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Session: 66. Public Health: Epidemiology and Outbreaks
Thursday, October 4, 2018: 12:30 PM

**Background.** Shiga toxin-producing *Escherichia coli* (STEC) infections are a major cause of foodborne illness and the principal cause of hemolytic-uremic syndrome (HUS). In November 2017, CDC and the US Navy responded to an outbreak of STEC illnesses in military recruits at the Marine Corps Recruit Depot in San Diego (MCRD). We investigated to determine the source of this outbreak and identify prevention and mitigation measures.

**Methods.** In October 2017, medical staff identified a high number of gastrointestinal illness cases among recruits. We performed pulsed-field gel electrophoresis (PFGE) on culture isolates. Case-strains were defined as confirmed (PFGE-confirmed STEC infection matching outbreak strains). Controls were defined as not confirmed (PFGE evidence of STEC), or suspected (bloody diarrhea). We conducted environmental evaluations of dining facilities, training areas, and barracks. A case-control study was performed using PFGE-confirmed case-patients and platoon-matched controls. We performed product traceback for foods identified as exposure risks by interview or case-control study.

**Results.** We identified 64 confirmed, 105 probable, and 91 suspected case-patients. Thirty case-patients required hospitalization and 15 had HUS. Ages ranged from 17 to 28 years (median: 18 years). Poor hygiene practices among recruits and inconsistent cooking temperatures within dining facilities were noted. Forty-three case-patients and 135 controls were interviewed about food, hygiene, and environmental exposures. Consumption of undercooked beef was significantly associated with illness (mOR 2.40, CI 1.04–5.72, P = 0.04). We identified a single ground beef supplier for MCRD, but dining facility records did not document the dates on which specific lots of ground beef were used.

**Conclusion.** Case–control analysis and environmental observations suggested undercooked ground beef as a potential source for this outbreak. We recommended the Navy and Marine Corps retain lot information, address food handling concerns, and improve hygiene among recruits.

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

**679. Mass-Scale Post-Hurricane Sheltering of Evacuees From Hurricane Harvey: Infectious Disease Surveillance and Prevention: Dallas County, Texas, 2017**

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Session: 66. Public Health: Epidemiology and Outbreaks
Thursday, October 4, 2018: 12:30 PM

**Background.** The record rainfall following Hurricane Harvey’s landfall along the Texas coast on August 25, 2017 caused prolonged, widespread flooding, which devastated Houston at capacity, residents from adjacent affected regions were evacuated elsewhere, and Dallas received over 3,800 evacuees at a single convention center shelter. Approaches to infectious disease surveillance and prevention in this mega-shelter setting were assessed and refined during the response.

**Methods.** Teams of epidemiologists and medical students reviewed all clinical records daily from the on-site, 24/7 walk-in medical clinic, which was staffed by local volunteer physicians. Demographic data, chief complaints, and diagnosis for each patient visit were reviewed, and daily aggregate summaries of visits for potential communicable disease symptoms were compiled. An additional infection control team consisting of health department staff and volunteer hospital infection preventionists implemented aggressive infection prevention measures in the shelter and clinic.

**Results.** Of the evacuees registered at this mass-scale shelter, 92% were from counties outside of Houston and 36% were 18 years of age or younger. During the shelter’s 23 days of operation, the shelter medical clinic received a cumulative volume of 2,654 clinic visits from 1,560 evacuees. The most common reasons for clinic visits included respiratory complaints (27%), skin irritation (9%), and skin-related complaints (8.6%). Isolated cases of scabies, lice, norovirus, and influenza were confirmed, with no outbreak transmission of communicable diseases reported in the shelter.

**Conclusion.** The need for acute-care medical services and resources at a central shelter location was highlighted by the high proportion (40%) of evacuees seeking care at least once at the shelter medical clinic. The 24/7 accessibility of this on-site medical clinic to evacuees additionally provided a reliable mechanism for daily syndromic surveillance for potential outbreaks of infectious disease in a large shelter. Given the challenges of mass-sheltering and provision of clinical care in non-residential structures, dedicated staffing with infection control expertise was critical in this shelter setting.

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

**680. "There's More to This Than Meets the Eye": Opportunities for Infection Prevention in Optometry Clinics**

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Session: 66. Public Health: Epidemiology and Outbreaks
Thursday, October 4, 2018: 12:30 PM

**Background.** Los Angeles County Department of Public Health (LAC-DPH) investigated an outbreak of epidemic keratoconjunctivitis secondary to adenovirus between June and July 2017, and all cases were linked to a single optometry clinic. The LAC-DPH aimed to determine whether sub-optimal infection prevention practices used in the implicated clinic were commonplace within other local optometry clinics. The objective of this study was to understand infection prevention practices in optometry clinics within Los Angeles County.

