Background. In 2014, a global outbreak of Enterovirus D68 (EV-D68) caused severe respiratory disease and was associated with an increase in acute flaccid myelitis (AFM) cases. Despite heightened surveillance, both EV-D68 detection and AFM reporting dropped in 2015. As AFM reporting increased in 2016, we sought to better understand AFM and EV-D68 epidemiology at our institution.

Methods. We assessed hearing via audiometry 8 and 18 weeks after diagnosis of CM. Normal hearing was defined as normal hearing level at 25 decibels (dB), mild at 25-39, moderate at 40-69, severe at 70-89, and profound hearing loss at 90+ dB. We compared clinical factors, fungal burden, and CSF parameters to evaluate for factors associated with hearing loss.

Results. 7 patients with a median age of 3.3 years and no significant past medical history presented with AFM between July 15 - October 15, 2016, while none were identified in 2015. All had acute onset patchy weakness involving mostly the upper limbs and grey matter involvement on MRI. 6/7 reported fever/upper respiratory infection prior to AFM onset. CSF from 7/7 was negative by FilmArray meningitis/encephalitis Panel and 2/7 were positive for EBV DNA. Further work up on CSF and blood were negative. 4/7 (57.1%) patients were EV-D68 positive from respiratory samples and 3 were confirmed as EV-D68 by RT-PCR. IVIG was given in 7/7 cases. Patients were discharged after an average of 8.8 (4.8-13.6) days. The FilmArray Trend monitoring revealed that during the time of AFM presentation in 2016, 226/778 patients tested for respiratory viruses by the FA-RP were positive for EV-D68. Of those, 29.2% (66/226) were positive for EV-D68 compared with 0.02% (2/224) over the same period in 2015.

Conclusion. As shown by CDC surveillance data, we saw a resurgence of AFM cases in 2016 compared with 2015. All 7 patients identified were previously healthy and had persistent weakness at discharge. Cases were accompanied by increases in circulating respiratory EV-D68. Further investigation of the correlation between EV-D68 resurgence and AFM is warranted.

Disclosures. L. Meyers, BioFire Diagnostics: Employee, Salary. J. Jones, Biofire Diagnostics LLC: Employee, Salary. J. Dien Bard, BioFire: Consultant and Investigator. Research grant and Speaker honorarium.

1012. Hearing Loss in Cryptococcal Meningitis Survivors
Sarah Loqren, MD; 1 Martha Montgomery, MD, MHS; 2 Nathan Yueh, BA; 3 Alice Namadiile, Nursing; 4 Joshua Rhein, MD; 3 Mahsa Abassi, DO 3 Abdu Musubire, MMed; 3 David Meyer, PhD; 3 David Boulware, MD, MPH and ASTRO-CM Team; 5 Department of Medicine, Division of Infectious Diseases and International Medicine, University of Minnesota, Minneapolis, Minnesota, 6 University of Minnesota, Minneapolis, Minnesota, 7 Infectious Disease Institute, Kampala, Uganda, 8 Division of Infectious Diseases and International Medicine, Department of Medicine, University of Minnesota, Minneapolis, Minnesota, 9 Infectious Disease Institute, Makerere University, Kampala, Uganda

Session: 137. Adult CNS Infection
Friday, October 6, 2017: 12:30 PM

Background. Hearing loss is a known complication of cryptococcal meningitis (CM); however, there is a paucity of data. We aimed to describe hearing loss in CM survivors.

Methods. We evaluated hearing symptoms via audiogram at week 8 and week 18. At 8-weeks, 6 (5%) participants had normal hearing, 36 (31%) had mild hearing loss, 72 (62%) had moderate hearing loss, 72 (62%) had moderate hearing loss, 3 (3%) had severe hearing loss and none had profound hearing loss. Of those with severe/severe/profound loss at week 8, 63 (54%) had mixed conductive + sensorineural hearing loss, 15 (13%) had sensorineural hearing loss, and 12 (10%) had conductive hearing loss. An additional 19 (16%) had sensorineural loss but unknown air conduction. We compared risk factors for hearing loss summarized in Table 1. We assessed 66 participants who had repeated audiograms at week 8 and week 18. Of those 31 (47%) had no change, 30 (45%) had improvement and 5 (8%) had worsening.

