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 and ceftriaxone are treatment options. We describe antimicrobial susceptibility among Typhi isolates in the United States and the implications for management.

Methods. The National Antimicrobial Resistance Monitoring System at CDC conducts susceptibility testing on all Typhi isolates submitted by public health laboratories. We used both microdilution to determine minimum inhibitory concentrations (MICs) to agents representing 9 antimicrobial classes and categorized isolates according to criteria from the Clinical and Laboratory Standards Institute. We defined ciprofloxacin nonsusceptibility as MIC ≥0.12 μg/mL, ciprofloxacin resistance as MIC ≥32, and ceftriaxone resistance as MIC ≥4.

Results. Of 350 patients reviewed, 83 patients met inclusion criteria: 53 Typhi-positive cases; enterotoxigenic Salmonella Group C (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 NTB susceptibility in healthy children with NTB bacteremia (NTS-AGE). Duration of fever prior to admission was associated with increased risk of NTB-A also with increased trend with infection with antibiotic-resistant Salmonella Group C. These risk factors should prompt clinicians to monitor patients with NTB-AGE closely and help in deciding whether antimicrobials are warranted or not.

Disclosures. All authors: No reported disclosures.

1195. Impact of Fecal Microbiota Transplantation on Digestive Tract Colonization due to Carbapenem-resistant Enterobacteriaceae and Vancomycin-resistant Enterococci
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Background. Fecal Microbiota Transplantation (FMT) has proved to be an efficient therapy for recurrent C. difficile infection. Its indication is currently discussed for the decolonization of Multidrug-resistant organisms (MDRO) on the basis of mouse experiments. Two recent publications suggest that it could be an efficient strategy for patients colonized with digestive MDRO colonization but few data are available for Carbapenem-resistant Enterobacteriaceae (CRE) and Vancomycin-Resistant Enterococci (VRE) colonization.

Methods. We performed a FMT among patients colonized by CRE or VRE documented by at least 3 consecutive positive swabs (including one in the week prior to the FMT).

Results. Median age of patients was 23 years (range 1–99 years), 53% were male, most isolates were from the Northeast (33%) or the West (29%), and 74% had an isolate from blood.

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 elder patients. Clinical correlation is needed when deciding whether to treat these organisms or not.

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