Conclusion. Regardless of index treatment setting, approximately 40% of all cUTI patients required ≥2 antibiotic therapy and almost half with receive an IV antibiotic in the outpatient setting in the 12-months post index date.

Disclosures. Thomas Lodise, Jr., PharmD, PhD, Astra-Zeneca (Consultant); Bayer (Consultant, Advisor or Review Panel member); forex (Consultant); GSK (Consultant); Melbourne (Consultant, Independent Contractor); nabrina (Consultant); paratek (Consultant, Advisor or Review Panel member, Speaker’s Bureau); shionogi (Consultant, Advisor or Review Panel member, Speaker’s Bureau); Spero (Consultant); tetraphase (Consultant); thomassod (Consultant); melinta (Consultant); DoseMe (Consultant); otsuka (Consultant); Pfizer (Employee); Spero (Employee, Shareholder).

1433. Prevalence and Risk Factors for Extended Spectrum Beta lactamases Among Hospitalized Patients with Community-acquired Pneumonia in Colombia: Mariana Franco Ronderos, 23255479; Jorge Cortes, MD; 1Universidad Nacional de Colombia: Hospital Universitario Nacional, Bogota, Cundinamarca, Colombia; 2Universidad Nacional de Colombia, Bogota, Distrito Capital de Bogota, Colombia

Session: P-81. UTIs

Background. UTI is the most frequent bacterial infection in hospitalized patients. Extended spectrum beta lactamases (ESBL) producing bacteria are an important cause of hospital acquired infections. Increased prevalence of ESBL producing bacteria can be expected in the hospital setting and during the 12-months post index date. This study aimed to assess the prevalence and risk factors for ESBL in hospitalized patients.

Methods. A retrospective cohort of adult patients with community-acquired pneumonia caused by ESBL identified in a tertiary hospital in Colombia. Susceptibility was performed with Vitek (BioMerieux, France); extended spectrum beta lactamase (ESBL) production was defined phenotypically. Inclusion criteria were adult patients hospitalized with a positive urine culture for E. coli. Demographic and clinical characteristics were searched in electronic records. Risk factors associated with ESBL production were identified by using a multivariate logistic regression analysis.

Results. During 7 years 817 patients with ESBL pneumonia caused by E. coli were identified (9.7% of them were caused by ESBL producers). Women were 66% and 408 (74.8% of them) had menopause. Mean age was 64.2 years (standard deviation of 19.1). Of the cohort, 481 (56.1%) had at least some comorbidity and was frequent to find diabetes (18.5%), immunosuppression due to oncologic disease or medications (18.4%), urolithiasis or previous surgical procedures (17%). After logistic regression, risk factors identified to predict ESBL production, were: being a man (aOR 5.4, 2.1-18.2), a woman with menopause (aOR 2.9, 1.3-9.9), and the Charlson score (aOR 0.83, 0.73-0.96). Previous antibiotic use was not related to ESBL infection.

Conclusion. In this relatively large cohort of patients with pneumonia caused by E. coli, ESBL production risk factors were not clearly identified other than sex and menopause. Curiously, Charlson score predicted a lower risk of resistance. Other factors (food consumptions and others) might be driving the resistance in the community in E. coli.

Disclosures. Jorge Cortes, MD, Pfizer (Research Grant or Support)

1434. Epidemiology and 12-Month Antibiotic Use in the Outpatient Setting among Adult Patients with Complicated Urinary Tract Infections: A Retrospective Database Analysis

Thomas Lodise, Jr., PharmD, PhD; 1Thomas Lodise, Jr., PharmD, PhD; 2Janna Manjelievskaia, PhD, MPH; 3Matthew Brouillette, MPH, 4Kate Sulham, MPH; 5Albany College of Pharmacy and Health Sciences, Albany, NY; 6IBM Watson Health, Cambridge, Massachusetts; 7Spero Therapeutics, Cambridge, MA

Session: P-81. UTIs

Background. Complicated urinary tract infections (cUTI) are one of the most common bacterial infections and represent substantial burden to the health care system. We examine the epidemiology and treatment patterns associated with cUTI in a large US database containing longitudinal inpatient (IP) and outpatient (OP) systems. Here, we examine the epidemiology and treatment patterns associated with cUTI in a large US database containing longitudinal inpatient (IP) and outpatient (OP) systems. Risk factors associated with ESBL production were identified by using a multivariate logistic regression analysis.

