and medical information via standardized interview. Medical conditions were defined by self-report. We used multivariate logistic models for adjusted analyses of the relationship between TB and DM.

**Results.** Of 75,971 inmates, 3,104 (4.3%) reported a history of TB diagnosis. Table 1 shows the characteristics of the TB and non-TB groups. The prevalence of DM was higher in the TB group compared with the non-TB group (4.2% vs. 2.4%; P < 0.001). In multivariate analysis, DM was associated with twice the odds of having had a diagnosis of TB (adjusted OR = 2.2; 95% CI: 1.8–2.7). Male sex, Spanish language, no college/university education, imprisonment, hypertension, and HIV infection were also associated with increased odds of prevalent TB (Figure 1).

**Conclusion.** There was a high prevalence of TB among prison inmates in Peru. DM was associated with an increased likelihood of prevalent TB. Our results are consistent with findings in noninstitutionalized populations and underscore the need to implement aggressive screening and treatment interventions for both TB and DM in prison settings.

**Table 1:** Characteristics of TB and Non-TB Groups in Peruvian Prisons

| Variables                      | TB group N = 3,314 | Non-TB group N = 72,351 | P-value |
|--------------------------------|--------------------|-------------------------|---------|
| Age in years, mean ± SD        | 35.1 ± 10.4        | 36.1 ± 11.5             | <0.001  |
| Male sex, n (%)                | 3,053 (92.3)       | 68,516 (93.0)           | <0.001  |
| College/University education, n (%) | 8,996 (6.6)   | 201 (12.7)              | <0.001  |
| Spanish language, n (%)        | 2,893 (93.2)       | 64,295 (98.2)           | <0.001  |
| Imprisonment, n (%)            | 723 (27.0)         | 9,110 (16.2)            | <0.001  |
| Hypertension, n (%)            | 175 (4.7)          | 3,399 (6.8)             | 0.011   |
| Diabetes mellitus, n (%)       | 131 (4.2)          | 1,766 (24.2)            |         |
| HIV infection, n (%)           | 65 (2.1)           | 251 (3.5)               | <0.001  |

**Figure 1.** Factors associated with TB in Peruvian prisons

**Disclosures.** All authors: No reported disclosures.

**766. Migration Flows and Increase of Extrapulmonary Tuberculosis in a Low Prevalence Setting: A Retrospective Analysis in Two Italian Centers**

**Methods.** A retrospective analysis of all new cases of MT of all ages notified to the regional Tuberculosis Registry of South Tunisia from January 1995 to December 2016 was conducted. Medical conditions were defined by self-report. We used multivariate logistic models for adjusted analyses of the relationship between TB and DM.

**Results.** A total of 171 patients were enrolled from 2013 to 2017 in two Italian centers (‘Rome and Terni’; 71% were males, with a mean age of 41.5 years. The number of MT cases increased during the study period (6.6% in 2013 vs. 56% in 2017) and an increase of EPTB (23% in 2013 vs. 44% in 2017) was seen. Most commonly EPTB presented as generalized lymphadenitis (34%), osteomyelitis and spondylodiscitis (28%) and other sites localizations (31%). Statistical analysis revealed a significant correlation between geographical provenience and TB localization (P = 0.004). Extra-European immigrants (76% Africans) resulted at higher risk of EPTB (OR 2.3); CI 95% 0.63–8.46). While being Caucasian showed a protective role toward EPTB development (P = 0.001). The risk of EPTB doubled in 2015–2017 respect 2013–2014.

**Conclusion.** From 2013 to 2017 an increase in TB admissions was documented with a significant higher number of EPTB cases, particularly in extra-European immigrants. The doubled risk in 2015–2017 was likely the consequence of the recent ongoing escalating levels of migration from African countries and may result as an emerging Public Health Problem.

**Disclosures.** All authors: No reported disclosures.

**767. A 7-Year Retrospective Study of Pediatric Tuberculosis in a Third-Level Hospital in Mexico City**

**Methods.** We conducted a retrospective study of all new cases of MT of all ages notified to the regional Tuberculosis Registry of South Tunisia from January 1995 to December 2016. Data were collected from the regional register of tuberculosis implemented in the anti-tuberculosis center of Sfax.

**Results.** We analysed 22 patients with MT accounting for 0.8 of all cases of tuberculosis (TB). The mean age was of 41 years (IQR= [17–63.5]) and a half of them were females. MT was significantly more common in patients less than 15 years (2.4% vs. 0.7%; OR=3.5; P = 0.04). Six patients (27.3%) had extra-pulmonary locations with lymph nodes (n = 1), meninges (n = 2), bones and joints (n = 1), abdominal cavity (n = 1), and pleura (n = 1). One patient (4.5%) died within 8 months after a confirmed diagnosis. Median duration of treatment was 10 months (IQR= [6–15 months]). The outcome was favorable in 19 cases (86.4%) and three patients received a combined-drug regimen (13.6%).