

1082. Impact of Vancomycin Minimum Inhibitory Concentration on Clinical Outcome of Methicillin-Susceptible *Staphylococcus aureus* Bacteremia

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Session: 135. Clinical Infectious Diseases: Bacteremia and Endocarditis
Friday, October 28, 2016: 12:30 PM

Background. Recent data suggest that vancomycin minimum inhibitory concentration (MIC) is related with the outcome of not only methicillin-resistant *Staphylococcus aureus* (MRSA) bacteremia but methicillin-sensitive *S. aureus* (MSSA) bacteremia. We aimed to evaluate the effect of vancomycin MIC on clinical outcome of MSSA bacteremia.

Methods. We analyzed a prospectively collected cohort of patients with MSSA bacteremia at a 2700 bed tertiary-care hospital in South Korea from August 2008 to March 2010. Patients with vancomycin MIC $\geq 1.5 \mu\text{g/ml}$ by E-test is classified as high vancomycin MIC group. We compared the clinical features and outcomes of high vancomycin MIC group with those of low vancomycin MIC group.

Results. A total of 149 episodes of MSSA bacteremia was analyzed. Seventy-two (48%) patients were high vancomycin MIC group. Accessory gene regulator (*agr*) type II and III is more frequent in high vancomycin MIC group. High vancomycin MIC (OR 2.7, 95% CI 1.259–6.094, $p = 0.011$) and age (OR 1.03; 95% CI 1.002–1.059, $p = 0.036$) is independent risk factor for all-cause mortality at 12 weeks.

Conclusion. Higher vancomycin MIC is related with mortality in patients with MSSA bacteremia. Further studies are needed to understand a relationship vancomycin MIC and *agr* system.

| | Total (n = 149) | MIC <1.5 $\mu\text{g}/\text{ml}$ (n = 77) | MIC $\geq 1.5 \mu\text{g}/\text{ml}$ (n = 72) | Pvalue |
|---|-----------------|---|---|--------|
| Mean age | 57.2 \pm 14.9 | 57.7 \pm 15.7 | 56.6 \pm 14.2 | 0.67 |
| Male gender, number (%) | 99 (66.4) | 53 (68.8) | 46 (63.9) | 0.52 |
| Site of acquisition | | | | |
| Community | 29 (19.5) | 17 (22.1) | 12 (16.7) | 0.40 |
| Healthcare | 50 (33.6) | 26 (33.8) | 24 (33.3) | 0.96 |
| Hospital | 70 (47) | 34 (44.2) | 36 (50) | 0.48 |
| agr subgroup | | | | |
| <i>agr</i> type I | 83 (55.7) | 42 (54.5) | 41 (56.9) | 0.768 |
| <i>agr</i> type II | 24 (16.1) | 8 (10.4) | 16 (22.2) | 0.050 |
| <i>agr</i> type III | 34 (22.8) | 23 (29.9) | 11 (15.3) | 0.034 |
| <i>agr</i> type IV | 3 (2) | 2 (2.6) | 1 (1.4) | >0.999 |
| agr dysfunction | 17 (11.4) | 11 (14.3) | 6 (8.3) | 0.253 |
| ST188 | 29/148 (19.6) | 13/76 (17.1) | 16/72 (22.2) | 0.433 |
| ST72 | 15/148 (10.1) | 10/76 (13.2) | 5/72 (6.9) | 0.279 |
| Clinical outcome | | | | |
| Persistent bacteremia | 6 (4.1) | 5 (6.5) | 1 (1.4) | 0.21 |
| Recurrence within 12 weeks | 3 (2) | 0 | 3 (4.2) | 0.11 |
| Mortality at discharge | 28 (18.8) | 9 (11.7) | 19 (26.4) | 0.02 |
| Mortality at day 7 | 5 (3.4) | 1 (1.3) | 4 (5.6) | 0.15 |
| Mortality at day 28 | 28 (18.8) | 10 (13) | 18 (25) | 0.06 |
| Mortality at week 12 | 38 (25.5) | 13 (16.9) | 25 (34.7) | 0.01 |
| Bacteremia-related mortality at discharge | 17 (11.4) | 6 (7.8) | 11 (15.3) | 0.15 |
| Bacteremia-related mortality at week 12 | 21 (14.1) | 6 (7.8) | 15 (20.8) | 0.02 |

Disclosures. All authors: No reported disclosures.