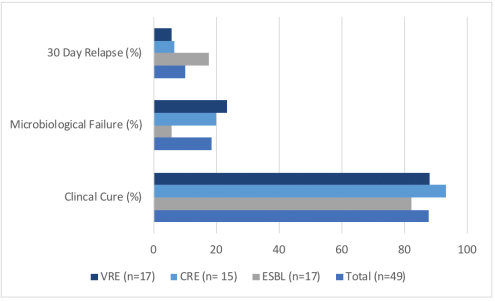
Table 2: Outcomes of patients with MDR UTI treated with Fosfomycin

Outcome	Total n=49	ESBL , n= 17	CRE, n= 15	VRE, n n=17	p=value
Clinical Cure, n (%)	43 (87.8)	14 (82.4)	14 (93.3)	15 (88.2)	0.6377
Microbiological failure n (%)	9 (18.4)	1 (5.9)	4 (26.7)	4 (23.5)	0.3411
30 Day relapse, n (%)	5 (10.2)	3 (17.6)	1 (6.7)	1 (5.9)	0.4540
Readmission due to MDR UTI n (%)	1 (2)	0 (0)	0 (0)	1 (5.9)	0.3826
In hospital mortality/discharge to hospice, n (%)	2 (4.1)	0 (0)	1 (6.7)	1 (5.9)	0.5711
Adverse reactions[1], n (%)	1 (2)	0 (0)	1 (6.7)	0 (0)	0.3114

1- Patient had emesis with one dose of fosfomycin, tolerated repeat dose
CRE= Carbapenem Resistant Enterobacteriaceae, ESBL: Extended Spectrum B-Lactamase Enterobacteriaceae, MDR: Multidrug resistant, VRE: Vancomycin Resistant Entrococcus UTI= Urinary Tract Infection

Figure 1: Outcomes of patients with MDR UTI Treated with Fosfomycin



CRE= Carbapenem Resistant Enterobacteriaceae, ESBL: Extended Spectrum B-Lactamase Enterobacteriaceae, MDR: Multidrug resistant, VRE: Vancomycin Resistant Entrococcus UTI= Urinary Tract Infection

Disclosures. **All authors:** No reported disclosures.

2421. Tedizolid Is Well-Tolerated Among Patients Receiving Prolonged Treatment Courses

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Background. Tedizolid (TED) is a newly-approved oxazolidinone antibiotic that may be better tolerated than linezolid; however, real-world clinical data are limited, particularly among patients receiving prolonged treatment courses. Our objective was to review our clinical experience with TED and describe rates of adverse events.

Methods. Retrospective review of patients receiving >24 hours of TED between June 2015 and April 2018. Adverse events were determined according to standard definitions.

Results. 55 patients receiving 60 different TED treatment courses were included. The median duration of treatment was 7 days (range: 2–141 days); 42% and 16% of patients received courses ≥10 and ≥30 days, respectively. 44% of patients were male, the median age was 58 (20–88), and 35% were immunosuppressed, including 22% of patients who received a solid-organ transplant. Indications for TED were skin/soft-tissue infections (n = 23), bacteremia (n = 10), osteomyelitis/septic arthritis (n = 7), endocarditis/endovascular infection (n = 5), pneumonia (n = 4), M. abscessus treatment (n = 3), intra-abdominal infection (n = 2) and urinary tract infection (n = 1). 60% of patients failed alternative therapies prior to TED treatment. Specifically, 31% of patients had documented adverse events to linezolid (n = 8), daptomycin (n = 3), vancomycin (n = 3), quinupristin/dalfopristin, televancin, or tigecycline (n = 1 each). At initiation of TED, the median platelet (PLT) count (per 1000 cells/L) was 205 (range: 16–674); 20% had baseline thrombocytopenia (PLT <100). Overall, 11% of patients experienced an adverse event or intolerability leading to TED discontinuation, including 3 patients with thrombocytopenia (>50% decrease in PLT) and 1 patient each with a rash, vomiting, and confusion. 67% of patients with thrombocytopenia were previously intolerant of linezolid. No patients experienced lactic acidosis, peripheral neuropathy, or neutropenia. Notably, TED was well tolerated for treatment courses up to 141 days and among 2 patients with repeated, prolonged courses.

