tracheal infection, and the empirical treatment with itraconazole. The overall mortality rate of invasive aspergillosis was 46%.

Table 1. Risk factors for Candidemia (%)

| Risk factor          | 2017 (n=34) | 2018 (n=18) |
|----------------------|-------------|-------------|
| Prior antimicrobial use | 94%         | 100%        |
| Mechanical ventilation | 91%         | 72%         |
| Indwelling urinary catheter | 88%         | 88%         |
| Central venous catheter | 88%         | 77%         |
| NG                   | 73%         | 83%         |
| Corticosteroids      | 73%         | 55%         |
| Prior admission       | 55%         | 66%         |
| Abdominal surgery     | 50%         | 33%         |
| Tunneled CVC          | 35%         | 38%         |
| Colostomy            | 35%         | 33%         |

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1694. Predictors of Septic Shock in Adult Patients with Candidemia: A Single-Center Experience Over 13 Years
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Background. Although the incidence of candidemia has been increased recently, factors associated with septic shock in adult patients with candidemia have not been well defined. We performed a study to identify septic shock risk factors.

Methods. This retrospective study was conducted among adult patients 219 years of age with candidemia who were diagnosed from 2006 to 2018 at a single tertiary care medical center. Clinical data were collected. Patients were excluded if they were noted to have concomitant bacteremia or to have received antifungal treatment <5 days.

Results. After application of the exclusion criteria, 46 patients (25.1%) were classified as having septic shock presentation out of 183 patients. Between the septic shock and non-septic shock patients, there were no differences regarding comorbidities. Variables associated with septic shock in the univariate analysis were non-remission of candidemia [23/46 (67.6%) vs. 100/137 (83.3%) P = 0.044], central venous catheter [14/46 (39.1%) vs. 98/137 (71.9%) P = 0.005], hemodialysis [12/46 (26.1%) vs. 15/137 (10.9%) P = 0.012], neutropenia [10/46 (21.7%) vs. 14/137 (10.2%) P = 0.045], and previous hospitalization to the intensive care unit (ICU) [24/46 (52.2%) vs. 47/137 (34.3%) P = 0.031]. The group of other Candida species consisting of [C. guilliermondii, C. haemulonii, C. famata, C. lusitaniae, and unknown] was more common in the septic shock patients (10.9%) than in the non-septic shock patients (1.5%), P = 0.004. The mortality of patients with septic shock was significantly higher than that of patients without septic shock (37/46 (80.4%) vs. 59/137 (43.1%) P < 0.001). Multivariate analysis showed central venous catheter (odds ratio [OR] 4.00, 95% confidence interval [CI] 1.12 – 14.30, P = 0.033) and abnormal aspartate aminotransferase [AST] (OR 2.76, 95% CI 1.06 – 7.16, P = 0.024) were significantly associated with septic shock. Presence of other Candida species (OR 6.78, 95% CI 0.87 – 53.03, P = 0.068) showed borderline significance.

Conclusion. Our findings suggest that venous catheter and abnormal AST were significant factors associated with septic shock in adult patients with candidemia. Also, candidemia caused by other Candida species may need to be monitored closely for the development of septic shock presentation.

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1695. Clinical and Microbiological Characterization of Candida parapsilosis Complex Infection in a Tertiary Care Hospital from Cali, Colombia
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Background. Candidemia and invasive candidiasis are major causes of morbidity and mortality among critically ill patients and neonates. Every year more than 250,000 people develop invasive candidiasis, causing more than 50,000 deaths worldwide.
Candida albicans is the most frequently isolated species worldwide. However, species distribution, epidemiology, and resistance have changed. C. parapsilosis complex (CPC), which has a global rate of fluconazole (FCZ) resistance range between 2% and 5% and has been related to echinocandin resistance, is the second most isolated species at Fundación Valle del Lili (FVL). We aim to describe the clinical and microbiological characteristics of fungal infections by C. parapsilosis, and determine FCZ resistance rates.

**Methods.** An observational prospective study was conducted. The study included patients with CPC isolations attended at FVL from 2016 to 2017. The strains were identified by mass spectrometry (MALDI-TOF Bruker, Biotyper 3.1). Minimal inhibitory concentrations (MIC) were determined by broth microdilution (M27 A3 CLSI). Statistical univariate analysis was performed; Differences between resistant cases and nonresistant cases were assessed through U Mann–Whitney test, Pearson chi-squared test or Fisher exact test.

**Results.** 55 patients had CPC isolations during the study period: 18 newborns, 13 children, and 24 adults. Most isolations were from blood cultures (n = 31) (14 of them newborns), bronchoalveolar lavage (n = 9), peritoneal fluid (n = 8), and catheter tips (n = 3). The resistance was 36%. 52 strains were C. parapsilosis, of them, 20 were FCZ resistant; 3 strains were C. orthopsilosis, all of them FCZ sensitive. The MIC50 = 1 µg/mL and MIC90 = 16 µg/mL. Patients with previous antifungal treatment had a higher risk of FCZ resistance (RR: 2.14, 95% IC 1.07–4.26). The mortality crude rate was 30%, patients with diabetes and renal failure death risk (RR: 3.1, 95% CI: 1.4–6.9) and (RR: 2.98, 95% CI: 1.4–6.4), respectively. Candidemia was present in 50% of deaths among children with parenteral nutrition.

