(38.9%), epidural abscess (38.9%), and bone/joint infections (33.3%). Urine opioid use disorders (OUD) were most common (94.4%), followed by cocaine (33.3%) and benzodiazepines (16.7%). All individuals completed the recommended course of IV antibiotics. All OUD patients received buprenorphine (52.9%) or methadone (47.1%). Two (11.1%) relapsed to drug use during OPAT, but no instances of line tampering, thrombosis, line infection or line dislodgement were identified. No deaths or overdoses were reported. Collectively, 504 inpatient days were avoided. Compared with 390 individuals without any history of IDU, those with IDU history were significantly younger (38.4 vs. 59.0, P < 0.0001), had fewer episodes of endocarditis (38.9% vs. 43.6%) and bone/joint infections (33.3% vs. 41.8%), but more epidural abscesses (38.9% vs. 3.1%). There were no statistical differences in rates of readmission (22.2% vs. 11.3%), line complications (0% vs. 3.5%), mortality (0% vs. 1.0%), ID clinic visit attendance (100.0% vs. 82.0%), or number of days on OPAT (28.0 vs. 30.1).

Results add further evidence of OPAT’s safety among PWID and that integration of addiction treatment may be feasible. OPAT outcomes were similar to those with any IDU history. More research is needed to study the impact of integrating addiction treatment with OPAT for PWID.

Table 1: Summary of demographic and clinical variables of those with and without history of injection drug use.

| Variable | History of IDU (n=18) | No History of IDU (n=390) | P Value |
|----------|------------------------|--------------------------|---------|
| Age (yrs) | 94.0 (10.95)          | 98.0 (6.12.5)            | <0.0001 |
| Gender | M: 9 (10.3%)          | M: 160 (41.8%)           | NS      |

Site of Infection

- Prostatic infection or asymptomatic prostatitis: 1 (1.8%) vs. 1 (1.5%) (P=0.99)
- Urethral infection: 7 (18%) vs. 7 (18%) (P=0.99)
- Other: 0 vs. 0 (P=0.99)

PS-ABG outcomes

- Readmission: 4 (12.2%) vs. 4 (13.2%) (P=0.99)
- Death: 0 vs. 0 (P=0.99)
- Returned to infectious disease clinic: 26 (8 days OD 1.14) vs. 30 (3 days OD 29.4) (P=0.99)
- OPAT completion: 18 (100%) vs. 18 (100%) (P=0.99)

SUD history and outcomes

- Opioids: 17 (94.4%) vs. 0 (0%) (P<0.05)
- Cocaine: 0 (0%) vs. 6 (15.4%) (P<0.05)
- Benzodiazepines: 9 (18.7%) vs. 3 (7.7%) (P=0.14)
- Alcohol: 11 (11.4%) vs. 4 (10%) (P=0.99)

Methods

This cross-sectional study included 2,517 urine cultures with Enterobacteriaceae isolated on urine cultures.

Conclusion.

The PS-ABG demonstrated excellent discriminatory power for all antibiotics were considered, AUC was 0.88 (95% CI 0.85 to 0.90). Brier score ranged from 0.0037 - 0.2087, representing between a 9 - 56% improvement compared with UP.

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