allow us to determine whether these factors are independently associated with VRE.

Future analyses can contribute to a higher incidence of HO VRE bacteremia. Future analyses can on oncology unit were significantly associated with HO VRE bacteremia (Table 1).

A larger number of beds and ICU beds, longer average length of stay and the presence of an emia rate was 0.58 per 10,000 admissions. Major medical school affiliation, hospital type, rate of HO VRE bacteremia was 0.27 per 10,000 patient-days and the CO VRE bacter.

The National Healthcare Safety Network's (NHSN's) Multidrug- resistant Organism/Clostridioides difficile (MDRO/CDI) Module serves as a sur.

Results. There were 192 patients with E. faecalis BSI of which 107(56%) patients had VRE bacteremia with 94% VRE strains expressing vanA gene. The index bacteremic e.

The primary pathogens in genera enterococcus are E. fae
calis and E. faecium, increasing acquired resistance to glycopeptides and β lactam has done the more frequent more frequent. We aimed to describe the risk factors for the acquisi
tion of bacteremia for vancomycin-resistant E. faecium (VRE) and ampicillin-resistant E. faecalis (ARE) and the 30-day mortality in comparison to susceptible enterococcal bloodstream infection (BSI).

From 2007 to 2017 medical records of all BSI for E. faecalis and E. fac
cium were evaluated. Risk factor for acquisition of VRE and ARE as well as the signifi

cant variables associated with 30-day mortality for enterococcal BSI were determined by univariate and multivariate analysis. The molecular mechanism of VRE was performed by PCR.

Results. There were 192 patients with E. faecalis BSI of which 107(56%) patients had VRE bacteremia with 94% VRE strains expressing vanA gene. The index bacteremic epis

des were classified as nosocomial or healthcare associated in 99%, 102(95%) had hosp
itization 1 year before and 101(94%) history of use of antibiotics 3 months earlier, the multivariate analysis were categorized as the previous hospitalization ≥30 days (OR, 80.18; 95% CI, 1.81–634), use of central venous catheter (OR, 11.15; 95% CI, 2.48–50.2), and endotracheal cannula (OR, 17.91; 95% CI, 1.22–262) as significant associated variables. The mortality for VRE was greater than susceptible E. faecium (60% vs. 4%, P < 0.001). The only factor for 30-day mortality for E. faecium in the multivariate analysis was APACHE II score (OR,1.45; 95% CI, 1.26–1.66) and patients with chemotherapy of cancer. (OR, 3.52; 95% CI, 1.09–11.39). 147 patients had E. faecalis BSI of which 18 (11%) patients had ARE, we did not find relevant clinical differences of ARE in comparison with ampicillin resistant E. faecalis. Furthermore, no risk factors for acquisition of ARE nor 30-day mortality 

574. Reporting of Vancomycin-Resistant Enterococcus Bacteremia among National Healthcare Safety Network Acute Care Hospitals
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Session: 63. HAI: VRE Epidemiology
Thursday, October 3, 2019: 12:15 PM

Background. The National Healthcare Safety Network's (NHSN's) Multidrug-resistant Organism/Clostridioides difficile (MDRO/CLODI) Module serves as a surveillance platform for tracking antibiotic-resistant laboratory-identified (LabID) organisms. LabID surveillance, which does not require submission of clinical data to NHSN, provides proxy measures for MDRO burden. While surveillance of some organisms is federally mandated, these requirements do not extend to vancom
cyin-resistant Enterococcus (VRE). We sought to describe the extent of acute care hospital (ACH) participation in NHSN VRE surveillance and identify facility-level factors associated with VRE bacteremia. These could explain differences in VRE incidence and be used in preparation for a national risk-adjusted benchmark.

Methods. ACHs that reported at least one month of facility-wide inpatient (FacWideIn) VRE bacteremia LabID Event data to NHSN in 2017 were included in the analysis. LabID event data were categorized as healthcare facility-onset (HO), defined as a laboratory result for a specimen collected ≥2 days after admission, or community-onset (CO), defined as a specimen collected < 4 days after admission. Monthly patient day and admission denominators were used to calculate FacWideIn HO incidence and CO prevalence rates. Univariate analyses were performed on facility-level factors from NHSN’s annual hospital survey to assess their relationship with HO VRE bacteremia.

Results. A total of 544 HO VRE bacteremia events were reported by 498 hospitals in 37 states. About 67% of reporting hospitals were located in California. The national rate of HO VRE bacteremia rate was 0.27 per 100 patient-days and the CO VRE bac
teria rate was 0.58 per 10,000 admissions. Major medical school affiliation, hospital type, larger number of beds and ICU beds, longer average length of stay and the presence of an oncology unit were significantly associated with HO VRE bacteremia (Table 1).

Conclusion. Based on the VRE data reported to NHSN, certain facility-level fac
tors may contribute to a higher incidence of HO VRE bacteremia. Future analyses can allow us to determine whether these factors are independently associated with VRE. Risk-adjusted surveillance data can help guide facilities and states to compare their burden of VRE to a national benchmark.

575. Evaluation of Risk Factors and Clinical Outcomes of Patients with Vancomycin-resistant Enterococcus Infections
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Background. Vancomycin-resistant Enterococci (VRE) occurs with enhanced frequency in hospitalized patients and are usually associated with poor clinical outcomes. The purpose of this study was to evaluate the risk factors and clinical outcomes of patients with VRE infections.

Methods. This was an IRB-approved multi-center retrospective chart review conducted at a three-hospital health system between August 2016-November 2018. Inclusion criteria were patients ≥18 years and admitted for ≥24 hours with cult
es positive for VRE. Patients pregnant or colonized with VRE were excluded. The primary endpoint was to analyze the association of potential risk factors with all-cause in-hospital mortality (ACM) and 30 day readmission. The subgroup analysis focused on the association of risk factors with VRE bacteremia. The secondary endpoint was to evaluate the impact of different treatment groups of high dose daptomycin (HDD) (210 mg/kg/day) vs. low dose daptomycin (LDD) (< 10 mg/kg/day) vs. linezolide (LZD) on ACM and 30-day readmission. Subgroup analysis focused on the difference of length of stay (LOS), length of therapy (LOT), duration of bacteremia (DOB) and clinical success (CS) between the treatment groups.

Results. There were 81 patients included for analysis; overall mortality was observed in 36 patients (44.4%), neither in risk

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