CD testing throughout the study period occurred via polymerase chain reaction (PCR) of the toxin B gene. ES performance, assessed by adenosine triphosphate (ATP) bioluminescence testing, and hand hygiene rates were unchanged throughout the study period.

Results. Adult-only hospital-onset (HO)-CDI rates decreased during the study period on both hospital campuses, with the EB exhibiting a greater decrease, (Fig 1), while community-onset (CO) and community-onset healthcare facility associated (CO-HCFA) rates remained steady during the study period (Fig 3). Whole-house (adult and pediatric) CD testing was largely unchanged while the proportion of tests triggering the BPA decreased (Fig 2).

Conclusion. Universal bleach utilization during terminal cleaning combined with an electronic BPA were associated with decreased adult HO-CDI rates. However, the BPA did not impact CD testing rates, suggesting that decreased HO-CDI rates may be unattributable to testing stewardship.

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2417. Feasibility and Safety of Using a Probiotic Comprised of Lactobacillus acidophilus CL1285, L. casei LBC80R and L. rhamnosus CLR2 for C. difficile Infection Prevention Among Antibiotic Users: 15-Years of Prospective Results from a Single-Center

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Background. Hospitals use multiple concurrent prevention strategies to curb nosocomial C. difficile infection, but there are limited data on the long-term feasibility or safety of using a probiotic. Pierre-Le Gardeur Hospital, Québec, has been

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administering a probiotic comprised of Lactobacillus acidophilus CL1285, L. casei LBC60R and L. rhamnosus CL2 since 2004 with documented results through March 31, 2014. Here we present an update for the past 5 years.

Methods. Several nosocomial infection prevention practices were running concurrently at the hospital. Adult inpatients treated with antibiotics from April 1, 2014 to March 31, 2019 were eligible to receive the probiotic. The hospital pharmacy ensured that each patient took the probiotic capsules (Bio-K+* 50 Billion) daily from the initiation of antibiotic use. Confirmed nosocomial cases of C. difficile infection were recorded and reported to the provincial public health agency. The rate of nosocomial CDI for this hospital was compared with other non-University affiliated hospitals in the health region with more than 110 beds and fewer than 45% of patients age 65 and older, and, to all other hospitals in the health system.

Results. Cumulatively over the past 15 years, more than sixty thousand antibiotic-treated adult inpatients took the probiotic daily during antibiotic use. Among 13 comparable hospitals, Pierre-Le Gardeur Hospital had the lowest rate of nosocomial CDI in 2014–2015, 2015–2016, 2016–2017, 2017–2018 and on average had the lowest rate for 2013–2018 (11.1 CDI cases per 10,000 patient-days). Compared with all hospitals in the Province of Quebec health system, N = 95, the hospital had the lowest nosocomial CDI rate on average for 2013–2018. No cases of Lactobacillus bacteremia were detected.

Conclusion. The overall infection prevention strategy has been highly effective, resulting in a consistently low rate of nosocomial CDI. We found that it is feasible to administer this probiotic to antibiotic-treated inpatients with few restrictions. No Lactobacillus infections were observed from any of the three strains of bacteria for this probiotic when given to more than sixty thousand adult inpatients.

2419. Timing of Secondary Prophylaxis Against Clostridium difficile Infection After Antibiotic Exposure

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Methods. All patients positive by PCR for C. difficile infection (CDI) at our institution in 2016 were examined for receipt of abx within 3 months of a positive PCR. The relapse rates for all patients, patients who received abx with or without secondary prophylaxis, and patients who did not receive abx were calculated. Timing of the relapse from prior CDI and from receipt of abx were determined as was impact of prophylaxis, particularly in patients who relapsed despite prophylaxis.

Results. 1748 patients were identified, representing 2181 episodes of CDI. The relapse rates and timing based on prior CDI, receipt of additional abx prior to relapse, and use of prophylaxis are shown in Table 1. Prophylaxis decreased the overall relapse rate from 19.2% to 11.6%. Time to re-lapse in patients who relapsed despite prophylaxis was significantly longer indicating prophylaxis was having an effect. The failure appears to occur within the first week and timing of prophylaxis was started relative to abx and how long prophylaxis was given relative to abx.

Conclusion. Prophylaxis is effective in preventing relapses in patients given abx after CDI however the timing and duration of prophylaxis significantly impacts the effectiveness. The majority of CDI relapses after abx occur within 3 days and can be prevented by prophylaxis. Relapses that occur after 3 weeks appear unrelated to the use of abx and are not preventable through prophylaxis. Failures of prophylaxis within the first 1 week are likely related to starting prophylaxis too late after abx and failures that occur between 1 and 3 weeks after abx are likely related to ending prophylaxis too early.

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