were fever with lymphadenopathy. The median age of the study population was 55 years. The most common organ that was infected was the lymph node (91%). Sweet's syndrome (68%) was the most common immunological skin reaction. The proportion of infection caused by rapid-growing NTM was more prevalent than slow-growing NTM. The most common NTM was Mycobacterium abscessus (44.4%). The most common co-pathogen identified in this study was Salmonella (37.4%). All patients had positive antibody to interferon-y in the serum which was detected by enzyme-linked immunosorbent assay (ELISA) and mean optical density was 3.28. Fifty-one percent of the patients received long-term antimycobacterial therapy due to chronic active infection, new infections and relapsed. 22.2% of the patients developed a new infection during treatment. However, 28.9% of patients were completely cured of the infection during the follow-up period. The overall mortality rate was 11.1%.  

**Conclusion.** Adult-onset immunodeficiency with anti-interferon-y autoantibodies is a unique clinical syndrome that has been recognized in Thailand. Treatment of this disorder requires a long duration of the combination of antimycobacterial agents. Sweet's syndrome is an indicator of recurrence/relapse of NTM infection during the clinical course. Long-term monitoring and immunomodulator are essential for the management of this condition.

**Disclosures.** All authors: No reported disclosures.

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1370. Concurrent Anti-PD-1 and Anti-tubercular Therapy in a Patient with Refractory Lymphoma and Pulmonary Tuberculosis: A Case Report

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**Session:** 153. Mycobacteria  
**Friday, October 4, 2019: 12:15 PM**

**Background.** Safety and efficacy of concurrent treatment for tuberculosis and checkpoint inhibitor drugs are unknown.

**Methods.** Case report.

**Results.** 36-year-old gentleman presented with bulky adenopathy in December 2016. Work-up revealed classical Hodgkin's lymphoma with extranodal sites of involvement including bone, lungs and skeletal muscle. After his disease proved refractory to the standard first and second-line treatments, complete remission was achieved with anti-CD 30 drug conjugate, brentuximab followed by consolidation with autologous stem cell transplant in February 2018. However, his lymphoma recurred in June 2018 with new bulky adenopathy and new bilateral nodular pulmonary infiltrates. PET imaging revealed multiple avid lymph nodes, liver and bone lesions. Biopsy of a neck node confirmed relapsed lymphoma. Cultures of sputa revealed drug-susceptible *M. tuberculosis*. Four drug treatment with Isoniazid, Rifampin, Ethambutol and Pyrazinamide was initiated in June 2018. Hospice enrollment was considered because of progressive lymphoma and poor functional status. In July 2018, patient elected for a trial of salvage treatment with Nivolumab, a PD-1 checkpoint inhibitor (CPI) while on anti-tubercular treatment. He tolerated the tuberculosis medications well for the entire 6-month course, follow-up sputa were culture negative. His lymphoma remains in remission on maintenance nivolumab as a donor search is underway.

**Conclusion.** Autoimmune reactions and immune-related adverse events are major side effects of CPI drugs. Our understanding of the interplay between checkpoint inhibitors and infectious risks continues to evolve. Among the few cases reported in the literature, patients on CPIs have experienced both reactivation of latent tuberculosis as well as severe, fatal paradoxical reactions during treatment of active tuberculosis. Despite the relatively uncomplicated course in our patient, tuberculosis in this group of patients poses many challenges in diagnosis and management and warrants close monitoring and follow-up.

**Disclosures.** All authors: No reported disclosures.

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1371. Tuberculosis and HIV Coinfection in the Bahamas: A Retrospective Review of Cases Diagnosed Between 2014 and 2016

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**Session:** 153. Mycobacteria  
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**Background.** Tuberculosis (TB) is one of the oldest diseases known to man, yet the world health organization reports that TB is one of the top causes of death worldwide. HIV infection is the most potent biologic risk factor for developing tuberculosis. The HIV epidemic has been responsible for increasing the burden of TB worldwide and The Bahamas has been no exception. The aim of this study was to determine the HIV testing rate as well as prevalence of TB-HIV coinfection for The Bahamas and compare cases of TB based on HIV status for clinical presentation, radiologic findings, TST results and smear and culture results. We also evaluated cases of TB-HIV for degree of immunosuppression and compliance to antiretroviral therapy.

**Methods.** A retrospective chart review of cases of Tuberculosis diagnosed at the Princess Margaret Hospital, Nassau, Bahamas. 189 cases of active tuberculosis diagnosed between 2014 and 2016 and all cases were evaluated for demographics, risk factors, HIV status, clinical manifestation, radiologic findings, and smear and culture results.

**Results.** Of the 189 cases of notified tuberculosis between 2014 and 2016, 109 (59.9%) were HIV negative and 73 (40.1%) were HIV positive. For patients who were HIV positive, 54(74%) were previously diagnosed with HIV and 19(26%) were newly diagnosed. Of the patients who were previously diagnosed with HIV, 14(25.9%) were on antiretroviral (ARV) medications and compliant, 34(63.0%) were on ARVs and noncompliant and 6(11.1%) were not on ARVs. 4(8.2%) patient had a CD4 count ≥500, 8(16.3%) patients had a CD4 count between 499-200 and 37(75.5%) had a CD4 counting between 0-99.

**Conclusion.** HIV is a major risk factor for Tuberculosis in the Bahamas and it is advised that all patients diagnosed with TB be tested for HIV. Routine screening of HIV patients for TB is recommended. Noncompliance with antiretroviral therapy remains a public health issue as it increases susceptibility to TB infection.