Table 2: Isolates of bacteremic donors with proportion of recipients treated.

<table>
<thead>
<tr>
<th>Donor</th>
<th>Blood Culture Isolate</th>
<th>Number of KTRs*</th>
<th>Number of KTRs who received PAT*</th>
<th>Number of KTRs Untreated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commonal</td>
<td></td>
<td>36</td>
<td>9 (25%)</td>
<td>27 (75%)</td>
</tr>
<tr>
<td>Bacteremia</td>
<td></td>
<td>20</td>
<td>14 (70%)</td>
<td>6 (30%)</td>
</tr>
<tr>
<td>Acinetobacter baumannii complex</td>
<td></td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Enterobacter cloacae</td>
<td></td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Enterococcus faecalis</td>
<td></td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Escherichia coli</td>
<td></td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Klebsiella pneumoniae</td>
<td></td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Pseudomonas aeruginosa</td>
<td></td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Staphylococcus aureus</td>
<td></td>
<td>6</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Streptococcus pneumoniae</td>
<td></td>
<td>3</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Coagulase negative Staphylococci</td>
<td></td>
<td>25</td>
<td>22</td>
<td></td>
</tr>
</tbody>
</table>

*Kidney Transplant Recipient (KTR)  
*Prophylactic Antibiotic Therapy (PAT)  
*Bacteria inefect in growth of non-commensal organisms per the Center for Disease Control and Prevention’s National Healthcare Safety Network Organism List

Conclusion. KTR donors with bacteremia who were treated received a median of 8.5 days of PAT with no instances of breakthrough infection. In contrast, majority of donor blood cultures with organisms classified as common commensals were not treated and did well. Future studies are needed to assess whether perioperative antibiotics coupled with TMP/SMX prophylaxis post-transplantation are sufficient in select cases of transplantation from donors with bacteremia.

Disclosures. All Authors: No reported disclosures

211. Burkholderia cenocepacia Infections at Sites Other Than the Respiratory Tract, A Large Case Series from a Tertiary Referral Hospital in Lebanon

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Session: P-10. Bacteremia

Background. Burkholderia cenocepacia has been described to cause mainly respiratory tract infections. We noticed an increased number of skin and soft tissue infections, SSTIs, abscesses, and osteomyelitis over the past years at our medical center.

Methods. This is a retrospective chart review of 44 patients with documented B. cenocepacia infection at sites other than the respiratory tract diagnosed between 2005 and 2020 at the American University of Beirut Medical Center, a tertiary referral hospital for the Middle East region.

Results. The nationalities of our patients were Iraqi (40.9%), Lebanese (34.1%), and Syrian (20.5%). Twenty-six of the infections (59.1%) were hospital-acquired infections, particularly methicillin-resistant S. aureus, MRSA (53.5%). The average duration of 23.48 (+/- 37.779) days, and for 60 days for those with osteomyelitis.

Characteristics of patients

- Patients’ Characteristics
  - Age 50.34 +/- 19.048
  - Gender Males 31 (70.5%)
  - Nationality Syrian 9 (20.5%)
  - Smoking history smoker 26 (59.1%)
  - Past medical history Chronic kidney disease 6 (13.6%)

Conclusion. B. cenocepacia BSIs, SSTIs, abscesses, and osteomyelitis were noted to be more common at our medical center as HAIs particularly in Iraqi and Syrian patients, raising the concern that countries at war might be at increased risk for such infections. Our susceptibilities results were consistent with the literature. Although B. cenocepacia is a resistant bacteria, the majority of our patients were successfully treated.

Disclosures. All Authors: No reported disclosures

212. Measuring the Morbidity of Infectious Complications of the Opiate Epidemic: A Retrospective Cohort Study

Leah Harvey, MD, MPH;2 Hassen Abdulkadir, MS;1 Jacqueline Boudreau, MPH,2 Judith Szymisz, MD;3 Justeen Hyde, PhD;2 Allen Gifford, MD;2 Westyn Branch-Elliman, MD, MMSc;2,3 Boston Medical Center, Boston, Massachusetts; Veterans Affairs Boston Center for Healthcare Organization and Implementation Research, Boston, Massachusetts; VA Boston Healthcare System, West Roxbury, MA

Session: P-10. Bacteremia

Background. Many states have reported that the incidence of invasive bacterial and viral infections has risen alongside rates of opiate use and injection drug use. The aim of this exploratory project is to characterize the incidence of invasive bacterial infections (IBI) over time in a national Veteran population, describe screening for substance use among Veterans with IBI, and assess engagement in harm reduction services.

Methods. A national, multicenter retrospective cohort of Veterans admitted to the Veterans Health Administration (VA) between 10/1/2008 – 9/30/2018 with a positive blood culture was created using electronic health record (EHR) data. Patients’ demographics, clinical characteristics, microbiologic cultures, prescription history, laboratory values, and administrative coding data were extracted from the EHR. All analyses were performed in Microsoft Excel.

Results. Among 5,158,137 inpatient admissions during the study period, we identified 257,926 unique patients with bacteremia (5.0%). The incidence of bacteremia/sepsis increased consistently during the study period, rising from 2.29 per 10,000 patient-days to 5.97 per 10,000 patient-days across the national VA healthcare system (Figure 1). Among Veterans with bacteremia, 17,436 (6.8%) had prior history of substance use and 24,927 (9.7%) had a history of hepatitis C virus infection. In 196,295 cases (76.1%), no urine toxicology screening was completed or the result was negative. Among 4,305 (13.2%) of patients with bacteremia had at least one urinary toxicology positive for opiates and of these, 6,173 (18.1%) had documentation of a prescription for either naloxone or buprenorphine/naloxone prior to admission or on hospital discharge.

Conclusion. Similar to findings in other populations, the incidence of IBI has steadily increased within the national VA. Despite limited screening, a high proportion of patients admitted to the VA with IBI were found to have underlying substance use. Additional work, including increased screening, is needed to assess the uptake of evidence-based interventions, such as naloxone, and to identify optimal strategies for improving adoption of other harm reduction services in this population.

Disclosures. All Authors: No reported disclosures

213. Assessment of Compliance with Order Set and Bundle for Management of Staphylococcus aureus Bacteremia

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Session: P-10. Bacteremia

Background. Staphylococcus aureus (S. aureus) is an aerobic gram-positive coccus that causes a variety of infections. S. aureus bloodstream infections, also known as bacteremias, have significant morbidity and mortality and are difficult to eradicate. A single-center study showed a 9.4% recurrence rate for S. aureus bacteremia, despite adequate treatment. The Infectious Disease Society of America (IDSA) recognizes the seriousness of S. aureus infections, particularly methicillin-resistant S. aureus (MRSA), and has released guidance for treatment of these infections. Guidance for S. aureus bacteremias include identification and removal of the source and early optimization of antibiotics. Serial imaging and laboratory monitoring, including repeat blood cultures, are also necessary to establish the duration of therapy, ensure microbiologic...