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 orally active 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 (56.8%), 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 potential improvements compliance to the protracted treatment courses for patients with MabsC infections.

Disclosures. All authors: No reported disclosures.

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

Henry S. Fraimow, MD; Susan E. Beekman, RN, MPH; Philip M. Polgreen, MD; James Sunstrum, MD; Cooper University Hospital and Cooper Medical School of Rowan University, Camden, New Jersey; University of Iowa Carver College of Medicine, Iowa City, Iowa; Michigan Department of Health and Human Services, Dearborn, Michigan

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

**Background.** Ocular tuberculosis (OT) is uncommon and many ID physicians (IDPs) have limited experience with OT. Ophthalmologists now include IGRA’s and Human Services, Dearborn, Michigan in their patient screening and treatment protocols. 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

Paul Wada, MD; Christian Lee-Rodriguez, MD; Yun-Yi Hung; Jacek Skarbekinski, MD; Kaiser Oakland Internal Medicine Residency Program, Oakland, California; Kaiser Permanente Northern California Division of Research, Oakland, California; Kaiser Oakland Department of Infectious Diseases, Oakland, California

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

**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 disease as well as, and year-of-diagnosis, 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 culture results were negative. Of 1,577 active TB patients who continued care after diagnosis to period II (1.1.2018 to 31.10.2018) when TB diagnoses were reviewed. The new Xpert MTB/RIF Ultra assay (Ultra, Broaday, California; Kaiser Permanente Northern California Division of Research, Oakland, California; Kaiser Oakland Department of Infectious Diseases, Oakland, California)

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**Background.** Active tuberculosis (TB) is a worldwide public health concern both in developing and developed countries. The new Xpert MTB/RIF Ultra assay (Ultra, Cephed, 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 and 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 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 (13%) the results were inconclusive.

**Conclusion.** The 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.