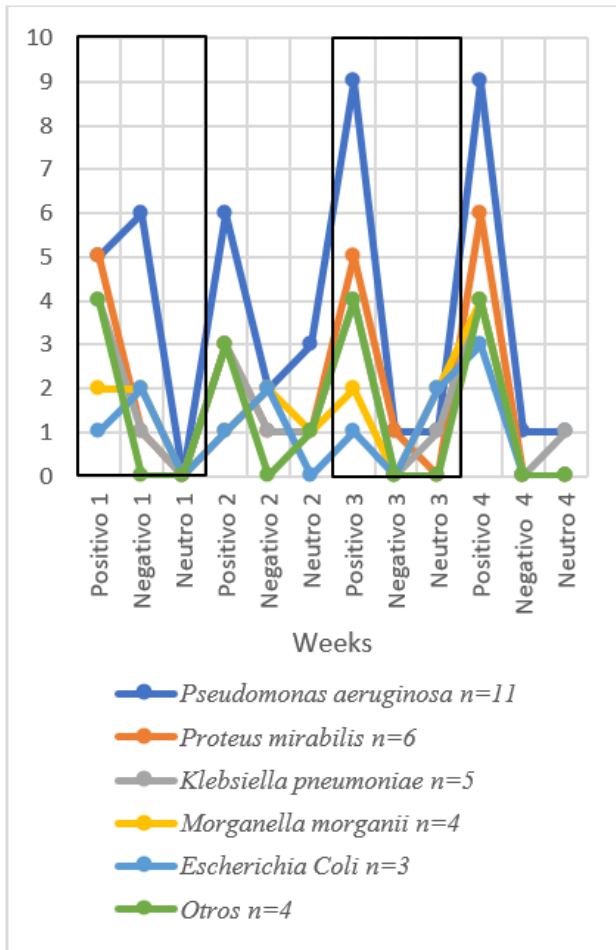


Graph 3: Gram-negative microorganism vs. healing process (n=33)



Graph 3: In the variable other this includes all pathogens where their isolation number was one. These were the following: *Acinetobacter Baumannii*, *Enterobacter cloacae*, *Enterococcus cloacae* y *Pseudomonas stutzeri*. Source of information - data collection instrument

Conclusion. During the four weeks of clinical evaluation, more than 88% of patients progressed positively to clinical recovery, regardless of the type of bacteria colonized and/or their resistance to antibiotics.

Disclosures. All Authors: No reported disclosures

1549. Association of Skin Infections with Sharing of Injection Drug Preparation Equipment among People who Inject Drugs

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Session: P-70. Skin and Soft Tissue

Background. Sharing needles and injection drug preparation equipment (IDPE) among people who inject drugs (PWID) are well-established risk factors for viral

transmission. Shared needles and IDPE may be a reservoir for bacteria and serve as a nidus for skin and soft tissue infections (SSTI). Given the rising rates of SSTIs in PWID, we investigated the association of needle and IDPE sharing on history and incidence of SSTI in a cohort of PWID.

Methods. Active inpatient PWID were recruited to a randomized control trial of a risk reduction intervention aimed at reducing bacterial and viral infections. A subset of participants (N=252) who injected drugs were included in the analysis. The primary dependent variable in this cross-sectional cohort study was self-reported incidence of SSTI one year post-hospitalization. We assessed three self-reported independent variables from baseline enrollment: 1) sharing needles, 2) sharing IDPE, and 3) sharing needles or IDPE and compared these groups separately to persons who reported not sharing via univariate and multi-level Poisson regression model estimating the adjusted effect of baseline sharing on incidence of SSTI during follow up.

Results. Participant characteristics: 37.9 years [mean]; 58% male; 90% primarily inject opioids, 43% inject with others, 13% shared IDPE only, 50% shared needles or IDPE. In general, persons who shared IDPE only compared to those who did not share were younger, more likely female, more likely Caucasian, were less likely to primarily inject opioids, and had a higher mean on the knowledge scale. We found no significant differences of prior self-reported SSTI. Adjusted for those randomized in the behavioral intervention arm for skin cleaning, persons who shared needles only and needles or IDPE had a higher incidence of SSTI compared with persons who did not share (IRR 1.90, 95% CI 1.03-3.51, p=0.04; IRR 2.14, 95% CI 1.23-3.72 p=0.007). Persons who shared IDPE only did not have a statistically significant higher incidence of SSTI compared with persons who did not share (IRR 1.3, 95% CI 0.89-1.95 p=0.157).

Conclusion. In this cohort of hospitalized active PWID, we found a significant association between baseline sharing of needles or IDPE but not IDPE only with incidence of self-reported SSTI.

Disclosures. All Authors: No reported disclosures

1550. Beyond Skin Deep: Cellulitis Induced Splenic Abscess

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Session: P-70. Skin and Soft Tissue

Background. A 51 year old male presented with splenic abscess from chronic eczema with cellulitis.

Coronal plane view of the CT abdomen showing the splenic abscess.

