

were collected for diagnostic testing at enrollment, once during days 14–28, and at 3 months after enrollment.

Results. Subject ages ranged from 1 to 63.2 years old (median of 4.9 years old), and underlying diseases were reported in 35 (30.7%) subjects. Standard-of-care, molecular, and serological testing identified pathogens in 56 (49.1%) cases, as detailed in the table. Of the 19 subjects who died, 18 presented with decreased consciousness and 5 were infected with *Rickettsia typhi*, which was clinically misdiagnosed in each case.

Conclusion. The findings from this study will improve the diagnosis and treatment of patients presenting with CNS syndromes in Indonesia. Additionally, the discovery of misdiagnosed, fatal etiologies highlights the general need for greater diagnostic testing capacity to aid clinicians and inform public health policy makers.

Acute febrile patients with neurological signs and symptoms				
Consciousness status (n)	Normal (61)		Decreased (53)	
Mortality (%)	1.6		34	
End-of-study status (n)	Discharged (60)	Died (1)	Discharged (35)	Died (18)
Etiology (n)	Unknown (32) HHV-6 (9) Dengue (8) Chikungunya (5) Influenza (3)	Unknown (1)	Unknown (16) Dengue (5) HHV-6 (3) Influenza (2) <i>E. faecalis</i> (2)	Unknown (9) <i>R. typhi</i> (5) Dengue (1) Influenza (1) <i>Salmonella</i> spp. (1) <i>S. pneumoniae</i> (1) <i>Leptospira</i> spp. (1) <i>E. coli</i> (1) <i>S. Aureus</i> (1) Seoul Virus (1) <i>S. Typhi</i> (1) RSV (1)

Disclosures. All authors: No reported disclosures.

1010. Viral Infections of the Central Nervous System in Qatar: Epidemiology, Pathogenesis and Clinical Outcomes

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Background. Viral central nervous system (CNS) infections are common causes of morbidity and mortality globally. There are no existing data about viral CNS infections in Gulf Cooperation Council countries. We conducted this study to determine the etiology, clinical and epidemiological characteristics, and outcomes of viral central nervous system infection in patients in Qatar.

Methods. We retrospectively evaluated all cerebrospinal fluid findings from January 2011–March 2015 at any of the 7 hospitals in the Hamad Medical Corporation. We included those with an abnormal CSF findings and excluded those with missing medical records, no clinical evidence of CNS infection and those with proven bacterial infection. Based on pre-defined clinical and CSF (lab, culture, PCR) criteria, patients were classified as having meningitis, meningoencephalitis, encephalitis or myelitis. We reviewed the laboratory results to determine the proportion of persons with confirmed viral etiology.

Results. Among 7690 patients with available CSF results, 550 cases met the case definition criteria for viral CNS infection (meningitis 75%; meningoencephalitis 16%; encephalitis 9%; myelitis 0.4%). Two-thirds (65%) were male and 50% were between 16–60 years old. The most common presenting signs and symptoms are listed in the table. Persons of Southeast Asian origin accounted for 39.6% of all infections. A definitive virologic etiologic agent was found in 38%, with enterovirus being the most common (44.3%) followed by Epstein–Barr virus (31%) and varicella-zoster virus (12.4%). The clinical outcome was overall good, only 2 cases died and the rest were discharged to home. Among those with confirmed viral etiology, 83.8% received ceftriaxone (mean duration 7.3 ± 5.2 days), 38% received vancomycin (mean duration 2.7 ± 5.4 days) and 38% received at least one other antibiotic.

Conclusion. Viral etiology is common among those evaluated for CNS infection in Qatar, and is most commonly seen in Southeast Asian immigrants. Clinical outcomes are generally excellent in this group of patients. Antibiotics are overly used even when a viral etiology is confirmed. There is a need for clinician education regarding etiology and treatment of CNS infections.

Table. Baseline characteristics and symptoms and signs

	N(%)
Male	360(65%)
Female	190(35%)
Qatari	104(19%)
Non-Qatari	446(81%)
Mean age, years ± SD	20.5±18.9
Travel in last one month	87(16%)
Sick contact in last 1 month	70(13%)
Diabetes Mellitus	28 (5%)
Use of immunosuppressive drugs	1 (0.2%)
Symptoms	
Fever	467(85%)
Headaches	296(54%)
Vomiting	273(49%)
Nausea	184(33%)
Reduced feeding/Appetite	180(32%)
Altered mental Status	178(32%)
photophobia	106(19%)
Seizures	92(16%)
Diarrhea	74(13%)
Coma	2(0.3%)
Signs	
Neck rigidity	213(39%)
Kerning's Sign	96(17%)
Bruzdzinski Sign	62(11%)
Skin Rash	41(7%)
Cranial nerve palsy	8(1%)
Spastic paralysis	1(0.2%)
Flaccid paralysis	1(0.2%)

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1011. Acute Flaccid Myelitis Cases Presenting During a Spike in Respiratory Enterovirus D68 Circulation: Case Series From a Single Pediatric Referral Center. Samia Naccache, PhD¹; Jeffery Bender, MD²; Jay Desai, MD³; Tam Van, PhD¹; Lindsay Meyers, BS⁴; Jay Jones, MS⁵; Kanokporn Mongkolrattanothai, MD² and Jennifer Dien Bard, PhD¹; ¹Pathology and Laboratory Medicine, Children's Hospital Los Angeles, Los Angeles, California, ²Pediatrics, Children's Hospital Los Angeles, Los Angeles, California, ³Division of Neurology, Children's Hospital Los Angeles, Los Angeles, California, ⁴Biofire Diagnostics, Salt Lake City, Utah, ⁵Biofire Diagnostics, LLC, Salt Lake City, Utah

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