Disclosures. All authors: No reported disclosures.

Conclusion. Disseminated MC infection should be considered early in at-risk patients presenting with constitutional symptoms. In this review of 27 confirmed and probable cases of MC infection, disseminated infection only occurred in patients who underwent valve surgery while localized disease occurred in patients who underwent CABG. Surgical source control with early initiation of antimicrobial therapy is associated with improved outcomes. Optimal duration of antimicrobial treatment is still unknown.

Mycobacterium Chimera Infection Following Cardiac Surgery: A Review of a Large Cohort of Cases in the United States

Method. We identified 22 cases of TB by M. bovis in children younger than 18 years of age. 64 percent were men, mean age was 3.8 years. All subjects had a positive history of BCG immunization. Eight subjects (36.4%) consumed unpasteurized dairy products, 3 (13.6%) referred contact with TB-infected people, and none had contact with cattle. Twelve patients (54.5%) had an immunodeficiency (ID). The most common ID was defects in the IL-12/IFN-γ axis (36.3%), followed by Polydrug resistance (resistance to 3 drugs) (19%), 2 INH-resistant strains (9.1%), and 1 EMB-resistant strain (4.5%). We detected 3 RIF-resistant strains (13.6%). Fever was present in 21.3% of the cases, weight-loss in 12%, and diarrheoa in 9.3%. Hepatomegaly was present in 83% of patients with abdominal TB (P = 0.001). We found a negative association between lymph-node enlargement and skeletal TB by M. bovis (P = 0.01). We conducted a study to describe the clinical and epidemiological features of EPTB in Greece, a low TB burden country (<50 TB cases/million), in which immigrants from high TB burden countries make up >70% of the population.

Methods. We included 22 cases of TB by M. bovis, from 2010 to 2019 in a pediatric tertiary-care center in Mexico. Clinical and paraclinical characteristics were compared.

Results. We report 22 cases of culture-proven cases of TB by M. bovis between 2010 and 2019 in a pediatric tertiary-care center in Mexico. Clinical and paraclinical characteristics were compared.

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Background. Infections caused by the multi-drug-resistant Mycobacterium abscessus complex (MabsC) are challenging to treat and often require multiple antimicrobials for a prolonged treatment course and still have poor outcomes. Clofazimine, an oral anti-tuberculosis drug, has demonstrated good in vitro susceptibility and is being increasingly employed in treatment regimens for MabsC infections. We performed a drug-use-evaluation of clofazimine in the treatment of MabsC infections.

Methods. A retrospective review was performed for all patients with MabsC infections treated with clofazimine-containing regimens from January 2014 to June 2017.

Results. Twenty-nine patients were included. Twelve patients had pulmonary MabsC infections and seventeen had extrapulmonary infections. All isolates had clofazimine minimum-inhibitory-concentration of ≤0.5 mg/L as tested by broth microdilution. Clofazimine was prescribed at initiation of therapy in 31.0% (9/29), as a companion drug during maintenance therapy after initial intravenous therapy in 44.8% (13/29) and as part of salvage therapy due to disease progression or drug intolerance in 24.1% (7/29) of patients. Dosing of clofazimine for the pediatric patients was prescribed at 1-2 mg/kg/day while the adult patients received a range of 50-200 mg/day. Clofazimine was given for a median duration of 148.5 days (range: 14-1212) and most commonly in combination with clarithromycin (82.8%), amikacin (58.6%), and cefoxitin (24.1%). Twelve patients had documented adverse reactions attributable to clofazimine: skin hyperpigmentation (66.7%), abnormal liver function tests (16.7%) and gastrointestinal disturbance (16.7%). Table 1 describes the patients who had clofazimine ceased due to an adverse effect. Nine patients with pulmonary MabsC infections and 16 with extrapulmonary MabsC infections had documented improvement in symptoms.

Conclusion. Clofazimine as a companion drug in the treatment of MabsC infections was reasonably tolerated over a prolonged period of time. Its availability as an oral active agent makes it an attractive alternative to IV companion drugs and potentially improves compliance to the protracted treatment courses for patients with MabsC infections.

Table 1. Adverse effects reported with clofazimine use

| Adverse effect                | No. of patients (%) (n = 12) | No. of patients which had clofazimine discontinued | Median days of clofazimine received prior to cessation (range) |
|--------------------------------|-----------------------------|----------------------------------------------------|-------------------------------------------------------------|
| Skin hyperpigmentation         | 2 (16.7)                    | 2 (16.7)                                           | 94 (46-212)                                                 |
| Transaminase                   | 2 (16.7)                    | 2 (16.7)                                           | 112.5 (14-211)                                             |
| Gastrointestinal disturbance   |                            |                                                    | 2 (16.7)                                                   |

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1351. How Do Infectious Diseases Clinicians Manage Patients with Suspected Ocular Tuberculosis? Results of an Emerging Infections Network Survey

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Background. Ocular tuberculosis (OTb) is uncommon and many ID physicians (IDPs) have limited experience with OTb. Ophthalmologists now include IGRA in the treatment of OTb cases. Management of OTb is expected to improve on therapy. One-third of respondents either did not report or reported only culture-confirmed OTb cases on treatment to public health agencies.

