1683. Dengue Fever Outbreak Investigation in Upper Egypt in 2015
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Background. Among patients enrolled in HIV care and treatment in rural Mozambique, 30% abandon treatment within a year. A cluster randomized controlled trial assessing the impact of couple-based vs. individual treatment for concordant couples on viral suppression (the HoPS+ trial) hypothesizes that family support will improve patient outcomes. Individuals with high levels of empathy will likely provide greater social support for treatment retention and adherence. This study validates a locally tailored version of the interpersonal reactive index (IRI)—cognitive empathy (CE) and affective empathy (AE)—among expectant parents living with HIV in Zambezia province, Mozambique.

Methods. Using baseline data from 558 participants from the HOPS+ trial, we used a maximum likelihood exploratory factor analysis with a promax oblique rotation to assess the culturally relevant questions from the IRI. We examined discriminant and construct validity through analysis of subscale relationships by sex, age, education, and depression and intra-person reliability over time with an interclass correlation model (n = 119).

Results. Our participants live in 6 districts and receive health care at 24 health facilities. The median age was 25 (IQR: 22 to 30), 50% were female, and 60% were single. Participants had a median of 5 years of formal education (IQR: 2–7). Half of them report their occupation as “farmer” and 17% screened positive for depression. On a scale of 0–4, the median baseline CE score was 2.6 (IQR: 1.9–3.2) and the median baseline AE score was 1.9 (IQR: 1–2.6). Males (2.6 vs. 2.4, P < 0.01), participants who finished primary school (2.7 vs. 2.5, P < 0.01), and older participants (2.6 vs. 2.5, P = 0.04) had higher CE scores, while depressed participants had higher AE scores (2.3 vs. 1.8, P < 0.01). We found moderate stability over time (CE ICC: 0.63, AE ICC: 0.54) in a subset of 119 study participants.

Conclusion. While depression is associated with 12.5% higher AE scores, older participants, males, and those higher levels of education had higher scores on the CS scale. This preliminary work will inform future work on the HoPS+ trial and guide future interventions aimed at increasing retention in and adherence to treatment in people living with HIV.

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1684. Clinical Profile and Outcome of Scrub Typhus-Related Acute Respiratory Distress Syndrome in Adults Presenting to a Tertiary Care Hospital in North India
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Background. To study the clinical profile and outcome of adult patients presenting with Scrub typhus ARDS in emergency at our institute.

Methods. Prospective observational study which included 126 adult patients admitted to emergency department at PGIMER Chandigarh, a tertiary care referral institute in northwestern India with acute febrile illness with ARDS (acute onset respiratory distress syndrome under one week of fever or new/worsening respiratory symptoms with PaO2/FiO2 ratio less than 300 with PEEP or CPAP more than 5 cm H2O from January 2016 to December 2017. All the patients consenting for the study underwent detailed clinical evaluation and investigated for the etiology as per standard protocol followed at our institute with special emphasis to rule out tropical illnesses like scrub typhus, malaria, leptospirosis, dengue and H1N1 influenza. Patients were followed till discharge.

Results. Out of 126 patients eligible for the study, 45.2% were males and 54.8% were females. 47.6% were admitted in the monsoon/post-monsoon period. In addition to fever and dyspnea, cough (75.8%), hepatomegaly (56%), myalgia (63%), splenomegaly (31.3%), pedal edema (34.2%), pallor (40.4%), and vomiting (48.4%) were the common symptoms observed. Scrub typhus in 26.9% patients, no definite infective etiology could be found. Among the scrub typhus patients, 16 required ventilation. SOFA score of more than 6 was noted in 24 (57.14%) patients with scrub typhus as compared 9 (47.3%) patients with H1N1 infection. 12.1% of patients with scrub typhus succumbed to their illness when compared with 36.8% of patients with H1N1 infection. At admission in emergency female sex (P = 0.048), age less than 45 years, (P = 0.020), abdominal pain (P = 0.011), presence of hepatomegaly (P = 0.001), thrombocytopenia (<150,000 = P = 0.001), transaminits (P = 0.00) were significant predictors of a diagnosis of scrub typhus when compared with a non-scrub typhus etiology of patients with fever and ARDS.

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Conclusion. Scrub typhus is an important, treatable tropical infection causing ARDS especially in monsoon/post-monsoon seasons in Northwestern India.

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1685. Retrospective Analysis of Strongyloides Hyperinfection-Dissemination Syndrome Risk Factors in a County Hospital
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Background. Strongyloides stercoralis is a parasitic infection endemic to tropic, sub tropic, and temperate regions globally, affecting nearly 100 million people. Clinical disease ranges from asymptomatic strongyloidiasis (AS) to hyper-infection-dissemination syndromes (HDS), a syndrome of accelerated autoinfection and fulminant illness. This study aims to identify risk factors for HDS in a county hospital.

Methods. Subjects admitted to Ben Taub Hospital in Houston, TX, a safety net facility providing care to uninsured and underinsured Harris County residents, from 2012–2016 were identified by ICD-9 and -10 codes. Charts were retrospectively reviewed, and statistical analysis was completed using chi-square with R-software.

