than half of the tested strains (52.1%) were resistant to carbapenems, but all non–*A. baumannii* strains were susceptible. The highest resistance to carbapenems was among strains from pneumonia cases in ICUs (58.3%) and resistance among all strains isolated from ICU was 50%. However, even higher resistance was noted among SSTI strains from non-ICUs (61.7%). **Conclusions:** Increasingly, more than *A. baumannii*, other species among *Acinetobacter* strains are isolated from patients hospitalized in Polish hospitals. To assess the significance of non–*A. baumannii* spp in clinical settings, precise species identification is needed. Therefore, the diagnostic methods used must be improved. Carbapenem-resistant *A. baumannii* infections are the biggest problem in pneumonia patients in ICUs and in SSTI patients in other hospital departments. Carbapenem resistance occurs in a very high percentage of *A. baumannii* strains; among non–*A. baumannii* strains it is not yet a therapeutic problem.

Funding: None
Disclosures: None
Doi:10.1017/ice.2020.977

Presentation Type:
Poster Presentation

Prevalence and Incidence of *Clostridioides difficile* Colonization Among a Cohort of Transplant Patients

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Background: Allogeneic bone marrow transplant (BMT) as well as liver, heart, and lung transplant patients have high reported incidence rates of *Clostridioides difficile* infection (CDI). The prevalence and incidence of asymptomatic colonization with *Clostridioides difficile* (ACCD) in this group is not known. **Methods:** ACCD was defined as the presence of *C. difficile* on screening cultures without positive clinical testing for CDI ±1 week from the date of sampling. Patients undergoing BMT as well as liver, heart, and lung transplants at MUSC between October 2017 and October 2019 were cultured for *C. difficile* at admission for transplant then once weekly during inpatient admissions and at each outpatient follow-up for 90 days after transplantation. Testing for CDI occurred at the discretion of treating physicians and was done by PCR. Transient ACCD was defined as a positive culture from samples collected <7 days apart, and persistent ACCD was defined as having 2 or more positive cultures collected a minimum of 7 days apart. **Results:** The baseline prevalences of ACCD were 1 of 5 (20%), 0 of 2 (0%), 1 of 40 (3%), and 2 of 16(13%) for lung, heart, liver and BMT patients, respectively. Of 63 patients, 3 had a pretransplant history of CDI, 2 of whom had baseline ACCD. Incident ACCD occurred in 23 of 63 patients (37%) (Table 1). Overall, ACCD was observed in 30 of 63 patients (48%). Of the 30 patients with ACCD, 14 displayed persistent asymptomatic colonization, whereas 16 displayed transient asymptomatic colonization. Also, 5 patients in the cohort were diagnosed with CDI after transplantation, of whom 3 had ACCD prior to or following CDI. **Conclusions:** The baseline prevalence of *C. difficile* colonization in transplant patients (6.3%) was not substantially greater than those observed in recent studies of hospitalized inpatients, but the incidence of new colonization events (37%) was high in this patient population with numerous pretransplant risk factors for CDI.

Funding: None
Disclosures: None
Doi:10.1017/ice.2020.978

Table. Baseline and incident asymptomatic colonization with *C. difficile* (ACCD) in a cohort of lung, heart, liver, and allogeneic bone marrow transplant patients at MUSC 2017-2019.

Transplant type	Lung (n=5)	Heart (n=2)	Liver (n=40)	BMT (n=16)	Total (n=63)
Pre-transplant CDI	0	0	3	0	3
Baseline (prevalent) ACCD	1	0	4	2	7
Incident ACCD	1	1	18	3	23
Persistent ACCD	2	0	9	3	14
Transient ACCD	0	1	13	2	16
Post-transplant CDI	3	0	1	1	5

Presentation Type:
Poster Presentation

Prevalence of Drug-Resistant *Mycobacterium tuberculosis* in the Veterans Health Administration (VHA)

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Background: In 2018, the CDC reported that isoniazid (INH)-resistant and multidrug-resistant *Mycobacterium tuberculosis* (MDR-TB, ie, resistant to at least INH and rifampin) represented

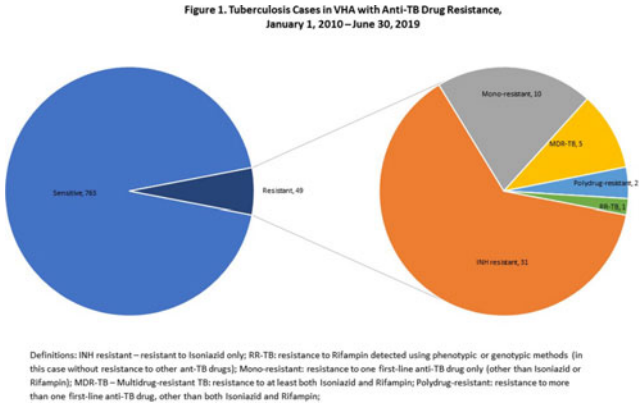

Fig. 1.

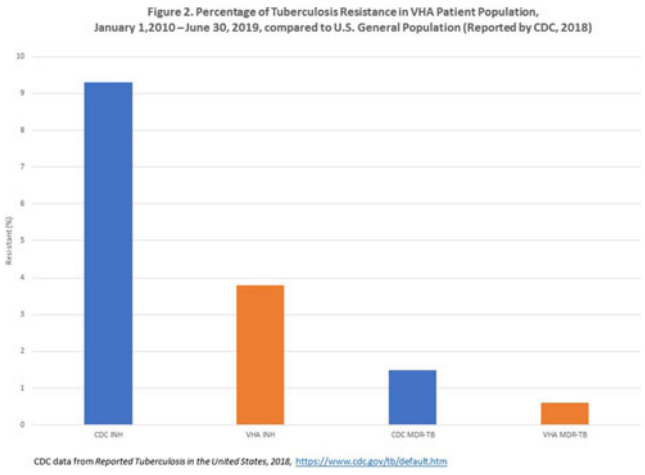

Fig. 2.