

Figure 2. Number of duodenoscope MDR reports^{1,2} of death associated with patient infection, patient exposure or device contamination

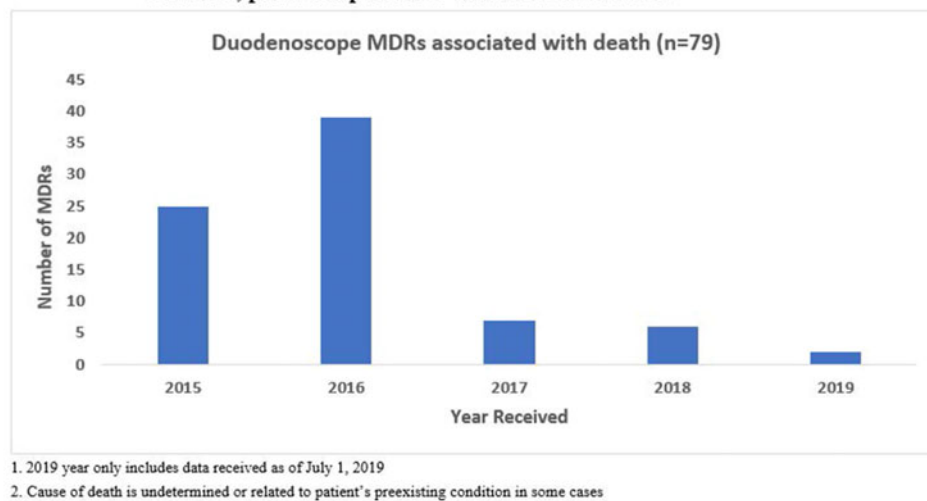


Fig. 2.

number of reported infections decreased from 247 MDRs in 2015 to 55 MDRs in the first half of 2019. Furthermore, the number of reported deaths decreased from 25 MDRs in 2015 to 2 MDRs reported in the first half of 2019. **Conclusions:** The MDR data indicate a decrease in the number of reported infections. The decrease in infections suggests that efforts to reduce the risk of infection from duodenoscopes have yielded improvements; however, additional improvements are necessary to further decrease the risk of infection.

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Poster Presentation

Duodenoscope-Associated Outbreak of a Carbapenem Resistant Enterobacteriaceae

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Background: We describe and evaluate our outbreak of carbapenem-resistant *K. pneumoniae* transmitted by contaminated duodenoscopes during endoscopic retrograde cholangiopancreatography (ERCP) procedures. **Methods:** An outbreak investigation was performed when *Klebsiella pneumoniae* carbapenemase-producing *K. pneumoniae* (KPC-KP) were identified from bile specimens of 4 patients. The investigation included medical record review, practice audits, and surveillance cultures of duodenoscopes and environmental sites. If available, clinical specimens were obtained from patients who had undergone ERCP in the previous 3 months. Carbapenem-resistant Enterobacteriaceae (CRE) screening cultures were performed to identify additional patients until no CRE cases were detected during 2 consecutive weeks. Pulsed-field gel electrophoresis (PFGE) of KPC-KP isolates was implemented. **Results:** In total, 12 cases were identified with exposure to duodenoscope from February 2019 through April 2019, including 6 cases

with infections and 6 asymptomatic carriers. Case-control analysis showed that 2 specific duodenoscopes would be associated with the KPC-KP outbreak. Duodenoscope reprocessing procedures did not deviate from manufacturer recommendations for reprocessing. After ethylene oxide (EO) gas sterilization, the outbreak was terminated. **Conclusions:** Meticulous cleaning protocol and enhanced surveillance are necessary to prevent outbreaks of CRE. Notably, enhanced cleaning measures, such as sterilization for duodenoscopes, would be required after procedures with KPC-KP carriers.

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Duration of Outpatient Antibiotic Therapy in Common Outpatient Infections, 2017

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Background: Community-acquired pneumonia (CAP), urinary tract infection (UTI), pharyngitis, acute otitis media (AOM), and skin and soft-tissue infection (SSTI) are among the most common outpatient conditions for which antibiotics are prescribed. The objective of this study was to describe the observed duration of outpatient antibiotic therapy compared with guideline recommendations for these common conditions in 2017 in the United States to identify antibiotic stewardship targets. **Methods:** We estimated therapy duration for oral and parenteral antibiotic prescriptions associated with CAP, AOM, pharyngitis, acute cystitis, pyelonephritis, SSTI, and sinusitis diagnoses from the IQVIA National Disease and Therapeutic Index 2017 dataset, a two-stage stratified cluster sample of office-based physician visits. We excluded azithromycin due to its unique pharmacokinetics, and we limited our study to prescriptions from emergency medicine, family practice, general practice, geriatrics, internal medicine, osteopathic medicine, and