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%, has been related to echinocandins resistance, the second most isolated species at Fundación Valle del Lili (FVIL). 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 FVIL 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 3 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 brute rate was 30%. Patients with diabetes and renal failure death rate (RR: 3.1, 95% CI 1.4–6.9) and (RR: 2.96, 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

**Friday, October 4, 2019: 12:15 PM**

**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. Descriptive analysis of clinical characteristics and risk factors for 6-week mortality was made through X², T-test or Mann–Whitney test. A multivariate logistic regression model including variables with a P-value of <0.2 in univariate analysis was made.

**Results.** 20 (8.3%) Amphotericin B and 20 (8.3%) were randomized to a posaconazole vs. VRC model including variables with a P-value of <0.2 in univariate analysis was made. Through X²-value of <0.2... 55/120 (46%) were... 129 (61%) received voriconazole (VRC), 55/120 (46%) were galactomannan and 109 (45%) had a culture with C. parapsilosis (34.6%) followed by C. albicans (32.1%) and C. glabrata and C. tropicalis (11.1%, respectively). Among cultivated candida spp., C. parapsilosis was the most common isolate. Among patients with proven Candida infection, according to the EORTC... C. albicans (n = 16, 38.1%). C. glabrata (n = 5, 11.9%) and unidentified species non-albicans candida (n = 5, 11.9%) were isolated. In pediatric patients, C. albicans (n = 11, 28.2%), C. parapsilosis (n = 10, 25.6%), C. tropicalis (n = 9, 23.1%), C. glabrata (n = 4, 10.3%), C. krusei (n = 2), C. orthopsilosis (n = 1), C. laitisianae (n = 1), C. kefyr (n = 1) were isolated. From HIQA data analysis, 47 patients were found to have candidemia and health cost was estimated as $1.37 million dollars and $66,286 patients were found to have candidemia and health cost was 2.14 million dollars.

**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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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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**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 hematologic oncology diseases were the most common underlying conditions in pediatric group. Among newborns with candidemia, involving alcohol and renal transplantation were independent associated with increased 6-week mortality. Increased awareness to prevent IA is needed.

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