1677. Prevalence and Patterns of Outpatient Antibiotic Prescription at a Public Tertiary Medical Center in Southern Province, Sri Lanka
Helen L. Zhang, MD;1 Gaya B. Wijayaratne, MBBS MD;2 Pasang Jayatiass3; Bhagya Paismary, MBBS;4 Tianxun Cheng, MSc;5 Champika K. Rodinapayke, MBBS MD;4 Aish Naghathave, MBBS MD;5 Chris W. Woods, MD;5 L. Gayani Tilakaratne, MD, MSc;6 Duke University Medical Center, Durham, North Carolina;4 University of Ruhuna, Galle, Southern Province, Sri Lanka;2 Teaching Hospital Karapitiya, Galle, Southern Province, Sri Lanka;3 Duke University School of Medicine, Durham, North Carolina;9 Duke University, Durham, North Carolina

Methods. This study was conducted at the Outpatient Department (OPD) of the largest public tertiary care center in Southern Province, Sri Lanka. This is a free walk-in clinic serving upwards of 1,000 patients per day. Adult and pediatric OPD patients were recruited for a cross-sectional survey in February–April 2019. Pre-visit and post-visit questionnaires were verbally administered to obtain information regarding participants’ demographics and presenting illness. The OPD pharmacy's electronic prescribing system was queried to calculate the prevalence of antibiotic prescriptions among enrolled patients. Logistic regression was performed to identify features associated with antibiotic prescription.

Results. Of 408 patients surveyed, 246 (62.9%) were female and 88 (21.7%) were children <18 years. Median age was 38 (IQR 19–54) years, and median duration of illness at enrollment was 7 (IQR 3–30) days. Medications were prescribed for 291 (72.4%) patients during the OPD visit, with 146 (35.8% of all patients) receiving an antibiotic. The most frequently prescribed antibiotics were amoxicillin (41, 28.1%), first-generation cephalosporins (38, 26.0%), and amoxicillin/clavulanate (30, 20.5%). The most frequent chief complaints among antibiotic recipients were cough (35, 24.0%), rhinorrhea/congestion (26, 17.8%), and fever (18, 12.3%). Diagnostic investigations were ordered for 38 (26.0%) antibiotic recipients. On bivariable analysis, younger age (P = 0.01), shorter duration of illness (P = 0.001), and lack of prior evaluation (P = 0.001) were positively associated with antibiotic prescription.

Conclusion. We show a high prevalence of outpatient antibiotic prescription despite limited diagnostic evaluation at a tertiary medical facility in Southern Province, Sri Lanka. Antibiotic stewardship efforts, especially targeting respiratory illness, may help improve antibiotic use in this setting.

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1678. Assessing Performance of Multiple Methods for Measurement of Body Temperature, Bangladesh
Darnel V. Martin, MPH;5 Pritimoy Das, MBBS, MD;6 Michael Friedman, MD;7 Mahmudur Rahman, MBBS, MPH, PhD;7 Centers for Disease Control and Prevention, Atlanta, Georgia;2 icddr,b, Dhaka, Bangladesh

Methods. CDC and icddr,b are conducting an acute febrile illness (AFI) research project in four hospitals in Bangladesh. Enrolled subjects have measured fever of ≥100.4°F. To determine the most-sensitive temperature measurement method, we collected multiple measurements on patients with fever history between March and April 2019.

Methods. Patients were screened in outpatient departments of four hospitals in Bangladesh between March 7 and April 15, 2019. Screening used at least two of three methods: tympanic, oral, or axillary. Records were consolidated using Microsoft Excel and analyzed. The criteria for meeting AFI inclusion was measured by different methods for each patient. For records with all three measures, we calculated the likelihood of meeting AFI inclusion criterion of ≥100.4°F (38°C) by measurement method.

Results. 3,080 subjects were enrolled. The highest correlation among measurement was between axillary and oral (r = 0.88, 95% CI 0.868–0.895). The lowest correlation was between tympanic and oral among children in Hospital 1 (r = 0.98, 95% CI 0.992–1.00), while the lowest was axillary to tympanic for adults in Hospital 3 (r = 0.71, 95% CI 0.656–0.77). 882 subjects (334 pediatric, 548 adult) were assessed using all three measurement methods. 313 (159 pediatric, 154 adult) met AFI inclusion criterion by at least one method. From 49% to 63% of subjects by two or three methods (table). Results in the hospitals 1, 2 and 4 were similar and grouped for analysis. In every site, subjects were detected by oral who would not have been detected using axillary or tympanic. Only in Hospital 3, subjects were detected by tympanic alone. No subjects in any site met the criteria by axillary measurement alone.

Conclusion. Accurate measurement of body temperature is essential for AFI surveillance, but literature on methodology is limited. We demonstrate that multiple modes of measurement increased detection of febrile patients. The most sensitive combination was oral and tympanic. Axillary measurement did not improve detection.

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1679. Brucellosis in rural Narok County, Kenya: A Retrospective Review
Pamela Bailey, DO; Christopher Doern, PhD; Virginia Commonwealth University Health System, Richmond, Virginia

Methods. This study was performed at the Ewaso Ng'iro Health Center, Narok County, Kenya, which serves a catchment area of 6,573 citizens. A retrospective chart review was conducted for 241 patients seen in December 2018 for acute visits. Medical records were reviewed for evidence of joint pain and other symptoms of brucellosis at the time of presentation and for brucellosis antigen testing results.

Results. Of the 241 patient charts reviewed, 78 (71 adult, 7 pediatric) patients had joint pain. Of the 71 adult patients, 21 were male and 49 were female (1 with no gender recorded). 50 patients had Brucella testing performed via serum agglutination, and yielded 14 positive results (13 adult, 1 pediatric). Confirmed brucellosis accounted for 5.8% of all acute visits in December 2018, and 26% of patients presenting with joint pain. In patients with confirmed brucellosis, the average age was 50.2 years (range 15–80). There were 16 female cases, 5 male, 1 with gender not recorded. Generalized joint pain was the most common complaint (n = 14), followed by back (n = 6), knee (n = 1), and neck pain (n = 1).

Conclusion. The prevalence of Brucella disease in rural areas of Kenya, specifically Narok County, is not well studied. This study provides insight into the prevalence of brucellosis and shows that over 25% of patients presenting with joint pain, have brucellosis. Furthermore, 5.8% of all patients seen at the Ewaso Ng’iro Health Center during the study period had brucellosis and the overall prevalence of disease in patients who were tested specifically for Brucella (n = 50), was 28%. This study provides preliminary evidence of a heavy burden of Brucella disease in Narok County and suggests that a follow-up study in this area is warranted to be defined the true prevalence of disease over a longer time frame.

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