1654. Chickenpox Outbreak in a Tribal District Rayagada, Odisha, India: Warrants Need for Vaccination
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Background. Chickenpox is the most common exanthematic disease of childhood. The disease is caused by the Varicella-zoster virus (VZV) and is transmitted through respiratory droplets and skin lesions. The disease is more prevalent in children, but outbreaks have been reported in adults and in communities with low immunization coverage.

Methods. A door to door survey was made for case finding and line listing with detailed travel, exposure and vaccination history. Qualitative research tools including key informant’s interview and focus group discussion were undertaken to understand community behavior and practice. Intra-nasal blood samples were collected for serological test to detect antibody to varicella-zoster virus.

Results. A total of 59 individuals out of 767 residents were affected with chickenpox in this outbreak with an attack rate of 8.73 per 100 populations. Age distribution indicated 69.5% belonged to the age group less than 14 years. No severe complication was reported. Blood sample of 33 case-patients was tested for Varicella zoster virus IgM antibodies and 24 (72.7%) found seropositive. The primary case was an 11-year-old girl who contracted infection in her residential school. None of the community members had received vaccination against chickenpox.

Conclusion. The study highlights the need for regular training of peripheral health workers for an effective awareness campaign to change beliefs and traditional practice and vaccination against Varicella zoster virus for prevention of such outbreaks.

Disclosures. All authors: No reported disclosures.

1655. Performance of Molecular and Serologic Tests for the Diagnosis of Scrub Typhus
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Background. Scrub typhus, caused by Orientia tsutsugamushi, is aVector-borne disease that is endemic in many parts of Asia, the Middle East, and parts of Central and South America. Early diagnosis is crucial for an effective treatment.

Methods. We conducted a retrospective study in which we evaluated the diagnostic performance of molecular and serological tests for the diagnosis of scrub typhus. We excluded patients with a prior positive diagnosis or treatment for scrub typhus.

Results. A total of 209,972 and 181,128 KPN isolates were reported from 2000 to 2014 for antibiotic susceptibility to imipenem and meropenem, respectively. From 2000 to 2014, an increasing trend was observed in the reported % KPN NS to imipenem (P < 0.0001) from 0% in 2000 to 12.3% in 2014 with an average annual percentage increase (AAP) of 49.5% [95% CI: 39.8%-59.1%] (Figure 1). Similarly, the % KPN NS to meropenem increased (P < 0.0001) from 0% in 2000 to 12.3% in 2014 with an AAP of 49.5% [95% CI: 34.4%-44.6%] (Figure 2). For both antibiotics, the last 5 years of the timeframe (2010 to 2014) showed the highest rate of increase in NS.

Conclusion. The increase in KPN NS to carbapenems observed in Latin America threatens effective treatment of infections caused by these pathogens. The extremely limited treatment options could lead to further increases in morbidity and mortality.

Disclosures. All authors: No reported disclosures.

1656. Klebsiella pneumoniae: Antimicrobial Susceptibility to Carbapenems in Latin America Between 2000 and 2014
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Background. Antimicrobial resistance (AMR) to carbapenems in Enterobacteriaceae such as Klebsiella pneumoniae (KPN) is a major global public health concern. Infections caused by these pathogens are associated with high morbidity and mortality and perpetuated by limited safe alternative treatment options. This study aims to describe the antimicrobial susceptibility patterns amongst KPN to the carbapenems Latin America.

Methods. Surveillance laboratory data from 2000 to 2014 were obtained through the ReAVRA network from 19 countries in Latin America. Longitudinal trends of mean percentage non-susceptibility for the region were conducted and evaluated with a significance level of P < 0.05.

Results. A total of 209,972 and 181,128 KPN isolates were reported from 2000 to 2014 for antibiotic susceptibility to imipenem and meropenem, respectively. From 2000 to 2014, an increasing trend was observed in the reported % KPN NS to imipenem (P < 0.0001) from 0% in 2000 to 12.3% in 2014 with an AAP of 49.5% [95% CI: 39.8%-59.1%] (Figure 1). Similarly, the % KPN NS to meropenem increased (P < 0.0001) from 0% in 2000 to 12.3% in 2014 with an AAP of 49.5% [95% CI: 34.4%-44.6%] (Figure 2). For both antibiotics, the last 5 years of the timeframe (2010 to 2014) showed the highest rate of increase in NS.

Conclusion. The increase in KPN NS to carbapenems observed in Latin America threatens effective treatment of infections caused by these pathogens. The extremely limited treatment options could lead to further increases in morbidity and mortality. Strengthening health systems and core country capacity to identify and deal with these emerging high-risk pathogens and resistance mechanisms, through surveillance is vital to inform public health actions, control measures, mitigate outbreaks and support further development of Public health actions against AMR at country and regional level.