of deaths attributed to A/H1N1. FluNet’s influenza B data show Yamagata (55%) and Victoria (27%) co-circulation (Figure 1).

Conclusion. The 2018–2019 seasonal co-circulation of influenza A and B viruses in Mexico showed significant nation-wide morbi-mortality burden, with A/H1N1 and B/Yamagata dominance. Stronger B lineage determination is needed in Mexico to understand associated burden and prevent vaccine mismatch, considering the trivalent vaccine does not contain both B strains. Given the circulation of both influenza B lineages and the recommendation of the WHO, Mexico could enhance quadrivalent vaccine use in coming seasons to optimize protection.

Figure 1. 2018-2019 influenza season cases, deaths, and viral distribution of confirmed cases in Mexico

Note: The denominators are of lab-confirmed cases and deaths during each reporting week epidemiological week 17-37

Figure 2. 2018-2019 influenza season cases epidemic curve and positivity rate of confirmed influenza among ILI/SARI in Mexico [until epidemiological week 17]

Figure 3. 2018-2019 influenza season case positivity rate of lab-confirmed influenza among ILI/SARI, per state in Mexico

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1668. No Impact of Nutritional Status on Oral Polio Vaccine shedding after Vaccination of Under 5 Children in Rural Mexico
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Session: 164. Stepping off your Doorstep - Global Health
Friday, October 4, 2019: 12:15 PM

Background. As wild poliovirus is nearing global eradication and countries switch from Oral Polio Vaccine (OPV) to Inactivated Polio Vaccine (IPV), preventing circulating vaccine-derived poliovirus is a top priority. However, the circulation of OPV serotypes remains a concern in undervaccinated communities. We sought to examine the relationship between pediatric nutritional status and OPV shedding based on length-for-age categorizations. Mexico provides a natural environment to study these patterns as it provides routine IPV immunization and bi-annual OPV campaigns.

Methods. We enrolled 466 households with children eligible for OPV before the February 2015 national health week from 3 semi-rural Indigenous communities near Orizaba, Mexico. In each community, a different proportion of eligible children received OPV (10%, 30%, 70%), with a total of 155 vaccinated children. OPV shedding was measured by RT-qPCR detection of OPV in samples collected serially over 10 weeks. Anthropicometric measurements were collected and compared with the WHO Multicenter Growth Reference Study growth curves to assign stunting. Associations between stunting, OPV shedding, and shedding duration were tested by Fisher exact test and Wilcoxon-Man-Whitney Test (α = 0.05).

Results. Samples of fecal OPV isolates were collected over time and analyzed from 148 vaccinates. 25 (17%) of the vaccines were stunted. There was no relationship between pediatric stunting and likelihood of ever shedding any serotype of OPV (P = 0.82). The mean duration of OPV shedding by stunted and non-stunted children differed, but not significantly (10.9 days vs. 9.3 days, respectively, P = 0.32). We did not find any statistically significant differences between stunting status and shedding of any individual OPV serotype.

Conclusion. Further understanding of factors related to OPV shedding is necessary to approach efficient worldwide poliovirus control. We found no relationship between stunting status and both OPV shedding and shedding duration post-vaccination, suggesting that nutritional status does not play a role in OPV shedding. The ongoing analysis includes longitudinal analysis of OPV shedding patterns by nutritional status, and the impact of stunting on viral load and reversion of OPV to vaccine-associated paralytic polio mutants.

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1669. Trends in Authorship for Infectious Disease Research Conducted in Low-Income Countries
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Session: 164. Stepping off your Doorstep - Global Health
Friday, October 4, 2019: 12:15 PM

Background. Research capacity in low-income countries (LICs) plays an important role in strengthening national healthcare systems and addressing local health priorities. Research in infectious diseases is especially important as they comprise five of the top 10 causes of death in LICs. While academic collaborations between high-income countries (HICs) and LICs offer many benefits, they also risk structural and professional imbalances. This study explores research capacity as a function of first or last authorship and funding for research conducted in LICs that is published in high-impact infectious disease journals.

Methods. A literature search using the abstract database Scopus was completed for original research conducted within LICs or using samples collected from LIC subjects published between 1998 – 2017 in Clinical Infectious Diseases, Journal of Infectious Diseases, and Open Forum Infectious Diseases. Primary outcomes included the number of LIC first and last authors compared with HIC authors over time. Secondary outcomes included the geographic distribution of research and the proportion of research financed by LICs.

Results. A total of 1380 articles were identified of which 20% had LIC first authors and 21% had first authors with dual LIC/HIC affiliations. For last authors, 13% were affiliated with a LIC and 15% had dual LIC/HIC affiliation. LIC researchers compiled the majority of first and last authors regardless of geography (Figure 1). The number of studies conducted in LICs increased over the 20-year timeframe (Figure 2) but is attributed to an increase in articles with HIC authors. The number of LIC authors remained unchanged resulting in a decreasing proportion of LIC authors. 4% of articles received funding from a LIC; however, 79% of these studies were authored by LIC researchers vs. 39% of studies funded by HIC sources.

Conclusion. There is a growing appreciation for international HIC/LIC research collaborations with the objective to reduce the burden of infectious diseases that disproportionately affect low-income settings. However, with this increased attention comes the responsibility to improve LIC research capacity. This includes promoting LIC researchers via authorship and supporting sustainability with funding that highlights LIC priorities.

