Background. Scrub typhus is a tropical fever caused by Orientia tsutsugamushi and is probably the most under-recognized of all the febrile illnesses leading to hospitalization, especially in India. Although the most common presenting symptoms are fever, myalgia, lymphadenopathy and rash, a significant percentage of patients also present with respiratory complaints.

Methods. December 2018 at a tertiary care center, in Delhi, India. The primary objective was to determine the incidence of respiratory involvement in patients with scrub typhus on the basis of radiological findings. Secondary objective was to compare the length of hospital stay, clinical presentation, and severity of illness as indicated by transaminis, thrombocytopenia, inotropic requirement, and lactate levels. Also compared was the difference in mortality between the two groups.

Results. Pulmonary involvement was seen in 28.9% (22/76) patients which included varied radiological pictures. 5 patients required mechanical and 2 noninvasive ventilation. Eschar was seen in 44.7% of those who had pulmonary involvement. Patients with pulmonary involvement had a significantly greater length of hospital stay (5.82 days vs. 2.56, P < 0.001), more severe transaminis (P = 0.001), thrombocytopenia (P < 0.001), hyperlactatemia (P < 0.001), higher ionotropic requirement (P < 0.001) and mortality (P = 0.006).

Conclusion. Scrub typhus forms an important differential diagnosis in patients with lung infection residing in endemic areas and in those with a history of travel to such areas.

Disclosures. All authors: No reported disclosures.

1676. Prevalence and Patterns of Outpatient Antibiotic Prescriiption at a Public Tertiary Medical Center in Southern Province, Sri Lanka

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Background. The global emergence of antimicrobial resistance poses a major public health threat. However, there are little data regarding antimicrobial use from many low- or middle-income countries. In this study, we determined the prevalence and patterns of antibiotic prescription among outpatients at a tertiary healthcare facility in Sri Lanka.

Methods. The 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 prescription 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 (71.2%) 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.

Disclosures. All authors: No reported disclosures.