Background. Norovirus is a leading cause of acute gastroenteritis (AGE) across the age spectrum; candidate vaccines are in clinical trials. While norovirus diagnostic testing is increasingly available, stool testing may not be performed routinely, which can hamper surveillance and burden of disease estimates. Our objectives were to understand physicians’ stool testing practices in outpatients with AGE, and physician awareness of norovirus, in order to improve surveillance and prepare for vaccine introduction.

Methods. Internet and mail survey on AGE and norovirus conducted January to March 2018 among national networks of primary care pediatricians (Peds), family practice (FP) and general internal medicine (GIM) physicians.

Results. The response rate was 59% (820/1,383). During peak AGE season, physicians estimated they ordered stool tests for a median of 15% (interquartile range: 5–33%) of their outpatients with AGE. Stool tests were more often available for ova and parasites, Cryptosporidium difficile, and bacterial culture (>95% for all specialties) than for norovirus (6–33% across specialties); even when available, norovirus-specific tests were infrequently ordered. Most providers were unaware that norovirus is a leading cause of AGE across all age groups (Peds 80%, FP 86%, GIM 89%) or that alcohol-based hand sanitizers are ineffective against norovirus (Peds 51%, FP 66%, GIM 62%).

Conclusion. Physicians infrequently order stool tests for outpatients with AGE, and have knowledge gaps on norovirus prevalence and hand hygiene for prevention. Understanding the limitations of surveillance that relies on physician-ordered stool diagnosis, and closing physician knowledge gaps, can help support norovirus vaccine introduction.

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1625. Risk of Invasive Group A Streptococcus, Group B Streptococcus, and Streptococcus pneumoniae Infection Among Adults Experiencing Homelessness—Anchorage, Alaska, 2005–2015

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Background. People experiencing homelessness (PEH) have an increased risk of infectious disease. However, for many infections, this increased risk has not been clearly quantified. For example, the risk of invasive streptococcal infection has not been established among PEH in the United States.

Methods. We compared the incidence of detected cases of invasive group A Streptococcus (GAS) infection, group B Streptococcus (GBS) infection, and Streptococcus pneumoniae (pneumococcal) infection among adult PEH to that in the general adult population in Anchorage, Alaska from 2005 through 2015 using data from the CDC, Arctic Investigations Program surveillance system, the US census, and the Anchorage Point in Time count (PIT [a yearly census of PEH]).

Results. During 2005–2015, the PIT counted a mean number of 970 adults (minimum 795, maximum 1486) in Anchorage who were homeless, which accounted for 0.4% of total PIT population. Compared with the general population, PEH were 53 times as likely to have invasive GAS infection (95% CI 47–61), 7 times as likely to have invasive GBS infection (95% CI 6.8, 6.8) and 36 times as likely to have invasive pneumococcal infection (95% CI 33.4, 33.4). Of all invasive GAS cases in Anchorage over the time period, 18% occurred within the homeless population, while 33% of invasive GBS cases and 14% of invasive pneumococcal cases were within the homeless population. Additionally, the predominant subtypes of GAS and pneumococcus differed among PEH compared with the general population.

Conclusion. A disproportionate burden of invasive streptococcal disease in Anchorage was detected among PEH, indicating a need for further focus on this high-risk group.

Disclosures. All authors: No reported disclosures.

1626. A Primary Amebic Meningoencephalitis Case Associated with Surfing in an Inland Surf Park

Colombia, Bogotá, Colombia; Asociación Colombiana de Infectología – Capítulo

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