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

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**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 (63%) 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

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**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...