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 multivariable 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     | Non-TB group | P-value |
|-------------------------------|--------------|--------------|---------|
| Age in years, mean ± SD       | 35.1 ± 10.4  | 36.1 ± 11.5  | <0.001  |
| Male sex, n (%)                | 3,053 (98.3) | 6,851 (93.8) | <0.001  |
| College/University education, n (%) | 8,996 (6.6) | 201 (12.7)   | <0.001  |
| Spanish language, n (%)       | 2,893 (93.2) | 64,295 (92.2)| <0.001  |
| Reimprisonment, n (%)          | 732 (27.0)   | 9,110 (16.2)| <0.001  |
| Hypertension, n (%)            | 175 (4.7)    | 3,399 (6.6)| 0.011   |
| Diabetes mellitus, n (%)       | 131 (4.2)    | 1,766 (2.4)| <0.001  |
| HIV infection, n (%)           | 65 (2.1)     | 251 (0.3)| <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

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Session: 70. Tuberculosis and Other Mycobacterial Infections

Thursday, October 4, 2018: 12:30 PM

Background. Extrapulmonary tuberculosis (EPTB) represents 25% of Worldwide tuberculosis and it is more commonly associated with immunodeficiency. The purpose of this study was to determine the burden of EPTB in a low TB prevalence setting.

Methods. A retrospective evaluation of patients treated for TB at Tor Vergata Hospital and Terni Hospital (Italy) from January 2013 to November 2017 was done. Clinical charts, laboratory tests and radiological findings were reviewed and analyzed. Data were elaborated using Yates' method analysis. Fisher test and Pearson's chi-square test.

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 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).

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

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Background. According to WHO data, in 2016 10.4 million people were infected with tuberculosis (TB), from which one million were patients ≤18 years, and 250,000 deaths. The diagnosis of TB in pediatric patients is a challenge given the clinical behavior.

Methods. This is a retrospective, descriptive, and observational study of patients under 18 years treated at the TB Clinic at Department of Pediatric Infectious Diseases in the National Institute of Pediatrics (INP) in Mexico City during the period 2011–2018.

Results. A total of 118 cases were included; 64 (54.5%) were male, and the average age at diagnosis was 79.45 ± 63.7 months. The most frequent presentations were: lymph node in 50 (42.4%) cases, followed by skeletal 20 (16.9%), pulmonary 16 (13.6%), meningeal 11 (9.3%), abdominal 6 (5.1%), cutaneous 6 (5.1%), and miliary 4 (3.1%). The most common symptoms were fever (52%) and lymphadenopathy (49%). TST was applied in 42 cases (55% positive). A positive COMBE was reported in 47.5% of patients. We performed GeneXpert in 33 (28%) cases with 36% positive results; biopsy in 74 (62%) cases with 92% positive cases; and Ziehl-Neelsen stain in 30 (25.4%) cases with 26% positive results. Positive cultures (41%) isolated: M. bovis (52.4%), followed by MTB complex in 9 (19.4%), M. tuberculosis 7 (14.3%) and atypical Mycobacteria with 7 (14.3%) cases. The most frequent treatment was: INH (98.2%), RIF (95.5%), E (85.6%) and PZA (77.5%) with an average of 6.3 months during intensive phase and 10.1 months of maintenance. Primary immunodeficiency (PID) was detected in 33 (20.3%) cases, mainly: chronic granulomatous disease in 15 (45.5%), Mendelian susceptibility to Mycobacterial diseases was found in 8 (24.2%) and severe immunodeficiency in 7 (21.2%). Overall mortality was 2.5%.

Conclusion. Tuberculosis in Mexico is still a major public health problem and thus is important to remain suspicious of it. This is the first report in Mexico where immunodeficiency is investigated in pediatric patients with tuberculosis, detected in one out of five cases, which stresses the need of its search, given this can modify the outcome.

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