

relevant. We aimed to evaluate performance of (1-3)- β -D-glucan (BDG) serial testing for antifungal stewardship to improve antifungal prescribing and to stop unnecessary use without compromising care.

Methods. This was a prospective observational study on patients at high risk of IC. Adults with recent intra-abdominal surgery, admitted to surgical intensive care unit (ICU), and prescribed an antifungal for suspected IC were included. Blood samples were taken at start of and days 3, 7, 10, 14, and weekly thereafter until antifungal is stopped, for BDG quantification with Fungitell assay. Medical records were reviewed for patient characteristics, antifungal regimen and outcomes. BDG was evaluated against clinical and microbiological outcomes. Sensitivity, specificity, positive and negative predictive values of BDG and Candida score were evaluated.

Results. We included 15 patients and 74 BDG levels. Patients with confirmed IC from cultures had a median BGD of >500 pg/mL and candida score of 3, compared with 55.5 pg/mL and score of 2 in those without confirmed IC. BGD assay anticipated diagnosis of IC with a sensitivity and specificity of 100% and 66.7%, with a positive and negative predictive value of 62.5% and 100% respectively. Of the five patients with confirmed IC, two had declining BDG, corresponding to clinical response to therapy. Their BDG were <80 pg/mL on day 7 and 14 of therapy, respectively, and were discharged from ICU, but one later had septic shock with *Klebsiella pneumoniae* bacteremia and demised. Repeat fungal cultures were negative. The remaining three had persistently high BGD of >500 pg/mL and eventually demised. No obvious trend was observed in those without confirmed IC.

Conclusion. We were able to characterise BDG levels in patients at high risk of IC. There is utility in BGD serial testing as a tool for antifungal stewardship, however more data is required to confirm findings.

Disclosures. All authors: No reported disclosures.

2074. Frequent False-positive Bronchoalveolar Lavage Galactomannan Values in a Real-world Setting

Audrey Le, MD¹; Nour Ismail, MD²; David Kubiak, PharmD²; Dimitrios Farmakiotis, MD³ and Sophia Koo, MD, FIDSA²; ¹Internal Medicine, Warren Alpert Medical School of Brown University, Providence, Rhode Island, ²Division of Infectious Diseases, Brigham and Women's Hospital, Harvard Medical School, Boston, Massachusetts, ³Division of Infectious Diseases, Warren Alpert Medical School of Brown University, Providence, Rhode Island

Session: 236. Diagnostics - Mycology

Saturday, October 7, 2017: 12:30 PM

Background. Invasive aspergillosis (IA) is the most common invasive mold infection (IMI) and early diagnosis is critical to improving clinical outcomes. Galactomannan (GM) is a major component of the *Aspergillus* cell wall. BAL GM is one of the mycologic criteria for diagnosis of probable IA, but it is frequently positive in patients with *Aspergillus* airway colonization, and its specificity has not been well-studied. Our goal was to estimate the specificity of a positive BAL galactomannan value in a contemporary cohort of consecutive patients with BAL GM checked as part of their workup for potential IA.

Methods. We reviewed clinical and microbiologic data of patients who had at least one positive BAL GM (≥ 0.5), at Brigham and Women's Hospital from November 2009 to March 2016. We applied EORTC/MSG IMI definitions to classify patients as having possible, probable or proven IMI, excluding BAL GM result as mycologic criterion.

Results. We studied 134 patients. Median age was 58; 49% were women. 54% had hematologic malignancy (HM), 10% were solid organ (SOT) and 34% hematopoietic stem-cell transplant (HSCT) recipients. 60% received mold-active antifungal treatment. 4 patients (3%) had proven, 60 (45%) probable, 15 (11%) possible, and 55 (41%) no IMI. One had proven mucormycosis, making at least 42% of positive BAL GM results falsely positive (specificity 58%, 95% confidence interval 47-69%). 6-week mortality was 35% overall: 75% for proven, 47% probable, 33% possible, and 20% for no IMI (χ^2 for trend $P = 0.008$). In patients with no IMI, 6-week mortality was comparable in those who did not receive mold-active treatment (13%, 5/38) and those who did (38%, 6/16, Fischer's $P = 0.07$).

Conclusion. In this study, at least 42% of positive BAL GM values were falsely positive, potentially exposing these patients to unnecessary antifungals. The number of 'probable' IMI cases (which, along with proven IMI are typically included in clinical trials of new antifungals) would be falsely increased by 25%, using a positive BAL GM alone to adjudicate IMI status. Accurate noninvasive tests for diagnosis of IMI are urgently needed.

Table: % +BAL GM values in patients with no IMI at various cutoff values.

	BAL GM ≥ 0.5	BAL GM ≥ 0.8	BAL GM ≥ 1.0
Overall	42	22	17
HM	28	14	7
SOT	100	50	50
HSCT	30	11	7

Disclosures. All authors: No reported disclosures.

