A multicenter, retrospective observational study was conducted from April 2017 to February 2019. We included adult patients who received 1 dose of DAL for any indication. The primary outcome was clinical success defined as 30-day survival from DAL initiation, resolution of signs and symptoms of infection, and absence of therapy escalation/change. Reasons for DAL therapy selection were also investigated.

Results. A total of 30 patients were included. The median age was 49 (25–80) years, 50% were female and 93.3% were Caucasian. Median APACHE II score was 9 (5–12). Persons who inject drugs (PWID) comprised 50%. Common DAL indications were bacteremia (53.3%), bone and joint infections (33.3%) and ABSSSI (26.7%). Pathogens were MRSA (43.3%), coagulase-negative Staphylococci (23.3%) and methicillin-susceptible S. aureus (MSSA) (13.3%). Previous antibiotics were administered in 93.3% of patients for a median of 9 (7–15) days and (13.3%) received combination antibiotic therapy with DAL. In a subgroup of patients with confirmed microbiological eradication (73.3%), DAL was initiated at a median of 8 days (4–14) after clearance. Clinical success was achieved in 80% of patients and 10% were de-escalated to oral therapy. Rash, pruritus and hypotension occurred in two and one patient, respectively. DAL was selected because of ease of administration (60%), inability to be discharged with a line (33%), poor candidacy for outpatient therapy (36.7%) and/or inadequate adherence (30%).

Conclusion. DAL appears to be well tolerated and results in high clinical success. Larger studies with longer follow would be valuable to more precisely define the role of DAL in complicated Gram-positive infections, particularly in comparison to other long-acting lipoglycopeptides.

Disclosures. All authors: No reported disclosures.

201. Safety and Effectiveness of Daily vs. Every Other Day Dosing of Daptomycin in Patients with Renal Insufficiency

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Session: 37. Bacteremia, CLABSI, and Endovascular Infections
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Background. Daptomycin administered at 48-hour (q48h) intervals is recommended in patients with renal impairment. Our institution utilizes daily dosing (q24h) of daptomycin in patients with renal impairment to theoretically optimize the area under the curve (AUC) in each 48-hour interval. However, the safety and effectiveness of this approach is unknown.

Methods. This retrospective descriptive analysis evaluated outcomes of comparable daptomycin dosing schemes administered q24h vs. q48h in patients with renal impairment (estimated creatinine clearance < 30 mL/minute). Impaired adult patients ≥18 years old were included if they had at least one creatinine phosphokinase (CPK) obtained during admission and received either a q24h or q48h renally-adjusted daptomycin dose from May 2014 through December 2018. High-dose daptomycin therapy was defined as ≥3 mg/kg q24h or ≥6 mg/kg q48h. The primary outcome was difference in CPK elevations in the q48h vs. q48h dosing groups. Secondary outcomes included clinical and microbiological response, mortality, and hospital length of stay.

Results. Thirty-seven patients met inclusion criteria [23 (62%) q24h vs. 14 (38%) q48h]. Median treatment duration was 5 (7) days. Twenty-two (59%) patients had enterococcal infections [17 (73%) q24h vs. 5 (35%) q48h]. Twenty-two (59%) patients received high-dose daptomycin therapy [18 (82%) vs. 4 (18%)]. Nine patients [7 (19%) vs. 2 (5%)] received a statin during daptomycin therapy. One (3%) patient developed CPK elevation (statin and q24h group). No daptomycin dose was discontinued due to CPK elevation, or rhabdomyolysis. Median hospital length of stay was 10 days in both dosing groups. Clinical response [9 (64%) vs. 16 (69%)] and microbiological response [9 (64%) vs. 15 (65%)] were similar between the two dosing groups. Thirty-day mortality [5 (35%) vs. 4 (17%)] and 90-day mortality [6 (42%) vs. 5 (21%)] were higher in the q48h dosing group. The difference in effectiveness outcomes was greatest in the subset of patients with enterococcal infections (Table 1).

Conclusion. A daily daptomycin dosing strategy in patients with renal insufficiency was well tolerated and may be associated with improved effectiveness outcomes, particularly for enterococcal infections. Additional investigations of this approach are warranted.

| Table 1: Clinical outcomes for patients with enterococcal infections receiving high-dose daptomycin |
|---------------------------------------------------------------|
| Clinical response – n (%) | Microbiological response – n (%) |
| 4.8 mg/kg q24h (n = 14) | 7.0 mg/kg q48h (n = 3) |
| 9 (64) | 0 |
| 0 | 0 |
| 30-day mortality – n (%) | 90-day mortality – n (%) |
| 3 (21) | 4 (29) |
| 2 (15) | 3 (100) |

Disclosures. No reported disclosures.

202. The effectiveness of combination therapy of anti-methicillin-resistant Staphylococcus aureus agents and β-lactam agents in patients complicated with febrile neutropenia after bone marrow transplantation

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Background. Febrile neutropenia (FN) is one of the most frequent and serious complications of hematopoietic stem cell transplantation such as bone marrow transplantation (BMT). Anti-Pseudomonas agents should be initiated in all patients complicated with FN without delay, while anti-methicillin-resistant Staphylococcus aureus (MRSA) agents are exclusively recommended in the case of central venous (CV) line infection. Most BMT patients have the potential risk of catheter-related blood stream infection because of long-lasting catheterization including indwelling CV line. Therefore, the patients may also be received anti-MRSA agents empirically in addition to anti-Pseudomonas agents. So far, there are little reports that verify the effectiveness of the combination therapy under FN condition after BMT. The purpose of this study was to address the effectiveness.

Methods. BMT was performed at Yokohama City University Medical Center between April 2012 and March 2018, and 44 patients who developed FN after BMT were enrolled. We analyzed patient information retrospectively. We used the duration of fever to evaluate the additive effect of anti-MRSA agents to β-lactam anti-Pseudomonas agents. We classified the patients during FN period into two groups whether anti-MRSA agents were administered (Ad group; 34 patients) or not (non-Ad group; 10 patients). Fever is defined as a single axillary temperature measurement of over 37.5 Celsius degrees. The study design and protocol were approved by the ethics committee at the Review Board of our hospital (ID: D160201).

Results. Baseline characteristics were similar between the two groups. Blood cultures were performed onset of FN in all cases, in which five showed positive (11.4%). Bacteria identification of anti-MRSA drugs were detected in the four cases. Nonetheless, duration of fever was not significantly shortened (6.8 ± 4.0 vs. 5.2 ± 2.5, P = 0.171) and there was no difference in the hospitalization period. The renal dysfunction was significantly higher in Ad group and the cost of anti-MRSA agents totaled about $36,000.

Conclusion. Our study indicates that no use of empirical combination therapy of anti-MRSA agents in addition to anti-Pseudomonas agents under FN condition after BMT, even if CV line is inserted.