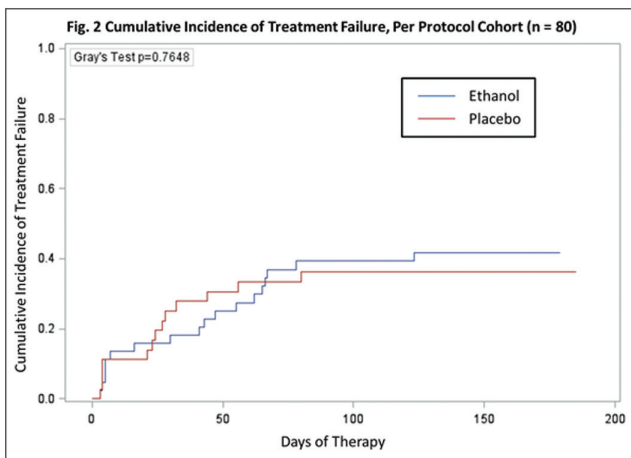
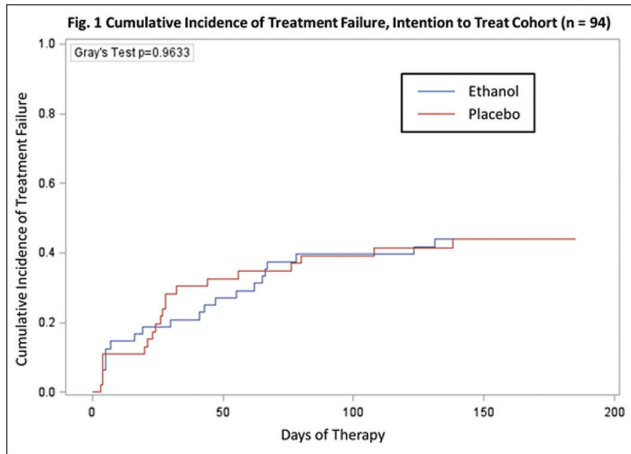


using intention-to-treat and per-protocol analyses. The study was discontinued at a pre-specified futility analysis.

Results. Of 94 evaluable participants, 48 were randomized to ELT and 46 to placebo; groups were similar at baseline for all measured variables. Forty-one (43.6%) participants had treatment failure (11 early failure, 9 relapse, and 21 reinfection). There was no difference between patients receiving ELT or placebo for risk of treatment failure (43.8% vs. 43.5%; $P = 0.9$) or for cumulative incidence of treatment failure in intention to treat (Figure 1) and per-protocol analyses (Figure 2). Catheter occlusion was significantly more common in participants receiving ethanol (58.3% vs. 32.6%, $P = 0.01$) but other adverse events, including LFT elevations (14.6% vs. 26.1%) and infusion reactions (18.8% vs. 8.7%), were not significantly different between groups.



Conclusion. Although observational studies suggested ELT might be effective for treatment of CLABSI in pediatric oncology, we found no benefit in treatment outcome and an increase in adverse effects. These results may not apply to patients receiving dialysis or with fungal CLABSI as these were not well-represented. Routine use of ELT for CLABSI in children with oncologic or hematologic disorders is not recommended.

Disclosures. All authors: No reported disclosures.

LB-7. Prevention of Recurrent Acute Uncomplicated Cystitis by Increasing Daily Water in Premenopausal Women: A Prospective, Randomized, Controlled Study

Thomas M. Hooton, MD¹; Mariacristina Vecchio, PharmD²; Alison Iroz, PhD²; Ivan Tack, MD, PhD³; Quentin Dornic, MSc²; Isabelle Seksek, PhD² and Yair Lotan, MD⁴; ¹University of Miami Miller School of Medicine, Miami, Florida; ²Danone Nutricia Research, Palaiseau, France; ³Clinical Physiology department, Medical School, Paul Sabatier University, Toulouse, France; ⁴University of Texas Southwestern Medical Center, Dallas, Texas

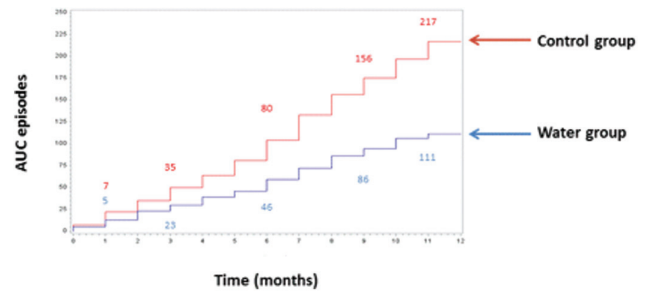
Session: 228. Late Breaker Oral Abstracts
Saturday, October 7, 2017: 10:30 AM

Background. Increased hydration is commonly recommended as a preventive measure for women with recurrent acute uncomplicated cystitis (rAUC), but supportive data are sparse. The aim of this study was to assess the efficacy of increased daily water intake on the frequency of rAUC in premenopausal women.

