CZA and C/T demonstrated poor in vitro activity vs. the isolates. The in vitro activity of MFX was approximately 4-fold more potent than cefpiroxofloxin. TGC was marginally more active in vitro than doxycycline.

**Conclusion.** TMP-SMX continues to demonstrate excellent in-vitro activity against the maltophilia clinical isolates. MFX and TGC may also prove useful in the treatment of infections caused by this pathogen.

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**Session:** 147. Expanded Spectrum – New Antimicrobial Susceptibility Testing

**Methods.** From January 2011 to December 2016, inclusive, 12 to 15 sentinel hospitals across Canada submitted clinical isolates from patients attending ERs, medical and surgical wards, hospital clinics, and ICUs (CANNARD). Each center was asked to annually submit clinical isolates (consecutive, one per patient/infection site) from blood (>100), respiratory (>100), urine (25), and wound (25) infections. Susceptibility testing was performed using broth microdilution described by CLSI. MICs were interpreted using CLSI breakpoints, where available.

**Results.** 349 S. maltophilia clinical isolates were obtained as a part of CANNARD (86% from a respiratory source). The susceptibility profile of these isolates is presented below.
Results. The MIC values obtained for SCY-078 against the wild-type C. parapsilosis isolates ranged from 0.25 to 1 μg/mL and the MIC values ranged from 0.02 to 2 μg/mL. Among the echinocandins, MIC values ranged from 0.008 to 0.5 μg/mL. Vancomycin (VAN), DAP, and LZD had coverage (100.0% S%) against C. parapsilosis. VAN, DAP, ampicillin (MIC <0.12 μg/mL) and linezolid (LZD) (MIC <0.5 μg/mL) were similarly active against EFC, while DAP and LZD had coverage (100.0% S%) against E. faecalis. VAN, DAP, ampicillin, and linezolid exhibited a broad spectrum of activity. VAN and DAP inhibited 98.0% of all enterococci, including VAN-resistant isolates at ≤0.12 μg/mL. VAN, DAP, ampicillin, and linezolid inhibited 98.0% of all enterococci, including VAN-resistant isolates at ≤0.12 μg/mL.

Conclusion. SCY-078 demonstrated potent activity against C. parapsilosis clinical isolates. Notably, SCY-078 was effective against all the echinocandin and azole resistant C. parapsilosis isolates tested.

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

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Session: 147. Expanded Spectrum – New Antimicrobial Susceptibility Testing
Friday, October 6, 2017: 12:30 PM

Background. Oritavancin (ORI) has documented in vitro activity against gram-positive (GP) isolates. This study analyzed ORI tested against organisms causing endocarditis in United States (US) and European (EU) sites.

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 by CLSI methods, and MICs were interpreted per CLSI and/or EUCAST criteria.

Results. Among the 424 isolates, 212 (50.0%) were S. aureus (SA; 31.6% methicillin-resistant (MRSA)), 47 (11.1%) were coagulase-negative staphylococci (CoNS), 81 (18.9%) were Enterococcus spp. (E. faecalis (EFL) or E. faecium (EFM)), 24 (5.7%) were B. fragilis, and 39 (9.2%) were viridans group streptococci (VGS). ORI had similar MICs (0.06 μg/mL) against SA and CoNS, inhibiting 98.8% of these isolates at ≤0.12 μg/mL. ORI MIC values were 8- to 32-fold lower than those for vancomycin (VAN), daptomycin (DAP), and celaridine (CRT) against staphylococci. ORI showed MICs against methicillin-resistant (MIC <0.008 μg/mL) and methicillin-intermediate (MIC <0.12 μg/mL) SA. ORI was the most active agent (MIC <0.015/0.03 μg/mL) against CA-RTI pathogens, including SPN, HI, and MC. These data support the continued study of DLX as a potential treatment for community-acquired pneumonia.

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

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Background. Eravacycline (ERV) is the first fully synthetic fluoroquinolone with activity against tetracycline (TET)-resistant organisms. In addition, it is 2-8 times more potent than tigecycline (TGC). Like other tetracyclines, it inhibits protein synthesis by binding to the 30S ribosomal subunit exhibiting a broad spectrum of activity. To further explore its activity, we isolated 143 clinical isolates of Bacteroides and included TET, TGC, and other drugs frequently used to treat serious infections.

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 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). DLX is also in clinical trials for community-acquired bacterial pneumonia.

Results. The MICs values (μg/mL) for Bacteroides and Parabacteroides are presented in the table:

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