The mean temperature was 36.5°C prior to initiation of CRRT, 36.6°C while on CRRT, and 37.0°C following discontinuation of CRRT. During each of the periods before, during, and after CRRT, patients who received antibiotics had significantly higher temperatures than those who did not (P < 0.001). Patients receiving antibiotics were generally younger (mean 60 years vs. 64 years, P < 0.001), had longer ICU stays (mean 29 days vs. 12 days, P < 0.001) and spent more time being ventilated (mean 23 days vs. 7 days, P < 0.001). The mean SOFA score on day one was similar (mean 11.1 in the antibiotic group and 10.5 in the other group).

Conclusion. This investigation suggests that patients have slightly lower temperatures while on CRRT, by on average less than half a degree. A similar effect is seen in both patients with infections as well as those without. Further work will be needed to determine what constitutes a true febrile response in this population.

Disclosures. All authors: No reported disclosures.

1341. Development of a Series of High-Throughput Screens to Identify Leads for Nontuberculous Mycobacteria Drug Design
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Session: 153. Mycobacteria
Friday, October 4, 2019: 12:15 PM

Background. Nontuberculous mycobacteria (NTM), particularly Mycobacterium avium complex and Mycobacterium abscessus complex, cause significant morbidity and mortality in patients with impaired host immunity or pre-existing structural lung conditions. NTM infections are increasing at an alarming rate worldwide and there is a dearth of progress in regard to the development of efficacious and tolerable drugs to treat such infections. Traditional drug discovery screens do not account for the diverse physiological conditions, microenvironments, and compartments that the bacilli encounter during human infection. In order to help populate the NTM drug pipeline, and explore the disconnect between in vitro activity, in vivo activity; and clinical outcomes, we are developing a high throughput in vitro assay platform that will more closely model the unique infection-related conditions encountered by NTM.

Methods. We are developing and validating a suite of in vitro assays that screen compounds for activity against extracellular plankonic bacteria, extracellular bacteria within biofilms, intracellular bacteria, and nutrient-starved non-replicating bacteria.

Results. We are using both the smooth and rough morphology of M. abscessus and M. avium. We have validated high throughput assays to pharmaceutical standards for replicating and non-replicating M. abscessus. We have also tested a panel of 18 known anti-mycobacterial compounds. Assay development is currently underway to test compounds for activity against NTM in biofilm and inside macrophages as well.

Conclusion. To enhance hit identification for scaffolds as starting points for NTM drug development, focused libraries of compounds that have undergone significant preclinical profiling and/or compounds with known activity against M. tuberculosis (TB) will be screened. Such a ‘piggyback’ approach usurps advances made in TB drug development and leverages them for NTM drug discovery. This will help expedite novel drug development, reduce attrition rate, and offer a shorter route to clinical use as it exploits the prior investment in medicinal chemistry, pharmacology, and toxicology.

Disclosures. All authors: No reported disclosures.

1342. Impact of HIV Infection on Treatment Outcome of New Tuberculosis Patients Attending Tuberculosis and Antiretroviral Treatment Services in the Community-Based Hospital, Thailand: A Retrospective Cohort Study
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Session: 153. Mycobacteria
Friday, October 4, 2019: 12:15 PM

Background. Tuberculosis (TB) and HIV are one of the significant public health problems in Thailand, and an estimated 15,000 individuals have a dual infection. Both HBV and TB each disease speeds up the progression of each other. TB is the leading cause of death in HIV-infected individuals, and HIV coinfected TB patients have disease-specific, and treatment affected their treatment outcomes. There is insufficient evidence on issues of TB and HIV coinfected patients. This study aimed to assess the impact of HIV status on treatment outcome of TB patients.

Methods. We conducted a retrospective cohort study among TB patients who registered to service at Chaophraya Abhaibhubejhr Hospital, Prachin Buri, Thailand from October 1, 2017 to October 31, 2018. All patients’ demographic data, diagnosis, and treatment were retrieved. Clinical characteristics, treatment outcome, and factors associated with treatment outcome were analyzed.

Results. There were 49 (10.65%) HIV among 460 TB patients with a median (IQR) age of 44 (32-61) years old and 65.2% were males. Disseminated TB and extrapulmonary TB were higher in HIV coinfected group (P < 0.001). All pulmonary TB patients’ lower lobe involvement was higher in HIV coinfected group (62.50 vs. 36.00, P = 0.001). In HIV coinfected group median CD4 was 134 cell/mm3 (IQR 60-266). 66% were diagnosed HIV infection after TB diagnosis, the median CD4 at TB diagnosis to antiretroviral was 29 days (IQR 21–48). The overall treatment success rate was 93.04%; the treatment success rate was similar in HIV coinfected TB patients (89.80%) and non- HIV-infected patients (93.43%) (P = 0.66). Adverse drug reactions were higher in HIV coinfected group (44.89% vs 12.41%) (P < 0.001). By multiple stepwise logistic regression, factors associated with anti-TB drug adverse