Results. During 7 years 817 patients with ESBL pneumonia caused by E. coli were identified (9.7% of them were caused by ESBL producers). Women were 66% and 408 (74.8% of them) had menopause. Mean age was 64.2 years (standard deviation of 19.1). Of the cohort, 481 (56.1%) had at least some comorbidity and was frequent to find diabetes (18.5%), immunosuppression due to oncologic disease or medications (18.4%), urolithiasis or previous surgical procedures (17%). After logistic regression, risk factors identified to predict ESBL production, were: being a man (aOR 5.4, 2.1-18.2), a woman with menopause (aOR 2.9, 1.3-9.9), and the Charlson score (aOR 0.83, 0.73-0.96). Previous antibiotic use was not related to ESBL infection.

Conclusion. In this relatively large cohort of patients with pneumonia caused by E. coli, ESBL production risk factors were not clearly identified other than sex and menopause. Curiously, Charlson score predicted a lower risk of resistance. Other factors (food consumptions and others) might be driving the resistance in the community in E. coli.

Disclosures. Jorge Cortes, MD, Pfizer (Research Grant or Support)

1438. Prevalence and Risk Factors for Extended Spectrum Beta lactamases Among Hospitalized Patients with Community-acquired Pneumonia in Colombia: Mariana Franco Ronderos, 23255479; Jorge Cortes, MD; 1Universidad Nacional de Colombia: Hospital Universitario Nacional, Bogota, Cundinamarca, Colombia; 2Universidad Nacional de Colombia, Bogota, Distrito Capital de Bogota, Colombia

Session: P-81. UTIs

Background. UTI is the most frequent bacterial infection in hospitalized patients. Extended spectrum beta lactamases (ESBL) producing bacteria are an important cause of hospital acquired infections. Increased prevalence of ESBL producing bacteria can be expected in the hospital setting and during the 12-months post index date. This study aimed to assess the prevalence and risk factors for ESBL in hospitalized patients.

Methods. A retrospective cohort of adult patients with community-acquired pneumonia caused by ESBL identified in a tertiary hospital in Colombia. Susceptibility was performed with Vitek (BioMerieux, France); extended spectrum beta lactamase (ESBL) production was defined phenotypically. Inclusion criteria were adult patients hospitalized with a positive urine culture for E. coli. Demographic and clinical characteristics were searched in electronic records. Risk factors associated with ESBL production were identified by using a multivariate logistic regression analysis.

Results. During 7 years 817 patients with ESBL pneumonia caused by E. coli were identified (9.7% of them were caused by ESBL producers). Women were 66% and 408 (74.8% of them) had menopause. Mean age was 64.2 years (standard deviation of 19.1). Of the cohort, 481 (56.1%) had at least some comorbidity and was frequent to find diabetes (18.5%), immunosuppression due to oncologic disease or medications (18.4%), urolithiasis or previous surgical procedures (17%). After logistic regression, risk factors identified to predict ESBL production, were: being a man (aOR 5.4, 2.1-18.2), a woman with menopause (aOR 2.9, 1.3-9.9), and the Charlson score (aOR 0.83, 0.73-0.96). Previous antibiotic use was not related to ESBL infection.

Conclusion. In this relatively large cohort of patients with pneumonia caused by E. coli, ESBL production risk factors were not clearly identified other than sex and menopause. Curiously, Charlson score predicted a lower risk of resistance. Other factors (food consumptions and others) might be driving the resistance in the community in E. coli.

Disclosures. Jorge Cortes, MD, Pfizer (Research Grant or Support)