Disclosures. All authors: No reported disclosures.
Access to Antibiotics Without Prescription for Travelers and Colombian Citizens at Community Pharmacies in Bogotá, Colombia: A Cross-Sectional Study

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Session: 164. Stepping off your Doorstep - Global Health

Friday, October 4, 2019: 12:15 PM

Background. Antimicrobial-resistant pathogens often emerge in communities where antibiotics are frequently sold without prescriptions. In Colombia, nonprescription sale of antibiotics still occurs despite national regulations. Use of antimicrobials in international travelers has been linked to the rapid dissemination of multidrug-resistant pathogens around the globe. Despite the exponential increase of international visitors to Colombia recently, there is a notable lack of studies investigating the accessibility of antibiotics to foreign travelers without prescriptions in Colombian pharmacies.

Methods. This cross-sectional study compares the access to antibiotics without prescription in community pharmacies between travelers from the United States and local Colombian citizens in Bogotá. Both groups visited 91 pharmacies and conducted trials as covert simulated clients (SCs). The SCs followed a standardized script when interacting with pharmacy personnel, acting as though they were seeking antibiotics for moderate Traveler’s Diarrhea (TD), without a prescription. Data were gathered on interactions with pharmacy personnel, acting as though they were seeking antibiotics for moderate Traveler’s Diarrhea (TD), without a prescription. Data were gathered on refusal to Colombian citizens was more frequently due to legal reasons (P < 0.001).

Conclusion. Antibiotics were accessible without prescriptions at similarly high frequencies, regardless of the customers’ nationality. The US travelers were more likely than the Colombian group to be offered antibiotics without needing to prompt the pharmacist. Additionally, pharmacists were much more likely to deny antibiotics to the Colombian group due to legal reasons, as opposed to clinical reasons for US travelers.

Disclosures. All authors: No reported disclosures.

1670. Access to Antibiotics Without Prescription for Travelers and Colombian Citizens at Community Pharmacies in Bogotá, Colombia: A Cross-Sectional Study

Marie Kasbaum, MPH candidate1; Catalina V. Lizarraga, MPH candidate1; Alejandro De la Hoy, MD2; Jinnette Reyes, MSc, PhD3; Cesar A. Arias, MD, MSc, PhD, FIDSA4,5; UTHealth School of Public Health, Houston, Texas; 2Division of Infectious Diseases, Hospital Universitario San Ignacio, Pontificia Universidad Javeriana, Bogotá, Distrito Capital de Bogotá, Colombia; 3Molecular Genetics and Antimicrobial Resistance Unit and International Center for Microbial Genomics, Universidad El Bosque, Bogotá, Distrito Capital de Bogotá, Colombia; 4Molecular Genetics and Antimicrobial Resistance Unit and International Center for Microbial Genomics, Universidad El Bosque, Bogotá, Colombia; 5CARMIG, UTHealth and Center for Infectious Disease, UTHealth School of Public Health, Houston, Texas. 1Molecular Genetics and Antimicrobial Resistance Unit and International Center for Microbial Genomics, Universidad El Bosque, Bogotá, Colombia; 2Grupy against McCartney, Bogotá, Colombia; 3Diseases, UTHealth School of Public Health, Houston, Texas; 4Beth Israel Deaconess Medical Center, Boston, Massachusetts; 5Spaulding-Labuschagne Neuromodulation Center, Boston, Massachusetts; 6Department of Pediatrics, Stanford University, Stanford, California; 7Vanderbilt University Medical Center, Division of Infectious Diseases, Department of Medicine, Nashville, Tennessee

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Disclosures. All authors: No reported disclosures.

1671. Impact of Zika Syndrome on Brazilian Infant Mortality Rate

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Session: 164. Stepping off your Doorstep - Global Health

Friday, October 4, 2019: 12:15 PM

Background. Infant mortality in Brazil has increased for the first time in 26 years. This study aimed to define the Zika Syndrome (ZS) perinatal case fatality rate (PCF) since the 2015 Zika outbreak in a Brazilian northeast state highly impacted by the virus.

Methods. Cross-sectional study conducted using data obtained through the State Health Department for cases of microcephaly (MCP) and congenital abnormalities (CA) in Rio Grande do Norte State (RN) from April 2015 to March 2019. Perinatal period: commencing at 22 completed weeks (154 days) of gestation until 7 days after birth. PCF was defined as the number of deaths as a fraction of the number of sick persons with the specific disease (+100).

Results. There were 535 reported cases of MCP and others CA notified in RN during this period: 4 in 2014, 337 in 2015, 157 in 2016, 21 in 2017, 14 in 2018, and 2 in 2019. Of these, 151 were confirmed and 135 remain under investigation. The remaining 247 cases were ruled out by normal physical exams or due to noninfectious cause of MCP. Of the total confirmed cases, 35.8% (54/151) died after birth or during pregnancy. Zika virus infection during pregnancy was confirmed in 55.3% (30/54) of deaths and 1.8% (01/54) had a positive TORCH blood test. The odds ratio for the Zika PCF was found to be 1.57 (95% CI: 0.7940–3.1398; P = 0.1928). Deaths related to Zika were confirmed using a combination of clinical and epidemiological findings paired with either radiological information or molecular/serological data (RT–PCR and/or IgM/IgG antibodies against Zika). Twelve cases remain under investigation and 7 were ruled out as MCP. The highest number of confirmed MCP cases occurred between August 2015 and February 2016. The prevalence increased in September, with a peak in November 2015 (20.1 cases per 1,000 live births).

Conclusion. Before the recent Brazilian Zika outbreak, the incidence of MCP in RN between 2010 and 2014 was 1.6 cases/year. The real incidence and prevalence might be higher due to the underreporting and lack of resources for confirmatory diagnostic tests (laboratory and imaging). This study indicates that Zika virus accounted for a substantial proportion of MCP cases seen during the years studied, and suggests that ZS contributed to an increase in infant mortality in Brazil.

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