**Methods.** LAC-DPH conducted a survey consisting of 17 questions related to infection prevention practices among a sample of optometry providers in the county. The survey was administered online (SurveyMonkey) via emails sent to a local optometric society’s listserve and in-person at a local continuing education event for optometrists. The results were analyzed and are represented as percentages.

**Results.** There were 42 respondents to the survey, showing a response rate of 17% (5/30). Of the respondents, 69.2% practiced in private practice, 23.8% were associated with 13 optometry clinics. Only 31.8% used noncontact tonometers for patient refractive measures. The majority (64.8%, n = 26) used 70% alcohol wipes or 3% hydrogen peroxide for disinfection of tonometers, while 47.4% (n = 18) used noncontact tonometers and 23.3% (n = 9) used disposable tips (options for this question were not mutually exclusive).

**Conclusion.** Infection prevention practices in optometry clinics are sub-optimal and must be improved. All optometry clinics must have a hand-hygiene policy and discard once-use tonometers which come into contact with conjunctiva. While the evidence on the best disinfectant for tonometers is limited, commonly used disinfectants like 70% alcohol wipes or 3% hydrogen peroxide have been associated with adenovirus outbreaks. Current evidence suggests that infectious spread via tonometers can be prevented by using disposable covers or by disinfection with 1:10 diluted bleach.

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

**681. Epidemiology and Outcomes of Patients with Carbapenem-Resistant Bloodstream Infection in United States Hospitals, 2010–2015**

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Session: 66. Public Health: Epidemiology and Outbreaks
Thursday, October 4, 2018: 12:30 PM

**Background.** Carbapenem resistance (CR) in patients with Gram-negative (GN) bloodstream infections (BSI) presents a mounting therapeutic challenge. To gain a better understanding of CR among patients in US hospitals, we explored their characteristics and outcomes.

**Methods.** We performed a retrospective cohort analysis of consecutive adult patients (age ≥18 years) with a positive blood culture for GN pathogens (11 most prevalent pathogens reported in ~53,811 study patient samples), hospitalized in one of 16 hospitals contributing data to the Healthcare Cost and Utilization Project (HCUP) Database (October 2010–September 2015). We compared patients with CR vs. carbapenem-susceptible (CS) BSIs based on their characteristics and outcomes. Primary outcome was mortality, and secondary outcomes included post-index culture hospital and ICU lengths of stay (LOS), and likelihood of being discharged home.

**Results.** Of the ~53,811 study patient samples, 46,381 patients had a GN BSI, with the prevalence of CR occurring at 3.5% (n = 1,602). Compared with patients with CS, those with CR were younger (mean/SD 60.4/17.1 vs. 67.4/16.4 years, P < 0.01), more likely to be male (52.8% vs. 45.9%, P < 0.01), black (22.2% vs. 17.7%, P < 0.01), and had Medicaid as a payor (18.1% vs. 10.9%, P < 0.01). The mean/SD Charlson Comorbidity Index was higher in CR group (2.9±2.5 vs. 2.3±2.5, P < 0.01). Crude mortality was also higher (20.6% vs. 9.7%, P < 0.01) in the setting of CR compared with CS, while the likelihood of being discharged home was reduced (7.5 [10] days, P < 0.01) but ICU 5 [2] vs. 3 [2] days, P = 0.01). OS. Patients with CR BSIs were less likely to be discharged home than those with CS (32.7% vs. 33.8%, P < 0.001).

**Conclusion.** Patients with CR BSIs have lower likelihood of surviving hospitalization or being discharged home, and longer post-index culture hospital and ICU LOS,
US college students are at increased risk for serogroup B meningococcal disease (MenB) during 2009–2014 as in other Middle East countries. After the impact of serogroup W epidemics related to Hajj seen in 2010’s was diminished, serogroup B has been leading cause of childhood meningitis since 2015. In countries affected from Hajj like Turkey, vaccination of children with serogroup B meningococcal vaccine as well as quadravalent conjugated vaccine seems to be very important. It should be kept in mind that meningococcal epidemiology is dynamic and needed to be closely monitored to detect changes in years.

### Figure 1.
Distribution of causative agents of meningococcal disease in Turkey during 2005–2017.

### Figure 2.
Distribution of meningococcal serogroups of meningococcal meningitis in Turkey during 2015–2017 and comparison with results belonging to previous years.

### Disclosures.
No reported disclosures.