Conclusion. This is the largest data evaluating microbiology of infected walled off necrosis. Organisms isolated are mostly colonizers of skin and gastrointestinal tract. Positive cultures were seen more in obese and elderly patients. Clinical correlation is needed when deciding whether to treat these organisms or not.

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119. Risk Factors for the Development of Bacteremia in Previously Healthy Children with Non-typhoidal Salmonella Gastroenteritis

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Background. Non-typhoidal Salmonella (NTS) causes approximately 1.2 million illnesses and 15,000 deaths each year in the United States. There are few pediatric studies which has investigated the risk factors for NTS bacteremia in healthy children with NTS gastroenteritis (NTS-AGE).

Methods. This was a retrospective study of children admitted to Texas Children's Hospital, Houston, TX, with NTS-AGE from 2007-2016. Exclusion criteria included: patients aged ≤3 m or > 18 years, immunodeficiencies, hemoglobinopathies, extraintestinal manifestations or those in whom blood cultures were not obtained. Demographics, clinical and laboratory data were collected from electronic medical records. Patients with NTS bacteremia (NTS-B) were compared with patients who were non-bacteremic (NTS-NB).

Results. Of 350 patients reviewed, 83 patients met inclusion criteria: 53 with NTS-B and 30 NTS-NB. The median age of diagnosis was 1.58 years (range 3.5 months-18 years). Thirty-nine patients (47%) were female and 44 (53%) were male. Majority of patients were non-Hispanic White (n = 70; 84%). The most common serotype was Salmonella Group C (n = 41(49.4%). There was no difference in risk factors between NTS-B vs. NTS-NB in terms of age, duration of diarrhea prior to admission, travel or exposure, prior antibiotic exposure or white blood cell count at presentation. Duration of fever prior to admission was statistically significant with median duration for NTS-B being 6.11 days compared with NTS-NB at 1.97 days (P = 0.0000008). There was an increased trend for bacteremia in males and Salmonella Group C bacteremia (P = 0.07 and P = 0.08 respectively).

Conclusion. To our knowledge this is first pediatric study in the United States to evaluate risk factors for NTS bacteremia in healthy children with NTS-AGE. Duration of fever prior to admission was associated with increased risk of NTS-B along with increased trend towards bacteremia especially in Salmonella Group C. These risk factors should prompt clinicians to monitor patients with NTS-AGE closely and help in deciding whether antimicrobials are warranted or not.

Disclosures. All authors: No reported disclosures.

1194. Clinically Important Resistance among Salmonella enterica Serotype Typhi Isolates—United States, 2003–2015
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Background. Salmonella Typhi (Typhi) causes typhoid fever, accounting for an estimated 5,700 illnesses and 623 hospitalizations per year in the United States. Most infections are acquired during travel to regions outside the United States where typhoid fever is prevalent and antimicrobial resistance is a problem. Fluoroquinolones (e.g., ciprofloxacin) are considered the treatment of choice for susceptible Typhi infections due to their superior ability to concentrate intracellularly and in bile, however, nonsusceptibility has been associated with treatment failure or delayed response. Azithromycin to their superior ability to concentrate intracellularly and in bile, however, nonsusceptible, 4% were ciprofloxacin resistant. One isolate was resistant Enterococci spp., enterotoxigenic Shigella spp., enterotoxigenic Escherichia coli (ETEC), and other enteric pathogens.

Methods. We used a counter-factual approach to estimate deaths, incidence, years of life lost (YLLs), years living with disability (YLDs), and total disability adjusted life years (DALYs) attributable to diarrheal and its etiologies, including Shigella and ETEC. To estimate the burden of diarrheal etiologies, we conducted a systematic review of the literature for diarrheal cases positive for each pathogen, and modeled these data using a Bayesian meta-regression tool called DisMod-MR. This tool generates estimates of the pathogen distribution for national and some subnational geographies, all age groups, and for both sexes from 1990 to 2016. We used these estimates, in conjunction with odd ratios for diarrhea given pathogen detection from the Global Enteric Multicenter Study, to calculate the population attributable fraction for each pathogen.

Results. In 2016, Shigella was responsible for 75,000 deaths among children under-5 and 276,000 deaths among all ages and ETEC was responsible for 22,000 deaths among children under-5 and 60,000 deaths among all ages. Shigella and ETEC ranked second and fourth with regard to pathogen contributions to global diarrheal deaths.

Conclusion. The global burden of disease attributable to Shigella and ETEC is substantial. GBD 2016 estimates on the age- and location-specific impact of Shigella and ETEC enable making regardings interventions to reduce the burden of these pathogens. Our findings call for accelerated efforts for the development of vaccines against ETEC and Shigella.

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