Conclusion. Moderate/severe hearing loss was common 8 weeks after diagnosis of CM. Both severe/severe/profound hearing loss and 20% had conductive hearing loss which represents a higher incidence than noted in other types of meningitis. The data is complicated by advanced HIV. Further research is needed evaluating immunologic factors causes hearing impairment in those who survived CM.

Disclosures. All authors: No reported disclosures.

1013. Infectious Causes and Infectious Mimics of Acute Encephalitis: a Prospective Study from Thailand
Benjavas Kulsuwipai, MD; 1 Supaporn Wacharapluesadee, PhD; 1 Sinapat Patcharat, BSc; 2 Thiravat Hemachudha, MD, FACP; 3 Abhimben Saraya Wasontawong, MD; 2 and Opasp Putcharoen, MD, MSc; 2 1 Division of Infectious Diseases, Department of Medicine, Faculty of Medicine, Chulalongkorn University, Bangkok, Thailand, 2 Neuroscience Center for Research and Development & WHO-CC for Research and Training on Viral Zoonoses, Bangkok, Thailand, 3 Division of Neurology, Department of Medicine, Faculty of Medicine, Chulalongkorn University, Bangkok, Thailand

Session: 137. Adult CNS Infection
Friday, October 6, 2017: 12:30 PM

Background. Previous reports of infectious encephalitis in Thailand showed viruses as major pathogens similar to worldwide data. Major viruses in studies varied among Japanese encephalitis, Enteroviruses and Herpesviruses. Infectious etiologies vary by regions, seasons and preventive strategies done. Dynamic change of pathogen is believed to occur continually. Local data in each region is important to develop an algorithm of investigations for the cost-effectiveness.

Methods. This is a prospective study of patients with encephalitis between January 2014 to March 2017 at a tertiary hospital in Bangkok. Microbiological and serological studies were done according to an algorithm based on initial cerebrospinal fluid analysis. Initial tests were for bacteria, fungus, mycobacterium and commonly prevalent viruses. Further tests for infectious etiology were done by stepwise approach if initial tests yielded negative.

Results. Fifty-two patients were enrolled. Twenty-seven (51.9%) patients had no etiology identified. Three patients (5.8%) had bacterial etiology, 10 (19.2%) had viral etiology and 4 (7.7%) had immune mediated encephalitis. Among viral etiologies, VZV was identified in 4 cases, HSV in 3 cases, CMV in 2 cases and measles in 1 case. Baseline characteristic of HIV infection or skin rash was associated with viral infection (p = 0.031, p = 0.006). Patients with VZV encephalitis might not have active skin lesion. The presence of prodrome, duration of prodrome, neurological onset to peak and physical examination of focal neurologic, mental irritation signs, and reflex were similar across all etiologies. White blood cell [mean 7.0 (range 0–30) cells/μL] and protein [mean 32.5 (range 11–70.4) mg/dL] from the cerebrospinal fluid of noninfectious etiologies tended to be lower than the levels of infectious causes (p = 0.009, p = 0.020). All patients survived at 7 days after admission.

Conclusion. A quarter of patients presenting with acute encephalitis in this study had autoimmune and paraneoplastic encephalitis. Infections caused by herperviruses was the most prevalent viral etiology. Autoimmune and paraneoplastic encephalitis should be kept in the differential diagnosis in patients with acute encephalitis.

Disclosures. S. Wacharapluesadee, USAID: Investigator, Research grant. O. Putcharoen, USAID: Grant Investigator, Research grant.

1014. Long-term Outcomes of Acute Aseptic Encephalitis In Adults - a Single Center Study
Marija Kusulja, MD; 1 Marija Santini, MD, PhD; 2 and Neven Papić, MD, PhD; 1 University Hospital for Infectious Diseases Zagreb, Zagreb, Croatia, 2 School of Medicine, University of Zagreb, Zagreb, Croatia

Session: 137. Adult CNS Infection
Friday, October 6, 2017: 12:30 PM

Background. Encephalitis is a heterogeneous syndrome associated with significant mortality and neurophysiological sequelae. The epidemiology is in only 20–50% of cases, and long-term outcomes of survivors are underinvestigated, especially in patients with unknown etiology. The aim of this study was to describe long-term outcomes of patients with aseptic encephalitis of various etiologies.

Methods. The study population consisted of a retrospectively identified cohort of consecutive adult patients diagnosed with viral and etiologically undiagnosed encephalitis during a 24-month period (2014-2015) at the University Hospital for Infectious Diseases Zagreb, Croatia. Clinical, laboratory data and short-term outcomes were