Methods. We propose to: (1) Develop educational pamphlets for the physicians and community. (2) Screen 10,000 members of the target birth-cohort during their routine clinical visits for 1 year, using T-SPOT.TB. County health officers, the partners of Arkansas Department of Health, will enroll physicians in their jurisdictions to participate in TB screening. LTBI prevalence in the birth cohort will be determined, and TB complications will be compared among cohort TB cases that were screened to those not previously screened. (3) Incorporate LTBI and birth-cohort status in patient medical forms.

Results. In our preliminary study, for the period 2009–2014, 142 of 326 TB cases (43.6% of all US-born TB cases) were reported from the target birth-cohort; 72.6% of the cases had unique genotype strains.

Conclusion. If the LTBI prevalence in this birth cohort exceeds 6–10%, we recommend a nation-wide screening program for this birth-cohort. Even without treatment, we believe that screening and noting diagnosis of LTBI in the patient record will impact delayed diagnosis and mortality.

Disclosures. All authors: No reported disclosures.

757. Community Prevalence of Bacteriologically Confirmed Pulmonary Tuberculosis: A 7 Year Retrospective Study
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Background. It is estimated that about 40% of the Indian population is infected with Mycobacterium tuberculosis (TB), the vast majority of whom have latent TB. However, asymptomatic pulmonary carriage of the TB bacteria contributes to sustenance of the disease in the community and subsequent transmission. The present study was carried out to see the prevalence of culture positive pulmonary tuberculosis in apparently asymptomatic individuals from the community.

Methods. The study population consisted of individuals wishing to migrate to the USA/UK/Canada/Australia and submitting for the mandatory health check prior to obtaining the Visa. Chest X-ray was the initial screening test for diagnosis of tuberculosis. Individuals with any X-ray abnormalities were directed to submit three sputum samples for microscopy and culture which was done on automated culture systems (BacTALERT and MGIT). First-line drug susceptibility (INH, Rifampicin, Pyrazinamide, Ethambutol, Streptomycin) testing data were retrieved wherever available. Data were obtained for a period of 7 years from August 2010 to July 2017.

Results. A total of 140,499 individuals presented for the health check. Of these, 1,002 (0.7%) were further investigated using sputum microscopy and culture based on chest X-ray findings. Of these, 42 (0.4%) individuals were sputum culture positive for Mycobacterium tuberculosis. Except two, none had any respiratory complaints. Eleven (27.5%) of them were smear positive for acid fast bacilli. Most of the patients (30%) belonged to the age group of 18–25 years. Eighty four percent had no prior history of tuberculosis or treatment for TB. Fifty-nine percent isolates were sensitive to all first-line drugs (Isoniazid, rifampicin, pyrazinamide, ethambutol and streptomycin). Twenty-seven percent were resistant to pyrazinamide alone. Fourteen percent were resistant to rifampicin, RIF and isoniazid, INH (MDR-TB). Analysis of resistance conferring mutations in seven genes was combined with spoligotyping for detecting local transmission of MDR-TB in Kuwait.

Conclusion. Our study provides the first insight into molecular epidemiology of multidrug-resistant Mycobacterium tuberculosis in Kuwait. There were no cases of multidrug resistance. Twenty-seven percent were resistant to pyrazinamide alone. Fourteen percent were resistant to rifampicin, RIF and isoniazid, INH (MDR-TB). Analysis of resistance conferring mutations in seven genes was combined with spoligotyping for detecting local transmission of MDR-TB in Kuwait.

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