reactions were rash (4), hives (3), anaphylaxis (2), red man syndrome (2), renal failure (2), and general malaise (1). Six patients had at least 1 additional subjective drug allergy. The various infections treated included cellulitis/abscess (8), osteomyelitis (1), and bacteremia (2). Most patients received 1500mg (2 received 1125mg) of dalbavancin in 300-500mL of dextrose 5% in water infused at either 600 or 1000mL/hr via a peripheral (6) or central (4) intravenous line. All patients tolerated the infusion with no adverse events reported and no receipt of premedication before administration.

Conclusion. Dalbavancin may be a reasonable treatment option in vancomycin allergic patients, despite possible cross-sensitivity. Further investigation into cross-sensitivity between vancomycin, dalbavancin, and other glycopeptide class agents is warranted.

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1057. Tebipenem *In vitro* Activity Against a Collection of Pathogens Responsible for Urinary Tract Infections in the US

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Background. *Enterobacterales* (ENT)—especially *Escherichia coli* (EC), *Klebsiella pneumoniae* (KPN), and *Proteus mirabilis* (PM)—are widely implicated in urinary tract infections (UTIs). Many oral agents are used to manage UTIs, but their usefulness has been compromised by the increased prevalence of extended-spectrum β-lactamases (ESBL) and presence of co-resistance to trimethoprim-sulfamethoxazole (TMP/SMX) and quinolones. Tebipenem (TBP) is an oral carbapenem in clinical development for treating complicated UTIs and acute pyelonephritis. This study assessed the *in vitro* activity of TBP and comparator agents against ENT responsible for UTIs in the US during 2019-2020.

Methods. A total of 3,576 ENT recovered from urine samples during the 2019-2020 STEWARD Surveillance Program were included in the study. Isolates were collected from medical centers in all 9 US Census Regions and were centrally tested for susceptibility by reference broth microdilution method. MIC interpretation was performed based on CLSI criteria.

Results. EC comprised 65.6% of all ENT pathogens, followed by KPN (14.3%), PM (6.6%), and other species (13.7%). TBP (MIC_{90}, 0.015-0.06 mg/L) and ertapenem (ERT; MIC_{90}, 0.03 mg/L) showed similar MIC_{90} results against ENT, EC, and KPN (Table). Ceftazidime (CAZ; MIC_{90}, 8-16 mg/L) had elevated MIC_{90} values and suboptimal susceptibility results (86.1-89.3%) against ENT, EC, and KPN. The oral agents, cefuroxime, amoxicillin-clavulanate, TMP-SMX, and levofloxacin showed susceptibility rates ranging from 63.1% to 87.1% against ENT, EC, and KPN. TBP ($MIC_{50/90}$, 0.12/0.12 mg/L) inhibited all PM at ≤0.25 mg/L. PM isolates were susceptible to ERT (100.0%), CAZ (98.7%), cefuroxime (94.4%), and amoxicillin/clavulanate (96.6%), whereas susceptibility rates of 71.8-76.8% were noted for TMP-SMX and levofloxacin.

Conclusion. TBP displayed potent activity against ENT UTI pathogens recovered from patients in the US. TBP demonstrated *in vitro* activity against these UTI pathogens similar to that of ERT. In addition, these data showed compromised activity of intravenous and oral agents used for treating UTI. This data supports the development of tebipenem as an oral option for management of UTI in the US.

	MICs50/MIC90 in mg/L (% susceptible; CLSI)						
Organism (no. tested)	Tebipenem[a]	Ertapenem	Ceftazidime	Cefuroxime[a]	A/C	TMP-SMX	Levofloxacin
All (3,567)	0.015-0.06	≤0.008/0.03 (98.5)	0.25/8 (88.1%)	4/>64 (63.5)	4/32 (76.1)	≤0.12/>4 (73.9)	0.06/16 (79.4)
E. coli (2,339)	0.015/0.015	≤0.008/0.03 (99.6)	0.25/8 (89.3)	4/>64 (63.1)	4/16 (80.8)	≤0.12/>4 (69.2)	0.03/16 (75.7)
K. pneumoniae (511)	0.015/0.03	≤0.008/0.03 (96.3)	0.25/16 (86.1)	4/>64 (75.3)	2/16 (86.7)	≤0.12/>4 (79.8)	0.06/1 (87.1)
P. mirabilis (235)	0.12/0.12	0.015/0.015 (100.0)	0.06/0.12 (98.7)	1/4 (94.4)	1/1 (96.6)	≤0.12/>4 (76.8)	0.06/16 (71.8)

A/C, amoxicillin/clavulanate; TMP-SMX, trimethoprim-sulfamethoxazole.
[a] Breakpoint not available.
[b] Percent susceptible based on the oral breakpoint.

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1058. *In Vitro* and *In Vivo* Antibacterial Activity of Cefiderocol against *Burkholderia* spp.

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