**Conclusion.** Fluconazole resistance in CPC has increased in the last decade. Newborns receiving parenteral nutrition had a higher proportion of CPC fungemia; we also found higher mortality rates among this population.

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1696. Epidemiology, Clinical Characteristics and Outcomes of Invasive Aspergillosis in a Tertiary Care Hospital in Mexico

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**Session:** 165. Mycology

**Background.** Invasive aspergillosis is an important cause of life-threatening infection in immunocompromised patients. The objective was to describe the epidemiology, clinical characteristics, and outcome of patients with invasive aspergillosis (IA) in a tertiary care center in Mexico.

**Methods.** A laboratory-based survey was done to identify patients with positive Aspergillus culture or galactomannan from 2014 to 2018. The medical records were reviewed to include patients with proven and probable IA, according to the EORTC criteria.

**Results.** 240 cases of IA were identified in a 5-year period in a tertiary teaching hospital. Most were diagnosed in patients with hematologic malignancies (35/120 (46%), who were diagnosed with IA in 171 cases) and solid organ transplant (25 (10.4%), of them, 20 were from hematologic malignancy). Of the 240 cases, 193 (80%) probable, 27 (11%) proven, and 20 (8.3%) not meeting the EORTC criteria but considered infection. 53% were male, median age was 44 years (IQR 28–58), 78 (32.5%) had acute leukemia (AL), and 20 (8.3%) not meeting the EORTC criteria but considered infection. 50% were adults. The median age was 44 years (IQR 28–58), 120 (50%) were AL, and 44 (18.3%) autoimmune diseases, 25 (10.4%) solid-organ transplant and 44 (18.3%) autoimmune diseases.

**Conclusion.** Aspergillus galactomannan and 109 (45%) had a culture with Candida, others had > 1 species: 31) (14 of them new species, of them, 20 were FCZ resistant; 3 strains were C. orthopsilosis, all of them FCZ sensitive. The MIC50 = 1 µg/mL and MIC90 = 16 µg/mL.° Patients with previous antifungal treatment had a higher risk of FCZ resistance (RR: 2.14, 95% IC 1.07–4.26). The mortality crude rate was 30%, patients with diabetes and renal failure death risk (RR: 3.1, 95% CI: 1.4–6.9) and (RR: 2.98, 95% CI: 1.4–6.4), respectively. Candidemia was present in 50% of deaths among children with parenteral nutrition.

**Conclusion.** Fluconazole resistance in CPC has increased in the last decade. Newborns receiving parenteral nutrition had a higher proportion of CPC fungemia; we also found higher mortality rates among this population.

**Disclosures. All authors:** No reported disclosures.

1697. Comparison of Candidemia in Patients in Neonatal Intensive Care Unit and Pediatric Patients and Big Data Analysis on Candidiasis and Candidemia in Korean Children

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**Session:** 165. Mycology

**Background.** Fungal infection is a serious health threat in high-risk pediatric population. Data on pediatric epidemiology of candidiasis in Korea are limited.

**Methods.** A retrospective chart review was performed in patients aged 0–18 years who were diagnosed with candidemia from 2009 to 2018 in a tertiary teaching hospital. Patients were divided into two groups: the neonatal group was comprised of babies with postnatal age 28 days or younger and any patients hospitalized in neonatal intensive care unit and rest of the patients were grouped into pediatric group. Only the first candidemia episode for each patient was included. In addition, the number of patients with candidemia and candidiasis and health cost was estimated among patients 19 years or younger who requested reimbursement to Health Insurance Review and Assessment Service (HIRA) Korea during the 9-year period from 2010 to 2018.

**Results.** Total 81 patients with candidemia were identified; 42 in the neonatal group and 39 in pediatric group. In neonatal group, prematurity was 95.2%, while hematology-oncology diseases were the most common underlying conditions in pediatric group. 46% of patients were born premature; and 80% of them had previous antenatal corticosteroid treatment. Among the CPC isolates, C. albicans was the most common species (94%), followed by C. tropicalis (4.5%), with no other species isolated. 75% of the strains were resistant to fluconazole, which was significantly higher in the period 2 (12 out of 34 cases; 35.3%) compared with the period 1 (0 out of 17 cases; 0.0%), P = 0.004.

**Conclusion.** Discrepancies in numbers for candidemia between national reimbursement data and our retrospective data implies a significant underestimation of candidemia. Increased awareness for fungal infection documentation is needed to better estimate the true burden of invasive candida infection in the pediatric population.

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1698. Epidemiology and Antifungal Susceptibility of Candidemia Among Adult Patients at a Tertiary Care Hospital in South Korea During an 8-Year Period

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**Session:** 165. Mycology

**Background.** Candidemia continues to contribute to significant morbidity and mortality in this hospital. This study aimed to evaluate the epidemiology and antifungal susceptibility at a tertiary hospital in South Korea during an 8-year period.

**Methods.** Adult patients ≥ 19 years with candidemia from 2009 to 2018 in a tertiary care hospital in South Korea from 2009 to 2018 were reviewed, and cases of candidemia with antifungal susceptibility data were included for the analysis.

**Results.** There were 270 cases of candidemia with fluconazole susceptibility data from 2011 to 2018. Overall, fluconazole resistance rate of candidemia was 8.5%.

**Conclusion.** Increased awareness for fungal infection documentation is needed to better estimate the true burden of invasive candida infection in the pediatric population.

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