Methods. 140 healthy premenopausal asymptomatic women drinking less than 1.5 L of total fluid daily (24 hours) and suffering from rAUC (³ episodes in the past year) were randomized to receive, in addition to their usual daily fluid intake, either

1.5 L water daily (water group) or no additional fluids (control group), for 12 months. Assessments of daily water and total fluid intake, urine volume and osmolality, number of urine voids, and occurrence of AUC symptoms and a reminder to notify investigators of any such symptoms were performed at baseline, 6- and 12-month clinic visits in addition to monthly telephone calls. The primary outcome was frequency of rAUC episodes (³ 1 AUC symptom and ³ 10³ CFU/mL of a uropathogen in voided urine) over 12 months.

Results. Between baseline and 12 months follow-up, the water group, compared with the control group, had statistically significant increases in mean daily water intake (1.15 vs. -0.01 L), total fluid intake (1.65 vs. 0.03 L), urine volume (1.40 vs. 0.04 L), and number of urine voids (2.2 vs. -0.2), and a decrease in urine osmolality (-408 vs. -35 mOsm/Kg). The mean number of rAUC episodes in the water group was significantly less than in the control group (1.6 vs. 3.1; odds ratio 0.52, 95% CI 0.46-0.60, $P < 0.0001$) (figure shows cumulative sum of AUC episodes over 12 months in both study groups). The mean number of antimicrobial regimens used to treat AUC events was 1.8 in the water group vs. 3.5 in the control group ($P < 0.0001$). In addition, the mean number of days to first rAUC and the mean number of days between rAUC episodes was longer in the water group compared with the control group (148 vs. 93, $P = 0.0005$ and 143 vs. 85, $P < 0.0001$, respectively).



Conclusions. Our results provide strong evidence that increased water intake is an effective antimicrobial-sparing preventive strategy for women with rAUC. Increasing daily water intake by approximately 1.5 L reduced rAUC episodes by 48% and antimicrobial regimens by 47% over 12 months.

Disclosures. M. Vecchio, Danone Research: Employee, Salary. A. Iroz, Danone Research: Employee, Salary. I. Tack, Danone Research: Consultant, Consulting fee and Speaker honorarium. Q. Dornic, Danone research: Employee, Salary. I. Seksek, Danone Research: Employee, Salary.

LB-8. Sorting the Wheat from the Chaff: Vaccine-Associated Rash Illness Occurring amidst a Large Measles Outbreak—Minnesota, 2017

Karen Martin, MPH¹; Rajal Mody, MD, MPH^{1,2}; Malini Desilva, MD, MPH¹; Emily Banerjee, MPH¹; Anna Strain, PhD¹; Stacy Holzbauer, DVM, MPH, DACVPM^{1,2}; Cynthia Kenyon, MPH¹; Melissa McMahon, MPH¹; Paul Rota, PhD³; Paul Gastanaduy, MD, MPH³; Miriam Muscoplat, MPH¹; Victoria Hall, DVM MS^{1,4} and Kristen Ehresmann, MS, RN¹; ¹Minnesota Department of Health, St. Paul, Minnesota; ²Division of State and Local Readiness, Office of Public Health Preparedness and Response, Centers for Disease Control and Prevention, Atlanta, Georgia; ³Division of Viral Diseases, National Center for Immunization and Respiratory Diseases, Centers for Disease Control and Prevention, Atlanta, Georgia; ⁴Epidemic Intelligence Service Program, Centers for Disease Control and Prevention, Atlanta, Georgia

Session: 228. Late Breaker Oral Abstracts
Saturday, October 7, 2017: 10:30 AM

Background. During April–June 2017, Minnesota experienced the state's largest measles outbreak in 27 years. A vaccination campaign was implemented. Numerous vaccine-associated rash illnesses (VARI) were detected. VARI is non-contagious, but difficult to distinguish from measles clinically. Often, public health control measures need to be implemented before wild-type measles can be differentiated from VARI by viral genotyping. We compared clinical characteristics of VARI and confirmed measles cases to inform testing practices.

Methods. We defined measles cases per the Council of State and Territorial Epidemiologists. VARI was defined as a rash occurring in a person within 21 days after receipt of measles, mumps, and rubella (MMR) vaccine, and in whom a measles vaccine strain (genotype A) was detected in naso/oro-pharyngeal swab or urine samples. Minnesota's immunization information system monitored MMR doses administered. We collected clinical information through routine case investigation.

Results. Over 42,000 MMR doses above expected were administered during the outbreak. We identified 71 measles cases and 30 VARI. The median age of VARI patients was 1.2 years (range 10 months–48 years) and for measles cases 2.8 years (range 3 months–57 years). VARI diagnosis increased with rising MMR administration (figure); rash onset occurred a median of 11 (range 7–18) days after MMR receipt. Most VARI (97%) occurred following first MMR dose. The presence of fever was similar among VARI and measles cases (97% of VARI vs. 100% of measles cases; $P = 0.12$), but differences were seen in the proportion with cough (30% vs. 96%; $P < 0.001$), conjunctivitis (23% vs. 68%; $P < 0.001$), and exposure to infectious measles cases (0% vs. 96%).