low adherence between 5.4 and 6.1%. The incidence of in-hospital transmission was extremely low for MRSA, VRE and NEC-ESBL with 0.02–0.01/100,000 patient days.

Conclusion. Continuous monitoring of the quality of contact precautions showed excellent overall adherence correlating with a very low in-hospital transmission of MDROs, encouraging monitoring as an integrated part of contact precautions.

Disclosures. All authors: No reported disclosures.

2187. Epidemiology and Risk Factors for Vascular Access-Associated Infections in Patients on Hemodialysis
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Session: 237. Healthcare Epidemiology: HA1 Surveillance Saturday, October 6, 2018: 12:30 PM

Background. Vascular access-associated infections in patients on hemodialysis is not well described except in the United States, where there is a national surveillance system focused on hemodialysis patients. The purpose of the study is to describe the epidemiology and identify risk factors for vascular access-associated infection (VAI) in patients on hemodialysis, using data collected through Dialysis Surveillance Network Japan (DSNJ), a voluntary multicenter VAI surveillance network.

Methods. Data collected through DSNJ from January 2008 to December 2017 were used. Incidence of VAI was calculated by the number of infection per 1,000 dialysis sessions.

Results. Forty-five healthcare facilities participated. The overall incidence of VAI throughout the period differed greatly by the type of access: 0.05 (125 VAI in 2,332,719 dialysis sessions) for arteriovenous fistula (AVF), 0.16 (161/101,766) for superficialization of brachial artery (SBA), 0.60 (69/114,139) for arteriovenous graft (AVG), 1.45 (104/71,765) for cuffed catheter (CC) and 9.17 (394/42,943) for noncuffed catheter (NCC). Differences between each of these incidences were statistically significant. Of note, NCC had significantly higher risk for VAI than any other type of access. Diabetes was also a risk factor for VAI in patients on hemodialysis with either NCC or CC (RR 1.42, 95% CI: 1.15–1.76). NCC used at the induction of hemodialysis was more likely to be associated with VAI than NCC used as a temporary substitute for other permanent access due to its trouble (RR 1.55, 95% CI: 1.18–2.04). There was a seasonal variation in the incidence of VAI, especially for AVF and CC, with the highest peak in summer.

Conclusion. The risk of VAI varied among different types of VA. The use of NCC is discouraged due to its extremely higher risk of VAI compared with other type of VA including CC. In order to avoid the emergent use of NCC at the induction phase, chronic kidney disease patients should be well prepared by evaluating their renal function and avoiding AVF or AVG in advance. Finally, patients on hemodialysis should be well educated regarding the risk of VAI in summer.

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2188. Effectiveness of a Risk-Stratified Measles Post-Exposure Prophylaxis Strategy to Prevent Nosocomial Transmission
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Background. Measles is a highly contagious disease and nosocomial outbreaks have been documented. Pediatric hospitals are particularly at risk due to the concentration of susceptible patients such as infants <12 months old or with immunocompromised status. Effective strategies to control nosocomial measles transmission will be critical for successful measles elimination. We reviewed the impact of our hospital’s approach for post-exposure prophylaxis (PEP) against measles.

Methods. We extracted details of all measles intra-hospital exposure events in our pediatric hospital in April 2016 to December 2016. For this analysis, we only included close contacts who were defined as patients within the same cubicle as the measles index case for any duration prior to the index case isolation. All close contacts were followed up with a telephone call to check if they developed fever or rash after the incubation period. In May 2016, we implemented measles PEP [(measles, mumps, and rubella (MMR) vaccine or immune globulin (IG)) for close contacts in accordance to their age and immunity status. Details of events pre-vs. post-PEP implementation were analysed.

Results. Prior to PEP implementation, there were two exposure events resulting in eight close contacts, of which seven (87.5%) had no MMR vaccination and one had received a single dose. Subsequently, two (25%) developed confirmed measles approxi- mately 2 weeks post-exposure. Post-PEP implementation, there were four exposure events resulting in 14 close contacts, of which all had no MMR vaccination. Five patients were positive for measles serology. Measles PEP was given to eight patients, where seven received IG and one (7.1%) had MMR vaccination. At follow-up, two of the 14 close contacts reported fever during the incubation period but none developed measles. One was already known to be measles serology positive and the second was given IG was diagnosed with unresolved RSV.

Conclusion. Implementation of measles PEP in our hospital prevented secondary nosocomial transmission amongst susceptible close contacts in the same cubicle.

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2189. Hepatitis A Outbreak in San Diego County, 2016–2017: A Morphologic and Epidemiologic Review
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Background. Hepatitis A rate has declined by 95% in the United States since routine vaccination began in the late 1990s. In 2014, a total of 1,239 cases of HAV were reported from 50 states to CDC. Per San Diego (SD) County Public Health Department, on average 20 cases/year are reported locally. The recent hepatitis A outbreak in SD County, which started in late 2016, caused 588 new cases.

Methods. Epidemiologic data on hepatitis A cases was provided by the SD Public Health Department. Genetic evaluation was performed on all cases by the Health Department to identify the hepatitis A viral (HAV) strain. UCSD records and available liver biopsies were reviewed for the patients who were treated at UCSD.

Results. SD County reported 588 new cases, 403 (68%) hospitalization and 20 deaths (3.4%), with the following demographic distribution: Age range of 5–87 (median 43), 69% male and 31% female. One hundred and fifty-four of the 588 patients were treated at UCSD. The demographics of UCSD patients are as follows: Age range of 23–100 (median 45), 71% male (median age 47) and 29% female (median age 39). Concurrent hepatitis B (in 5.5%) and hepatitis C (in 18.5%) were present. Clinically relapsing (10%) and cholestatic (5%) hepatitis were seen. The infection has disproportionately affected the homeless and IV drug user population. Morphologically, features of severely active hepatitis with confluent and bridging necrosis, lymphoplasmacytic inflammation, canalicular and hepatocytic cholestasis and bile duct injury were present. HAV genotype 1b was identified by the SD Health department in all new patients.

Conclusion. The hepatitis A outbreak affected 588 individuals. An epidemiologic and morphologic review of the cases with a focus on the UCSD patients was performed. No common sources of food, beverage or drugs have been identified that have contributed to this outbreak. Mode of distribution is likely direct person to person transmission. The health department initiated an extensive public vaccination and education campaign, distributed hygiene kits, deployed portable bathroom and hand washing and declared a local public health emergency. Due to the extensive public health campaign, the outbreak seems to be under control as of January 2018.

Disclosures. All authors: No reported disclosures.

This abstract has been withdrawn at the author's request.