Methods. A chart review, including medication lists, occurred for 158 consecutive patients who visited our Travel Clinic in a 3-month period. The number of patients taking specified medications with potential for QTc prolongation at the time of their Travel Clinic visit and the frequency of specific agents were tallied. Whether EKGs were recommended was recorded.

Results. 23/158 travel clinic patients (14.6%) were taking antidepressant medications with at least moderate potential for QTc prolongation when combined with a quinolone or azithromycin. An additional nine patients (5.7%) were prescribed multiple other agents with QTc prolongation potential at the conclusion of their Travel Clinic visit. An EKG for risk assessment was recommended by the Travel Clinic provider for seven patients (4.4%).

Conclusion. Travel Clinic patients often are prescribed medications that may enhance the QTc prolongation potential of antibiotics used for stand-by treatment of traveler’s diarrhea opiate drug-drug interactions that could increase risk for an arrhythmia warrant a careful medication history and risk assessment in the clinic.

Disclosures. All authors: No reported disclosures.

290. Clinical and Epidemiological Characteristics of Japanese Spotted Fever and Scrub Typhus in Central Japan, 2004–2015
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Background. Japanese spotted fever (JSF) and scrub typhus (ST) are endemic rickettsial diseases in Japan. Both diseases are diagnosed by inclusion body detection in lymphocytes. However, as there are no studies that have specifically compared JSF with ST, we investigated the clinical and epidemiological characteristics of JSF and ST in the area where both are endemic.

Methods. We systematically collected clinical and epidemiological data from all patients with JSF and ST who were admitted at three medical facilities in the Boso Peninsula of Japan between 2004 and 2015. Indirect immunofluorescence assays were used, and eschar PCR/immunoperoxidase assays were also used for identifying the strain. StatScan was used for spatial cluster analysis.

Results. In total, 661 patients were enrolled, 44% were female, and the mean age was 64 years. Thirty-two patients were diagnosed as JSF, 204 were ST, and 97 were non-rickettsial diseases. Only one patient died of ST. Comparing to non-rickettsial diseases, patients with JSF and ST were significantly older, and more of them resided in wooden houses (P < 0.001). Spatial clusters were identified for both JSF (P < 0.001) and ST (P < 0.05). JSF occurred from April to October with a small peak in July, while 90.2% of ST was diagnosed in November and December. Both rash and eschar were detected in the majority of JSF (97%, 86%) and ST (96%, 87%). When compared with ST, purpura, and the rash on palms/soles were strongly associated with JSF (OR, 29.0, 61.1, respectively). However, patients were much less likely to complain their rash (27% JSF, 44% ST) and eschar (0% JSF, 2.5% ST). Moreover, 26% of JSF and 28% of ST cases did not present with apparent fever (≥37.5°C). All identified ST strains were Irie/Kawasaki (16/23, 73%) or Hirano/Kuroki (6/22, 27%).

Conclusion. Although clinical picture of JSF and ST are similar, there are some clues to distinguish JSF from ST such as seasonality, geographical region, rash distribution on palms/soles, and the hemorrhagic nature of rash. Rickettsial cases may be underestimated if clinical diagnosis relies on fever, rash, and eschar.

Disclosures. All authors: No reported disclosures.

291. Clínico-Epidemiological Profile of Adolescent and Adult Patients with Tegumentary Leishmaniasis from the Colombian Southwest 2004–2014:
Considerations for Local Therapies
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Background. Systemic treatments for Cutaneous Leishmaniasis (CL) have many limitations. Local therapies are an alternative option for this disease. Available Pan-American Health Organization (PAHO) and World Health Organization (WHO) treatment guidelines were designed based on expert opinion considering clinical criteria for local treatment which influences feasibility of implementation of these treatment modalities. In this study, we evaluated the clinico-epidemiological profile and the eligibility for the use of local therapies with current guidelines of patients with CL at the Centro Internacional de Entrenamiento e Investigaciones Médicas (CIDEIM) from 2004 to 2014.

Methods. A descriptive study was conducted based on clinical records of adolescents (≥12 years) and adults (≥18 years) with confirmed parasitological diagnosis of tegumentary leishmaniasis. Incomplete or unconfirmed records were excluded. We applied local treatment criteria (≥3 mm diameter < 5 cm, no draining/incapacitating potential, no immunosuppression) and PAHO (single lesion, diameter ≤ 3 cm, any location except head and joints, absence of immunosuppression) to assess eligibility for local treatment.

Results. Among 3,691 records, a total of 1,834 met inclusion criteria. Fourteen percent of records were from adolescent patients and 86% were adults, all from southwestern Colombia. Regarding the clinical presentation of patients, most (57.3%) had a single