Results. There were 104 positive GM results from 70 patients. Forty-one patients (58.6%) had no clinical evidence of IA and categorized as the non-IA group. Invasive aspergillosis diagnosis was identified in 29 (41.4%) of the patients; 2 of them were proven and 27 were probable. Demographic characteristics and clinical findings of the patients were reviewed in Tables 1 and 2. According to different cutoff GMI values, the number of positive results was 104 for GMI >0.5, 76 for GMI >0.7, 57 for GMI >1.0, and 32 for GMI >1.5. The PPVs were low at a single GMI of 0.5 (39.4%) and reached to 50.0% with single GMI of >1.0. There was not a statistically significant difference between IA and non-IA groups in terms of different thresholds of a single GM positivity (P > 0.05) (Table 3). The number of two consecutive positive results was 34 for GMI of >0.5, 20 for GMI of >0.7, 13 for GMI of >1.0 and 4 for GMI of >1.5. In the IA group, GM positivity of consecutive results was significantly higher than non-IA group (P < 0.05). The PPVs of two consecutive positive results for GMI >0.5, GMI >0.7, GMI >1.0, and GMI >1.5 were 58.8%, 65.0%, 84.6%, and 100.0%, respectively. The effect of the GMI increase between two consecutive GM results on IA diagnosis (GM2-GM1 >0.5) was also evaluated and the PPV was found 53.8% without a statistical significance between two groups (Table 4). Conclusion. When evaluated with consecutive GM positivity, the GM assay would have higher PPVs independently from the GMI cutoff value chosen. Since it may be more effective on IA diagnosis, consecutive sampling should be performed in pediatric patients at high risk.
263. Advances in Diagnosis of Progressive Coccidioidomycosis: Experience in 164 Cases and 508 Controls
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Session: 40. Fungal Diagnostics
Thursday, October 3, 2019: 12:15 PM

Background. Antibody detection is the main method for diagnosis of coccidioidomycosis but has limitations including sensitivity and turnaround time. The MVISTA Coccidioides antigen enzyme immunoassay (EIA) is recommended for testing CSF in suspected Coccidioides meningitis. The early reports on urine and serum antigen testing evaluated small numbers of patients who were mostly immunocompromised with advanced disease.

Methods. A retrospective study, including all patients in whom Coccidioides antigen testing was performed between January 2013 and May 2017, was conducted at Maricopa Integrated Health System (MIHS). Sensitivity and specificity of antigen testing at MiraVista Diagnostics and antibody testing at MIHS or commercial laboratories were evaluated in 164 cases and 508 controls.

Results. The sensitivity of antigen testing was 51% and specificity was 99%. The sensitivity of antigen detection was highest if both urine and serum were tested (57%) than if only urine was tested (38%). The sensitivity of antibody testing was 84% and the specificity was 94% by immunodiffusion (ID). The sensitivity and specificity of antigen or ID antibody testing both were 94%. Sensitivity of antigen testing was 57% in proven and 58% in probable cases, ID antibody in 85% of proven and 75% of probable cases. Antigen was detected more often in disseminated (79%) than pulmonary cases (42%) as was ID antibody, 91% and 79%, respectively. Antigen testing was more sensitive in immunocompromised (76%) than non-immunocompromised patients (41%) while ID antibody was less sensitive in immunocompromised (74%) than in non-immunocompromised patients (93%). Combined antigen and ID antibody testing provided the highest sensitivity, 94% in all cases, 94% in immunocompromised and 95% in non-immunocompromised patients.

Conclusion. These findings support testing urine and serum for Coccidioides antigen and serum for ID antibodies for diagnosis of progressive pulmonary or disseminated coccidioidomycosis.

Disclosures. All authors: No reported disclosures.

264. Biofilm cells of Trichosporon asahii Show Higher Resistance Than Planktonic Cells to Various Abiotic Stresses
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Table 1. Sensity and specificity in cases and controls

| Test               | Sensitivity | Specificity       |
|--------------------|-------------|-------------------|
| Antigen-serum      | 81/159 (50.9%)1 | 494/497 (99.4%)2 |
| Antigen-urine      | 55/145 (37.9%) | 490/496 (98.8%)  |
| Antigen-serum or urine | 94/164 (57.3%) | 502/508 (98.8%)  |
| Antibody-ID        | 131/156 (83.9%) | 456/483 (94.4%)  |
| Antibody-CF        | 83/129 (64.3%) | 59/61 (96.7%)1   |
| Antigen or ID antibody | 154/164 (93.9%) | 457/487 (93.8%)  |
| Cyto/histo-pathology | 61/119 (51.3%) | 241/242 (99.6%)  |
| Culture            | 59/103 (57.3%) | 161/162 (99.4%)  |
| Pathology or culture | 67/131 (64.1%) | 275/276 (99.6%)  |

1Positive/tested (%); negative/tested; 2CF was performed in 61 control patients

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