Disclosures. E. Alexander, Nabriva: Employee and Shareholder, Salary and Stock Options. L. Goldberg, Nabriva: Employee, Employee Stock Options and Salary.
A. Das: Achaogen: Consulting fee. Contrafect: Consulting fee. Paratek: Consulting fee.
G. S. Charron: Consultant, Consulting fee. ViiV Healthcare: Consulting fee.
A. Cheng: Consultant, Consulting fee. ViiV Healthcare: Consultant, Consulting fee.
M. Thompson: Consultant, Consulting fee. B. Chow: Consultant, Consulting fee.
A. Antinori: Consultant and Grant Investigator, Consulting fee and Research grant. A. Clark: Consultant and Grant Investigator, Consulting fee and Research grant.
S. Klena: Consultant, Consulting fee. A. Clarke: Consultant and Shareholder, stock dividends.
LB8. Outbreak of Enterovirus A71 Neurologic Disease in Children—Colorado, 2018
Kevin Messacar, MD; Alexa Burakoff, MD, MPH; William A. Nix, BS; Shannon Rogers, MD, PhD; Adriana S. Lopez, MD, MPH; M Steve Herlihy, MD; Rachel Herlihy, MD MPH; and Samuel Dominguez, MD, PhD, Pediatric Infectious Diseases and Hospital Medicine, University of Colorado School of Medicine and Children's Hospital Colorado, Aurora, Colorado; 3Centers for Disease Control and Prevention, Atlanta, Georgia, 4Polio and Picornavirus Laboratory Branch, Division of Viral Diseases, Centers for Disease Control and Prevention, Atlanta, Georgia, 5Ceph, Chicago, Illinois, 6Colorado Department of Public Health and the Environment, Denver, Colorado, 7Colorado Department of Public Health and Environment, Denver, Colorado, 8Pediatrics, University of Colorado and The Children's Hospital, Aurora, Colorado
Session: 167. Late Breaker Oral Abstracts: Emerging Infections Friday, October 5, 2018: 2:00 PM
Background. In May 2018, an outbreak of enterovirus A71 (EV-A71) neurologic disease was detected at Children's Hospital Colorado (CHCO) prompting a public health investigation. We characterized clinical, laboratory, and radiologic findings during this outbreak.
Methods. A case was defined as meningitis, encephalitis, or acute flaccid myelitis with EV-A71 identified from a biologic specimen in a child examined at CHCO after March 1, 2018. Biologic specimens from children with neurologic disease and EV identified by clinical reverse-transcription polymerase chain reaction (RT-PCR) were typed by VP1 sequencing at CDC.
Results. As of July 20, 2018, 28 cases of EV-A71 neurologic disease were identified. We described 673 iGAS cases in PEH during 2010–2017. Among these, 34% (229/673) were AME. Annual iGAS incidence in PEH rose from ~300 (2010–2014) to 547 (95% CI: 379–714) per 100,000 in 2017 (P < 0.001). Cochran-Armitage trend test; rates peaked at 758 (95% CI: 561–955) in 2016. Annual iGAS incidence in PNEH was significantly lower, at a mean of 5 (95% CI: 3.1–9.3) per 100,000 in 2010–2017. In 2017 (P < 0.001). Annual iGAS incidence in PEH was 42–72 times that in PNEH. PEH with iGAS infections were significantly younger and more likely to be male, white, and uninsured or enrolled in Medicaid (<0.05% for each) compared with PNEH with iGAS disease. Case fatality ratios, ICU admission, infection type, and length of hospital stay did not differ significantly. Smoking, current injection drug use, current alcohol abuse, and AIDS diagnosis were significantly more common among PEH with iGAS. Obesity, diabetes, and cancer were significantly more common among PNEH with iGAS.
Conclusion. In San Francisco, iGAS rates among both PEH and PNEH have risen significantly. Incidence of iGAS is strikingly higher in PEH than in PNEH and exposures differed between PEH and PNEH with iGAS. This information could inform development of disease control and prevention strategies.
Disclosures. All authors: No reported disclosures.
LB9. Rising High Rate of Invasive Group A Streptococcus Infections Among Persons Experiencing Homelessness in San Francisco, 2010–2017
Tara Scheuer, MPH; Tanya Libby, MPH; Chris Van Beneden, MD, MPH; James Winnel, MD, MPH; Arthur A. Chapparo, MD, MPH; Duc Vugia, MD, MPH; 4California Emerging Infectious Programs, Oakland, California; 5Respiratory Diseases Branch, Centers for Disease Control and Prevention, Atlanta, Georgia; 6California Department of Public Health, Richmond, Oakland, California; 7School of Public Health, University of California at Berkeley, Berkeley, California
Session: 167. Late Breaker Oral Abstracts: Emerging Infections Friday, October 5, 2018: 2:00 PM
Background. Rates of invasive group A Streptococcus (GAS) disease in the United States have risen since 2014; reasons remain unclear. Outbreaks of GAS infection among persons experiencing homelessness (PEH) and persons who inject drugs in Europe, Canada, and the United States have been described. Using active, population-based surveillance data from California's Emerging Infections Program, we describe incidence trends and characteristics of GAS infection among PEH and persons not experiencing homelessness (PNEH) in San Francisco (SF) County during 2010–2017.
Methods. We defined an iGAS case as infection with GAS isolated from a normally sterile site (e.g., blood) in an SF resident. We calculated annual iGAS incidence rates (cases per 100,000 population) for PEH and PNEH using denominators from SF's Department of Homelessness and Supportive Housing and the State of California Department of Finance. Demographic, clinical, and exposure characteristics of PEH and PNEH were compared by chi-square or t-test.
Results. We identified 673 iGAS cases in SF during 2010–2017. Among these, 34% (229/673) were AME. Annual iGAS incidence among PEH rose from ~300 (2010–2014) to 547 (95% CI: 379–714) per 100,000 in 2017 (P < 0.001). Cochran-Armitage trend test; rates peaked at 758 (95% CI: 561–955) in 2016. Annual iGAS incidence in PNEH was significantly lower, at a mean of 5 (95% CI: 3.1–9.3) per 100,000 in 2010–2017. In 2017 (P < 0.001). Annual iGAS incidence in PEH was 42–72 times that in PNEH. PEH with iGAS infections were significantly younger and more likely to be male, white, and uninsured or enrolled in Medicaid (<0.05% for each) compared with PNEH with iGAS disease. Case fatality ratios, ICU admission, infection type, and length of hospital stay did not differ significantly. Smoking, current injection drug use, current alcohol abuse, and AIDS diagnosis were significantly more common among PEH with iGAS. Obesity, diabetes, and cancer were significantly more common among PNEH with iGAS.
Conclusion. In San Francisco, GAS rates among both PEH and PNEH have risen significantly. Incidence of iGAS is strikingly higher in PEH than in PNEH and exposures differed between PEH and PNEH with iGAS. This information could inform development of disease control and prevention strategies.
Disclosures. All authors: No reported disclosures.