). The method was agar dilution as described in the CLSI M11-A8 document for testing anaerobes using Brucella agar and incubation in the anaerobic chamber at 35°C for 48 h. The MIC was defined as the lowest dilution that completely inhibited growth or resulted in a marked reduction compared with a drug-free growth control.

Results. The MIC₅₀ (µg/ml) for Bacteroides and Parabacteroides are presented in the table:

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1208. In Vitro Evaluation of Delafloxacin Activity when Tested Against Contemporary Community-Acquired Bacterial Respiratory Tract Infection Isolates (2014–2016): Results from the SENTRY Antimicrobial Surveillance Program

Session: 147. Expanded Spectrum – New Antimicrobial Susceptibility Testing

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Background. Delafloxacin (DLOX) is a broad-spectrum fluoroquinolone (FQ) anti-bacterial that has completed clinical development (oral and intravenous formulations) with the new drug application currently under the Food and Drug Administration review for the treatment of acute bacterial skin and skin structure infections (ABSSSI). DLOX is also in clinical trials for community-acquired bacterial pneumonia. In this study, in vitro susceptibility results for DLOX and comparator agents were determined for clinical isolates from community-acquired respiratory tract infections (CA-RTI) collected in medical centers in the United States and Europe participating in the SENTRY surveillance program during 2014–2016.

Methods. A total of 3,093 isolates that included 1,673 Streptococcus pneumoniae (SPN), 805 Haemophilus influenzae (HI) and 555 Moraxella catarrhalis (MC) were collected during 2014–2016 and included only 1 isolate/patient/infection episode. Isolate identification was confirmed at JMI Laboratories. Susceptibility testing was performed according to CLSI breakpoints. Other antibacterials tested included levofloxacin (LVX) and penicillin. B-lactamase production for HI and MC was determined by the nitrocephin disk test.

Results. DLOX demonstrated potent in vitro activity against SPN (MIC₅₀ ≤0.015/0.03 µg/ml). Activity remained the same for penicillin-intermediate or -resistant isolates. For 23 LVX nonsusceptible SPN, the DLOX MIC₅₀ ranged from 0.12/0.25 µg/ml with all isolates having DLOX MIC values ≤1 µg/ml. For HI, the DLOX MIC₅₀ values ≤0.001/0.004 µg/ml, and for MC the MIC₅₀ values were 0.008/0.008 µg/ml. DLOX activity was unaffected by the presence of B-lactamase for either HI or MC. Activity of DLOX was similar for US and European isolates.

Conclusion. Delafloxacin demonstrated potent in vitro antibacterial activity against CA-RTI pathogens, including SPN, HI, and MC. These data support the continued study of DLOX as a potential treatment for community-acquired pneumonia.

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