vasculitis which may be causative of LF sequelae. A subset of LF survivors (n=80) and susceptibility testing were performed using MALDI-TOF MS and VITEK-2, respectively. CRE undergo genotyping for carbapenemase genes. Final identification and susceptibility testing were performed using MALDI-TOF MS and VITEK-2, respectively.

Community subjects were enrolled by inviting each enrolled clinic sub-


to refer their children. All subjects had rectal swabs obtained and inoculated on selective


to the gold standard, we determined the sensitivity and specificity, posi-


tive and negative predictive values, and likelihood ratios for pneumonia using lung POCUS.

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732. 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 poses challenges to radiational 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 method, 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. Median 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 diastolic blood pressure (DBP) in RA was 91 mmHg (range 76-107 mmHg). 50% of cases had difficulty breathing (82%, 41/50); chest retractions (70%, 35/50) and grunting (62%, 31/50). Ultrasound images for 49/50 (98%) cases and CXRs for 50/50 (100%) of cases we analyzed. Sensitivity of lung POCUS in the detection of CAP was 61% (95% CI: 0.52-0.84). The specificity was 85% (95% CI: 0.56-0.91). Positive predictive value (PPV) 70% (95% CI: 0.62-0.84) and negative predictive value (NPV) 69% (95% CI: 0.56-0.79).

Conclusion. Preliminary findings of this study 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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733. Carbapenem-Resistant Enterobacteriales (CRE) Colonization Prevalence in Botswana: An Antibiotic Resistance in Communities and Hospitals (ARCHY) Study

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Background. Carbapenem-resistant Enterobacteriales (CRE) is an important cause of 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 sepsis, is critical. We describe CRE colonization rates among cases with women 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. Periperal sepsis includes women where 'sepsis' was recorded as a complication during hospitalization. We calculated rates of periperal sepsis and completed 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 (19.1% 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. 1763 (90%) of women who had sepsis delivered by caesarian delivery. Obstetric labor (82.1%); and 49% of women died prior to hospital discharge. Stillbirths and post-neonatal deaths complicated 107 (5%) and 74 (4%) deliveries to women with sepsis.

Conclusion. In the Kigoma region of Tanzania periperal 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 labor procedures, is critical for early recogniti-

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734. OFID 2021:8 (Suppl 1) - Abstracts

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Background. Rickettsioses are re-emerging diseases, characterized by a myriad of clinical symptoms and various manifestations. Rickettsial infection is caused by rickettsiae, a member of the family Rickettsiaceae, and is transmitted to humans via the bite of an infected vector, such as a tick or a mosquito. Rickettsioses are divided into three major groups: spotted fever group, typhus group, and coxiella burnetii group. Rickettsioses are considered zoonotic diseases as they are transmitted from animals to humans. Rickettsioses can be associated with various organ system involvement, including ocular symptoms and signs. It provides a wide spectrum of clinical manifestations ranging from mild to severe illness.

Methods. We aimed to study the clinical, laboratory and therapeutic features of ocular involvement in cases of spotted fever group rickettsiosis, even in the absence of ocular symptoms and signs. It provides a wide spectrum of clinical manifestations ranging from mild to severe illness.

Results. A total of 40 patients were included in our study. There were 26 women (65%) and 14 men (35%) with a median age of 39 (range 10-80) years. The most common presenting symptoms were fever, headache, and myalgia. Ocular involvement was noted in 23 (57.5%) cases, particularly in the form of fever, headache, and myalgia. Ocular symptoms and signs were noted in 14 (35%) cases. Rickettsia conorii was the most common pathogen identified in 22 (55%) cases. The most common ocular manifestations were conjunctival hyperemia (11 cases, 27.5%), papillary hyperemia (3 cases, 7.5%), and chemosis (2 cases, 5%). The most common associated systemic manifestation was fever in 23 cases (57.5%). The most common laboratory abnormalities were leukocytosis in 20 cases (50%), anemia in 13 cases (32.5%), and thrombocytopenia in 12 cases (30%).

Conclusion. Systematic fundus examination should be performed in patients with suspected rickettsiosis, even in the absence of ocular symptoms and signs. It provides a wide spectrum of clinical manifestations ranging from mild to severe illness.

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