945. Outbreak of *Salmonella* Enteritidis Bloodstream Infections in a Nursing Home, New York, 2013

Kara Jacobs Slifka, MD, MPH[1]; Jennifer C. Hunter, DrPH[2]; Nina Ahmad, MD[3]; Michelle L. March, MPH[4]; Kari Yacisin, MD[5]; Taryn Rand[6]; Eleanor Adams MD, MPH[7]; Cassandra Harrison, MSPH[8]; Seth Schild[9]; Monica Quinn RN, MS, CIC[4]; Haena Waechter[10]; Ulrike Siemetzki-Kapoor[10]; Heather Moulton-Meissner[11]; Matthew Wise, PhD[11]; Alison S. Laufer, PhD[12]; Nimalie D. Stone, MD, MS[2]; Laura Gieraltowski, PhD, PMH[1]; [1]National Center for Emerging and Zoonotic Infectious Diseases, Division of Foodborne, Waterborne, and Environmental Diseases, Outbreak Response and Prevention Branch, Centers for Disease Control and Prevention, Atlanta, GA; [2]Centers for Disease Control and Prevention, National Center for Emerging and Zoonotic Infectious Diseases, Division of Healthcare Quality Promotion, Atlanta, GA; [3]EIS Field Assignments Branch, Centers for Disease Control and Prevention, Atlanta, GA; [4]Bureau of Healthcare-Associated Infections, New York State Department of Health, Albany, NY; [5]EIS Field Assignments Branch, Centers for Disease Control, New York, NY; [6]Texas A&M University, College Station, TX; [7]Healthcare Epidemiology and Infection Control Program, Metropolitan Area Regional Office, New York State Health Department, New York, NY; [8]Bureau of Communicable Disease, New York City Department of Health and Mental Hygiene, Queens, NY; [9]Bureau of Community Environmental Health and Food Protection, New York State Department of Health, New Rochelle, NY; [10]New York City Department of Health and Mental Hygiene, New York, NY; [11]Centers for Disease Control and Prevention, Atlanta, GA; [12]Division of Healthcare Quality Promotion, Centers for Disease Control and Prevention, Atlanta, GA

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Background. *Salmonella* Enteritidis (SE) is a common cause of gastrointestinal (GI) illnesses; bloodstream infections (BSI) infrequently develop. From February–December 2013, the New York State Department of Health (NYSDOH) and New York City Department of Health and Mental Hygiene (NYCDOHMH) investigated an outbreak of five SE BSI in a single nursing home (Facility A) in New York City. Epidemiologic assistance from the Centers for Disease Control and Prevention (Epi-Aid) was requested to characterize the outbreak, define the scope, and prevent additional illnesses.

Methods. A case was defined as infection with SE in Facility A residents or staff, with illness onset between August 1, 2012 and January 27, 2014. A study was conducted to assess risk factors for SE infection amongst case-patients and matched control-residents with overlapping residence dates at Facility A. Case-finding included review of infection control logs for GI illness and comparing the Facility A census to NYSDOH/NYCDOHMH reported SE infections. Environmental samples and stool specimens from residents and staff were cultured for *Salmonella*.

Results. No additional SE cases or unexplained increase in GI illnesses were identified during the field investigation. Of the five SE BSI case-patients, 4 (80%) died. Of two case-patients with stool cultures, none yielded *Salmonella*. Any GI symptom (OR: 16; 95% confidence interval: 1.6–788) and residence in a 4-bed room (OR: 6.7; CI: 1.1–75.5) were more common in case-patients than control-residents. Stool cultures from 36 residents, 84 food-handlers, and 4 staff did not yield *Salmonella* spp. No environmental samples yielded *Salmonella*, although 9/27 patient-areas (33%) revealed fecal bacterial contamination.

Conclusion. Invasive infection in 100% of case-patients with the absence of focal GI outbreak suggests that an unidentified healthcare-associated exposure is likely responsible. Enhanced environmental cleaning and improved access to hand hygiene products may prevent future infections.

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