vasculitis which may be causative of LF sequelae. A subset of LF survivors (n=80) and K. pneumoniae (n=20) were also positive for Rickettsia and papillary hyperfluorescence were noted in two cases (20%). Patients received empirical antimicrobial therapy, including 5 patients who had visual loss (20.8%). Physical examination revealed conjunctival hyperemia (37.5%) and lobar pneumonia (79.2%). In addition to sepsis, 9 patients had visual loss (20.8%). Physical examination revealed conjunctival hyperemia (37.5%) and pathognomonic eschar (29.1%). Laboratory investigations revealed elevated liver enzymes (79.1%), thrombocytopenia (75%) and cholestasis (58.3%). Ocular involvement was unilateral in 14 cases (58.3%). Retinitis is the most common manifestation (70.8%), followed by anterior uveitis (20.8%). Retinal fluorescein angiography, performed in ten cases (41.6%), confirmed retinitis in 8 cases (80%). Both retinal vasculitis and papillary hyperfluorescence were noted in two cases (20%). Patients received doxycycline in 21 cases (87.3%) and fluoroquinolones in three cases (12.5%). The median duration of treatment was 7 (6-15) days. The disease evolution was favorable in all cases (100%). No ocular sequelae were noted. Complications were noted in two cases (8.2%) represented by thromboembolism (one case) and recurrent seizures (one case).

Conclusion. Systematic fundus examination should be performed in front of suspected retinitis, even in the absence of ocular symptoms and signs. It provides clinical clues to promptly diagnose and treat retinitis.

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73.2. Sensitivity and Specificity of Point of Care Lung Ultrasound vs. Chest X-Ray for the Diagnosis of Pediatric Pneumonia in Limited resource settings: The Zambia Experience

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Session: P-35. Global Health

Background. Pediatric pneumonia is the leading cause of child mortality in low-income countries. Pneumonia diagnosis is a challenge. Chest x-ray (CXR) is considered the gold standard, but it exposes children to ionizing radiation. Access to CXR is limited to hospital settings. Lung Point of Care Ultrasound (POCUS) is a portable and non-radiating alternative to CXR.

Methods. We enrolled 200 children aged 1-59 months from the University Teaching Hospital (UTH) Emergency Department (ED) in Lusaka, Zambia who met the WHO (World Health Organization) case definition for severe pneumonia. From each child, we collected demographic and clinical data, a CXR, and a set of ultrasound images using a Butterfly ultrasound probe. Images were independently interpreted by two radiologists blinded to the results of the other imaging modality. Using CXR as the gold standard, we determined the sensitivity and specificity, positive and negative predictive values, and likelihood ratios for pneumonia using lung POCUS.

Results. This preliminary analysis included 50 children seen between May-October 2020. Mean age (9 months) (Range 4-15), 58% were male, (29/50). Median temperature was 37.3°C (range 35.6-38.0); median respiratory and pulse rates were 41 breaths/min (range 31-50) and 139 beats/min (range 124-160) respectively; mean 

Discussion. This preliminary analysis demonstrated the lower diagnostic accuracy of lung POCUS versus CXR in the detection of pneumonia in children 1-59 months. The high specificity of the test will aid in ruling out severe pneumonia in children. Due to its availability, ease of interpretation, and absence of radiation exposure, lung POCUS should still be considered as an important initial imaging tool for the diagnosis of CAP in children in limited-resource settings.

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73.3. Carbapenem-Resistant Enterobacterales (CRE) Colonization Prevalence in Botswana: An Antibiotic Resistance in Communities and Hospitals (ARCHY) Study

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Background. Puerperal sepsis is an important cause of maternal mortality worldwide. As access to emergency obstetric services expands in resource-limited settings, rapid recognition and treatment of sepsis, and prevention of nosocomial infections that may lead to maternal death is critical. We describe puerperal sepsis cases among women with in-facility births in the Kigoma region of Tanzania.

Methods. Demographic, obstetric history, pregnancy complication and outcome, as well as mortality data were collected for women who delivered in hospitals, health centers and dispensaries in the Kigoma region, Tanzania 2016 – 2018. Up to 3 maternal complications were recorded as free text. Puerperal sepsis included women where ‘sepsis’ was recorded as a complication during hospitalization. We calculated rates of puerperal sepsis and complete a descriptive analysis of patients.

Results. 203,604 women delivered infants in 197 participating facilities during the data collection period. Of these, 2228 (1.1%) had sepsis recorded, for an overall rate of 10.9 sepsis cases per 1000 deliveries. Although 48% of births occurred in dispensaries, sepsis complications were reported almost exclusively in hospitals and health centers (57.7 and 10.3 per 1000 deliveries, respectively). Sepsis rates varied across individual facilities, from 15.5 to 45.2 cases per 1000 deliveries in hospitals and 0 to 38.6 cases per 1000 deliveries in health centers. Women who developed sepsis had a median age of 25 (IQR 22 – 30) years and 1113 (56%) were nulliparous. 1783 (90%) of women who had sepsis delivered by caesarian delivery. Obstetric obstruction (827; 42%) was a common co-complication of sepsis; obstetric hemorrhage and uterine rupture were seen in 93 (5%) and 77 (4%) women with sepsis, respectively. 49 women with sepsis (3%) died prior to hospital discharge. Stillbirths and pre-discharge neonatal deaths complicated 107 (5%) and 74 (5%) deliveries to women with sepsis.

Conclusion. In the Kigoma region of Tanzania puerperal sepsis frequently occurs in women with obstructed labor and caesarian delivery. Further evaluation of both facility-level and individual factors that contribute to the incidence of sepsis in this population, particularly those related to invasive procedures, is critical for early recognition and prevention.

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