Results. 754 of 1,379 (55%) physicians responded. 141 (19%) reported ≥1 referral for possible OTb in the past 3 years; 35% of these reported increasing referrals over time. Most frequent indications for referral were uveitis and positive IGRA (60%) and year-of-diagnosis (79%) to treat as TB disease if TB risk factors were present. Respondents were queried in evaluating idiopathic uveitis, and some IDPs report increased referrals for positive IGRA (79% vs. 29%) to treat as TB disease if TB risk factors were present. Respondents were queried in evaluating idiopathic uveitis, and some IDPs report increased referrals for positive IGRA (79% vs. 29%) to treat as TB disease if TB risk factors were present. Respondents were queried in evaluating idiopathic uveitis, and some IDPs report increased referrals for positive IGRA (79% vs. 29%) to treat as TB disease if TB risk factors were present.

Conclusion. OTb cases should be reported to public health agencies. The decision to treat as TB disease is heavily influenced by TB epidemiologic risk factors, and there is heterogeneity in treatment duration and in expectation of response to therapy. Prospective studies to assess treatment responses in OTb and improved collaboration with ophthalmologists are necessary to better manage this emerging syndrome. Treated OTb cases should be reported to public health agencies.

Disclosures. All authors: No reported disclosures.

1352. The Burden of Active Tuberculosis in an Integrated Healthcare System, 1997–2016: Incidence, Mortality, and Excess Healthcare Utilization

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Background. Active tuberculosis (TB) often results from reactivation of latent tuberculosis infection (LTBI). This can be prevented through LTBI screening and treatment, yet only 12% of Californians have undergone LTBI therapy. Updated estimates on the complete burden of active TB are needed to rationally allocate resources for LTBI program implementation.

Methods. We identified all patients with microbiologically confirmed active TB in a large, integrated health system (Kaiser Permanente Northern California, or KPNC) from 1997 to 2016. We calculated active TB incidence in KPNC and measured this against California’s reported cases. Within KPNC, we compared mortality, hospital, emergency department, and ambulatory care use among persons with active TB, TB contacts, and matched cohort of persons without TB.

Results. Active TB incidence was lower in KPNC (3.4/100,000 person-years) than in California (7.2/100,000 person-years). Among 2,522 active TB cases, early and delayed mortality was high with 7.0% dying within 1 year of diagnosis and 6.2% dying 5 years after diagnosis. Of the 1,297 (51%) active TB patients who continued care through KPNC for at least one year post-diagnosis, 503 (40.0%) had at least one hospitalization. In KPNC, active TB patients had higher healthcare utilization than the matched cohort in the one year following diagnosis: 0.6 vs. 0.1 hospitalizations, 9.5 vs. 4.6 mean length-of-stay; 0.8 vs. 0.3 emergency department visits, and 14.6 vs. 5.9 ambulatory visits.

Conclusion. Patients with active TB disease have substantial mortality and high inpatient and outpatient healthcare utilization. By improving LTBI screening and treatment, large healthcare systems may be able to reduce the burden and costs associated with active TB.

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1353. Effect of Implementing Xpert Mtb/RIF Ultra Assay on Diagnosis of Tuberculosis in a Medical Center in Central Israel

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Background. Tuberculosis (TB) is a worldwide public health concern both in developing and developed countries. The new Xpert Mtb/RIF Ultra assay (Ultra, Cepheid, Sunnyvale, USA) recently endorsed by the WHO has high sensitivity to TB detection. The aim of this study was to assess the impact of this assay on TB diagnosis in a medical center in Israel where the baseline prevalence of TB is low.

Methods. The Xpert Mtb/RIF Ultra assay is a cartridge-based automated diagnostic test that can simultaneously identify Mycobacterium tuberculosis complex resistance to Rifampicin. We began using this test in 1.1.2018. To assess the impact of this assay on the rate of TB diagnosis we compared TB tests and positive cases during two time periods: period I (1.1.2017-31.10.2017) when TB diagnosis was based on the Xpert Mtb/RIF Ultra assay to period II (1.1.2018 to 31.10.2018) when TB diagnosis was based on Xpert Mtb/RIF Ultra assay. Included were all TB tests performed on sputum, deep suction or bronchoalveolar lavage. Files of positive patients were reviewed.

Results. The study included 1034 samples from 717 patients. Results are presented in Table 1. During the second period, TB rates increased by 231%. During the entire study there was no change in the hospital’s guidelines regarding TB diagnosis policy and there was no epidemiological change in the population served by the hospital. Only three cases had rifampicin resistance. In 5 cases (20%) during period II the result was trace amounts, an entity that did not exist in the former assay and in 3 cases culture or NAAT-positive for suspected OTb. Ninety-four cases were reported with Xpert Mtb/RIF Ultra assay. Within KPNC, we compared mortality, hospital, emergency department, and ambulatory care use among persons with active TB, TB contacts, and matched cohort of persons without TB.

Conclusion. This new assay enabled a significantly higher diagnosis rate for TB at our institution. We believe that this mainly reflects a higher diagnosis rate in patients with paucibacillary TB. Further study is needed to assess the relation between cultured confirmed diseases and the assay results, particularly in patients with trace results.