Conclusion. Among acutely and chronically-ill patients, TED was well-tolerated. This includes patients who received long-term treatment with TED, and those who were intolerant of alternative antibiotics.

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2422. Efficacy of Cefoxitin for the Treatment of Urinary Tract Infection (UTI) Due to ESBL-Producing *E. coli* and *K. pneumoniae* Isolates

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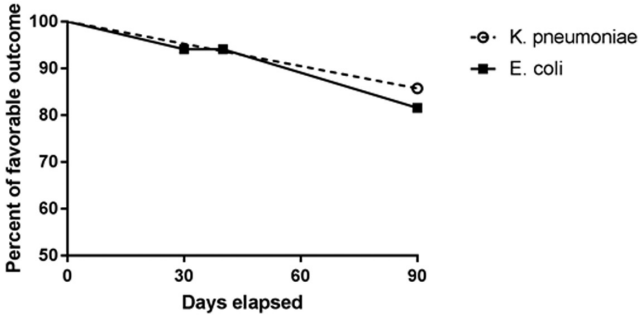
Background. Cefoxitin has a good *in vitro* activity and stability in resistance to hydrolysis by ESBLs, and is a good candidate for the treatment of urinary tract infection (UTI). However, data are scarce regarding its use in clinical practice, especially against *K. pneumoniae* deemed to be capable of the acquirement of porin-deficient mutant.

Methods. We conducted a retrospective study from September 2014 to November 2017, in a tertiary-care hospital. We gathered all prescriptions of Cefoxitin for UTI due to ESBL isolates. We compared the clinical outcomes between *E. coli* and *K. pneumoniae* ESBL-producing isolates after a 90-day follow-up. When available, we assessed whether Cefoxitin-based regimen was associated with an emergence of resistance. To our knowledge there is no clinical data supporting a real threat of development of resistance in UTI.

Results. The treatment of 31 patients with a mean age of 60 ± 18 years was analyzed. We observed a clinical cure at D90 in 81.2% (n = 13/16) of cases for ESBL *E. coli* isolates and 85.7% (12/14) for ESBL *K. pneumoniae* (P = 0.72). Overall, we noted an efficacy of FOX around 83.3% (n = 25/30).



Median dose of Cefoxitin was 4 g (2–8). Only one patient infected by an ESBL *E. coli* received an oral relay with levofloxacin for 4 additional days. No adverse events were reported. One patient who relapsed, carried a *K. pneumoniae* isolate that became intermediate to Cefoxitin in the follow-up.

Conclusion. In a period of major threat with a continuous increase of ESBL obliging to a policy of carbapenem-sparing regimens, it seems detrimental to deprive physicians of using Cefoxitin for ESBL *Enterobacteriaceae* for the treatment of UTI while our data show its efficacy.

Disclosures. **All authors:** No reported disclosures.

2423. Effectiveness and Safety of Ceftolozane/Tazobactam (TOL/TAZ) Use for Carbapenem-Resistant Pseudomonas Infections in Children

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Background. Evidence for ceftolozane/tazobactam use in children is limited. We describe herein the outcomes of children treated with TOL/TAZ for various types of infections caused by carbapenem-resistant *Pseudomonas aeruginosa* (CR-PA).

Methods. Retrospective analysis of children who received TOL/TAZ while hospitalized from 2014 to 2017. Clinical and microbiological outcomes and safety data were analyzed.

Results. 8 children received TOL/TAZ for CR-PA infections (table): 3 cystic fibrosis (CF) exacerbations, 2 ventilator-associated pneumonia (VAP), 1 tracheitis, 1 chronic osteomyelitis (OM), 1 complicated intra-abdominal infection with urinary tract infection (cIAI/cUTI). All initial isolates were susceptible to TOL/TAZ per E-test. Creatinine clearance (CrCl) >90 mL/minute in all patients. Median total length of stay (LOS) was 73 days (d) (range 11–221) and median inpatient duration of TOL/TAZ