annually after controlling for variables mentioned above (Table 2).

**Conclusions:** The volume of hospitals and procedures for HYST reported to NHSN increased substantially because of the CMS reporting requirement implemented in 2012. The overall adjusted HYST SSI odds ratio decreased annually over 2009–2018, which indicates progress in preventing HYST SSIs.

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**Surgical Site Infection Trend Analysis Following Colon Surgeries, National Healthcare Safety Network, 2009–2018**

Quenna Li, Centers for Disease Control and Prevention; Minn Soe, Centers for Disease Control and Prevention; Allan Nkwata, Centers for Disease Control and Prevention; Victoria Russo, Centers for Disease Control and Prevention; Margaret Dudeck, Centers for Disease Control and Prevention; Jonathan Edwards, Centers for Disease Control and Prevention

**Background:** Hospitals have submitted surveillance data for surgical site infections (SSIs) following colon surgeries (COLO) to the Centers for Disease Control and Prevention’s National Healthcare Safety Network (NHSN) since 2005. COLO SSI data submissions to NHSN have increased substantially beginning in 2012 as result of a Centers for Medicare and Medicaid Services (CMS) mandatory reporting requirement that began that year. A trend analysis of COLO SSIs, using data submitted to NHSN, has not been previously reported. To estimate the national trend of COLO SSI rates, the burden of SSI is still likely to be underestimated due to truncated SSI surveillance as well as underestimated national regulatory bodies have made it mandatory to report SSI complications. After adjusting for these changes, we found a slight annual decrease in the overall odds of COLO SSI.

**Conclusion:** Greater prevention efforts are needed for COLO SSI.

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**Surgical Site Infections at a Level I Trauma Center in India: Data From an Indigenously Developed, e-SSI Surveillance System**

Ayush Lohiya, All India Institute of Medical Sciences, New Delhi; Samarth Mittal, All India Institute of Medical Sciences, New Delhi; Vivek Trikha, All India Institute of Medical Sciences, New Delhi; Surbhi Khurana, All India Institute of Medical Sciences, New Delhi; Sonal Katyal, All India Institute of Medical Sciences, New Delhi; Sushma Sagar, All India Institute of Medical Sciences, New Delhi; Subodh Kumar, All India Institute of Medical Sciences, New Delhi; Rajesh Malhotra, All India Institute of Medical Sciences, New Delhi; Purva Mathur, All India Institute of Medical Sciences, New Delhi

**Background:** Globally, surgical site infections (SSIs) not only complicate the surgeries but also lead to $5–10 billion excess health expenditures, along with the increased length of hospital stay. SSI rates have become a universal measure of quality in hospital-based surgical practice because they are probably the most preventable of all healthcare-associated infections. Although, many national regulatory bodies have made it mandatory to report SSI rates, the burden of SSI is still likely to be significant underestimated due to truncated SSI surveillance as well as underestimated postdischarge SSIs. A WHO survey found that in low-