2075. First Nine Cases of *Candida auris* Infection Reported in Central America: Importance of Accurate Diagnosis and Susceptibility Testing

Ana Belen Arauz Rodriguez, MD¹; Diego H. Caceres, MSc^{2,3}; Erika Santiago,

Microbiologist¹; Paige Armstrong, MD MHS²; Amalia Rodriguez French, MD¹; Susan Arosemena, MD¹; Carolina Ramos, RN¹; Andres Espinosa-Bode, MD²; Jovanna Borace, Microbiologist¹; Lizbeth Hayer, MD⁴; Israel Cedeño, MD⁴; Nestor Sosa, MD⁵; Elizabeth L. Berkow, PhD²; Shawn R Lockhart, PhD²; Brendan R. Jackson, MD, MPH² and Tom Chiller, MD, MPH²; ¹Hospital Santo Tomas, Panama City, Panama, ²Centers for Disease Control and Prevention, Atlanta, Georgia, ³Oak Ridge Institute for Science and Education (ORISE), Oak Ridge, Tennessee, ⁴Ministerio de Salud de Panama, Panama City, Panama, ⁵Instituto Conmemorativo Gorgas de Estudios de la Salud, Panama City, Panama

Session: 236. Diagnostics - Mycology

Saturday, October 7, 2017: 12:30 PM

Background. *Candida auris* is an emerging multidrug-resistant pathogen associated with invasive infections and high mortality. This report describes the first 9 cases of *C. auris* in Central America in a hospital in Panama City, Panama, and highlights the challenges of accurate identification and methods for susceptibility testing.

Methods. Isolates initially identified at a Panama City acute care hospital during July-October 2016 as *Candida haemulonii* (a common misidentification for *C. auris*) or *Candida species* by Vitek² automated system (bioMérieux) were further characterized by molecular methods. Antifungal susceptibility testing was performed and results were compared between standard and reference methodologies. Patient demographic, clinical, and laboratory data were collected from the medical record.

Results. A total of 14 isolates from 9 hospitalized patients were confirmed as *C. auris*. Isolates were from urine (11), blood (1), catheter tip (1) and pleural fluid (1). Results of susceptibility testing were highly discrepant between automated and reference techniques for fluconazole (92% resistant vs. 77%, respectively) and amphotericin B (100% vs. 8%). Six (67%) patients were male, and the mean age was 53 years (range 42-78). All patients were admitted to the intensive care unit and were mechanically ventilated. Seven (78%) patients died.

Conclusion. *C. auris* is present in Central America. Healthcare facilities in the region should be vigilant for this concerning pathogen, particularly given challenges in its identification and need for infection control precautions. Although automated testing overestimated amphotericin B resistance, most initial isolates were susceptible by reference testing.

Disclosures. All authors: No reported disclosures.

2076. Low Yield of Routine Fungal Culture from Periprosthetic Joint Specimens

Lori Bourassa, PhD MPH¹ and Andrew Bryan, MD, PhD²; ¹Laboratory Medicine, University of Washington Medical Center, Seattle, Washington, ²Department of Laboratory Medicine, University of Washington Medical Center, Seattle, Washington

Session: 236. Diagnostics - Mycology

Saturday, October 7, 2017: 12:30 PM

Background. Prosthetic joints may fail for a variety of reasons, including infection, which are estimated to occur in 1-2 percent of joint replacements. Bacterial and fungal cultures are commonly ordered on the same specimens, despite the rarity of fungal prosthetic joint infections. To evaluate the yield of fungal cultures from specimens collected from prosthetic joint revision procedures, we performed a retrospective analysis of culture positivity for orthopedic surgical specimens submitted for culture at our institution.

Methods. Microbiology culture results for all orthopedic surgical specimens collected from January 2016 through February 2017 were obtained from a laboratory information system. Bacterial and fungal culture results for each patient were matched by MRN, date of specimen collection and accession number. Culture positivity was defined as growth of any microorganism on any piece of media used for bacterial or fungal media per each specimen submitted for culture.

Results. Over a 14-month period, 888 cultures from 189 unique surgical events (unique date/MRN) were submitted for bacterial culture. On average, 5 specimens were submitted per patient (range 1-11). Of these, 352 specimens (40%) were positive for bacterial growth. Ninety-seven percent of specimens submitted for bacterial culture had a corresponding fungal culture ordered. Only 1 of the 861 fungal cultures ordered was positive for fungal growth (0.1%). One specimen from a shoulder revision grew *Aureobasidium pullulans*, a ubiquitous fungus that is a rare human pathogen. Direct exam of the specimen revealed no PMNs or organisms. No *A. pullulans* was isolated from eight other cultures from the same procedure. This organism was likely viewed as a contaminant as no anti-fungal therapy was initiated.

Conclusion. Over a recent 14-month period at our institution, the yield of fungal culture of orthopedic surgical specimens was exceedingly low (0.1% positivity). Importantly, yeasts such as *Candida species*, can readily grow on bacterial culture media, especially if incubation times are extended. Therefore, fungal culture from periprosthetic joint specimens should be limited unless there is a strong clinical suspicion of fungal infection.

Disclosures. All authors: No reported disclosures.

2077. Experience with β -D-Glucan Assay for Diagnosis of Invasive Candidiasis in ICU Patients: Pilot Study from India

Nitin Bansal, MD¹; Ram Gopalakrishnan, MD, MRCP, AB (Internal Medicine), AB (Infectious Diseases), FIDSA¹ and Nandini Sethuraman, MD²; ¹Infectious Diseases, Apollo Hospitals, Chennai, India, ²Microbiology, Apollo Hospitals, Chennai, India

Session: 236. Diagnostics - Mycology

Saturday, October 7, 2017: 12:30 PM