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Conclusion. Ninety-day mortality for invasive infections with CRE and CRAB was ~50%, and patients with CRAB had lower survival than those with CRE, suggesting that prevention efforts may need to prioritize CRAB as highly as CRE in facilities with endemic CRAB. With the high proportion of healthcare exposures and immunosuppression, these infections may signify poor prognosis or directly contribute to mortality.

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1699. Prevalence and Acquisition of MRSA During Incarceration at a Large Inner-City Jail
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Background. USA300 MRSA is endemic in certain communities, with congregate settings such as urban jails potentially facilitating spread. The extent of MRSA transmission in jail is unclear, a controversy that impacts prevention strategies. We determined the prevalence of MRSA colonization at jail entrance and defined the acquisition rate during incarceration.

Methods. Men incarcerated at the Cook County Jail, one of the largest US single-site jails, were enrolled within 72 hours of intake. Surveillance cultures (nares, throat, groin) were collected to determine prevalence of MRSA colonization. A survey was administered to identify predictors of colonization. Detainees still in jail at Day30 had cultures repeated to determine MRSA acquisition rate. Univariate and multivariate analysis was performed to identify predictors of MRSA colonization.

Results. A total of 402 men (447 unique incarcerations) have so far been enrolled (77% AA, 11% Hispanic) with 92% previously in jail (20% in past 6 months). The prevalence of MRSA colonization at intake was 18.6% (83/447), with 39% of those colonized solely in the throat or groin. At 30 days: 10% (9/92) of initially negative men acquired MRSA; 14 admission positives remained colonized while 11 lost colonization. On univariate (Table), predictors of MRSA colonization at entrance to the jail were: methamphetamine use (METH), unstable housing, current skin infection, and care at an outpatient Clinic A that emphasizes comprehensive care to the LGBTQ community. In this cohort, METH use was associated with reporting being a man who has sex with men vs. not (35% vs. 9%, P < 0.001) and was common among men with care at Clinic A (18% vs. 3%, P < 0.001). On multivariate with adjustment for race/ethnicity and HIV status, current skin infection and care at clinic A were associated with MRSA.

Preliminarily, sharing personal items was associated with MRSA colonization while living in jail, but this did not reach significance in the study. Enrollment is ongoing but results suggest an intervention in jail could impact MRSA rates in the jail and in the surrounding community.