Background: Agents commonly used as oral step-down therapy in *Enterobacterales* bacteremia include fluoroquinolones and TMP-SMX. The use of these oral agents have been associated with adverse events. Oral β-lactams are not recommended to treat *Enterobacterales* bacteremia because of concerns for sub-therapeutic serum concentrations. Given limited data on clinical effectiveness and increased limitations with fluoroquinolones or TMP-SMX, oral β-lactams may be an alternative option.

Objective: To evaluate the clinical effectiveness in patients transitioned to oral β-lactams versus fluoroquinolone or TMP-SMX for the step-down treatment of uncomplicated *Enterobacterales* bacteremia.

Methods: A multi-center, retrospective, propensity-score matched, observational cohort study was conducted from July 1, 2017 to December 31, 2020, at 11 Memorial Hermann Health System Hospitals among 690 patients with uncomplicated *Enterobacterales* bacteremia. Patients were included if they initially received intravenous antibiotic therapy followed by step-down oral therapy with either β-lactams or fluoroquinolones and TMP-SMX. The primary outcome was treatment failure within 30 days of starting PO antibiotics.

Results: After the patients were propensity score matched 1:1, a total of 199 patients were included in each group. The primary outcome occurred in 8 patients (4%) who received β-lactams and 10 patients (5%) who received fluoroquinolones or TMP-SMX (OR, 0.79 [95% CI, 0.306-2.04] p-value 0.629).

Conclusion: Based on the results of this study, no significant difference in treatment failure was seen in patients who were transitioned to β-lactams or fluoroquinolones & TMP-SMX as PO step-down therapy for uncomplicated *Enterobacterales* bacteremia. Oral β-lactams appear to be a safe and effective option.

Disclosures: SS Kaur, J Babic, S Nguyen, S Patel have nothing to disclose