Results. 15 subjects with strongyloidiasis were identified, 9 (60%) with AS and 6 (40%) with HDS. There was no statistical demographic difference between the groups in terms of age, country of origin, or presence of co-morbidities, including chronic T-cell-mediated immunosuppressed states, such as HIV, diabetes mellitus, chronic kidney disease, malignancy, and malnutrition. When compared with patients with AS, patients with HDS were more likely to have acutely received immunosuppressant medications, such as corticosteroids or chemotherapy; prior to admission (P = 0.009). Common presenting symptoms, including abdominal pain, diarrhea, cough/dyspnea, and rash, were similar between the groups. Subjects with HDS were more likely to present with hypotension (P = 0.017) and have concurrent severe infections (P = 0.0361) at the time of presentation, reflecting the subjects' underlying immunosuppressed status. Additionally, there was no difference in levels of peripheral eosinophils in subjects with AS vs. HDS. However, subjects with AS were more likely to have a positive serum S. stercoralis IgG (P = 0.002).

Conclusion. HDS should be considered in all individuals from endemic regions who have acutely received immunosuppressive medications presenting with hypotension, irrespective of chronic underlying co-morbidities. Recognizing the high likelihood of co-infection with virulent pathogens is of particular importance in subjects with HDS. As diagnostic tests are unreliable in subjects with HDS, empiric treatment is imperative.

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1686. Maternal Knowledge and Perceptions about Routine Immunization in a Slum Area of Pakistan
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Background. To know the baseline coverage and potential obstacles for children vaccination before starting a health awareness program.

Methods. A cross-sectional study on immunization coverage in the slum area of Multan, Pakistan was conducted and a total of 312 mothers were interviewed face to face to know about Knowledge, Attitudes, and Perceptions (KAP).

Results. Among the children less than 3 years, 33% fully, 46% partially and 21% were not at all immunized. High levels of BCG and OPV zero rates (79%) and low rates of OPV3/DPT3 (48%) and measles (41%) vaccines were found. Majority of the mothers were satisfied with the program. Most of the mothers were aware about the importance of vaccination but were ignorant for the need to complete the schedule. There were many misconception and beliefs among the mothers of partial and unimmunized children. The majority were of view that vaccines contain ingredients which will make the children infertile.

Conclusion. There is a need to enhance the maternal knowledge about the vaccine preventable diseases and importance of completing the immunization schedule. Also the misconception about the vaccines need be specifically addressed.

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1687. High Rates of Candida auris Carriage and Co-Colonization with Multidrug-Resistant Organisms (MDROs)
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Background. Candida auris is an emerging multidrug-resistant pathogen that can persist in the environment and lead to healthcare-associated outbreaks. Residents of long-term acute care hospitals (LTACHs) are at particular risk for carriage of both MDROs and C. auris. However, there are few data on co-colonization rates of C. auris with other MDROs in LTACHs.

Methods. We conducted a point prevalence survey for MDROs, C. auris and C. difficile in a Chicago LTACH in March 2019. A combined axilla/groin E-swab (Copan) was collected and plated for C. auris isolation using CHROMagar Candida (Hardy). A rectal E-swab (Copan) was collected for C. difficile PCR and MDRO detection including Carbapenem-resistant Enterobacteriaceae (CRE), Extended-spectrum β-lactamas (ESBLs) and Vancomycin-resistant Enterococci (VRE). Each swab was plated directly on VACC agar (Vancomycin, Amphotericin B, Ceftazidime, Clindamycin) and CHROMagar ESBL (Hardy). Bruker MALDI-TOF was used for bacterial and yeast identification and disc diffusion method for antimicrobial susceptibility testing. ESBL phenotypic confirmation was done using double-disc synergy method per CLSI guidelines. Carbapenemase production was confirmed using Xpert Carba-R assay (Cepheid). C. difficile PCR was performed using Xpert C. difficile/Epi assay (Cepheid).

Results. Of 38 patients 36 were eligible for the study (2 patients declined). Overall, 26/36 (72%) patients had an MDRO. Eight (22%) patients were positive for C. auris. Eight (22%) patients had ESBLs (2 P. mirabilis and 6 E. coli), six (17%) had CREs that were all blaKPC positive (4 K. pneumonia, 1 E. coli, and K. oxytoca). Eight (23%) patients were positive for other gram-negative (GN)-MDROs including 1 A. baumannii, 3 P. aeruginosa, 2 E. cloacae, 1 E. aerocarpha and 1 P. aeroginosa, and A. baumannii, 20 patients (56%) had VRE colonization. Five (14%) were C. difficile PCR positive. 71/8 (87.5%) patients had C. auris were also colonized with another MDRO (2 VRE, 1 ESBL, 1 VRE, ESBL and KPC, 1 VRE and GN-MDRO, 1 VRE, ESBL and GN-MDRO, 1 VRE, KPC, and GN-MDRO).

Conclusion. We found a high rate of MDRO co-colonization among patients with C. auris carriage. Continuous active surveillance may be appropriate in LTACHs to limit the spread of C. auris and other MDROs.

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