

contributed product, Conducting studies in healthcare facilities that are receiving contributed product; Clorox: Receipt of contributed product, Conducting studies in healthcare facilities that are receiving contributed product; S. Yamaguchi, Sage Products: Receipt of contributed product, Conducting studies in healthcare facilities that are receiving contributed product; Xttrium Laboratories: Receipt of contributed product, Conducting studies in healthcare facilities that are receiving contributed product; Clorox: Receipt of contributed product, Conducting studies in healthcare facilities that are receiving contributed product; H. Custodio, Xttrium Laboratories: Study coordination, Conducting studies in healthcare facilities that are receiving contributed product; Sage Products: Study coordination, Conducting studies in healthcare facilities that are receiving contributed product; Clorox: Study coordination, Conducting studies in healthcare facilities that are receiving contributed product; J. Nguyen, Sage Products: Receipt of contributed product, Conducting studies in healthcare facilities that are receiving contributed product; Xttrium Laboratories: Receipt of contributed product, Conducting studies in healthcare facilities that are receiving contributed product; Clorox: Receipt of contributed product, Conducting studies in healthcare facilities that are receiving contributed product; T. Jtoa, Sage Products: Receipt of contributed product, Conducting studies in healthcare facilities that are receiving contributed product; Xttrium Laboratories: Receipt of contributed product, Conducting studies in healthcare facilities that are receiving contributed product; Clorox: Receipt of contributed product, Conducting studies in healthcare facilities that are receiving contributed product; 3M: Receipt of contributed product, Conducting studies in healthcare facilities that are receiving contributed product; J. He, Sage Products: Receipt of contributed product, Conducting studies in healthcare facilities that are receiving contributed product; Xttrium Laboratories: Receipt of contributed product, Conducting studies in healthcare facilities that are receiving contributed product; Clorox: Receipt of contributed product, Conducting studies in healthcare facilities that are receiving contributed product; 3M: Receipt of contributed product, Conducting studies in healthcare facilities that are receiving contributed product; M. H. Coady, Sage Products: Receipt of contributed product, Conducting studies in healthcare facilities that are receiving contributed product; Molnlycke: Receipt of contributed product, Conducting studies in healthcare facilities that are receiving contributed product; Xttrium Laboratories: Receipt of contributed product, Conducting studies in healthcare facilities that are receiving contributed product; Clorox: Receipt of contributed product, Conducting studies in healthcare facilities that are receiving contributed product; R. Platt, Sage Products: Receipt of contributed product, Conducting clinical studies in which participating healthcare facilities are receiving contributed product; Xttrium Laboratories: Receipt of contributed product, Conducting clinical studies in which participating healthcare facilities are receiving contributed product; Clorox: Receipt of contributed product, Conducting clinical studies in which participating healthcare facilities are receiving contributed product; receive research funds from Clorox, but Clorox has no role in the design; Molnlycke: Receipt of contributed product, Conducting studies in healthcare facilities that are receiving contributed product; S. S. Huang, Sage Products: Receipt of contributed product, Conducting studies in which participating healthcare facilities are receiving contributed product (no contribution in submitted abstract), Participating healthcare facilities in my studies received contributed product; Xttrium Laboratories: Receipt of contributed product, Conducting studies in which participating healthcare facilities are receiving contributed product (no contribution in submitted abstract), Participating healthcare facilities in my studies received contributed product; Clorox: Receipt of contributed product, Conducting studies in which participating healthcare facilities are receiving contributed product (no contribution in submitted abstract), Participating healthcare facilities in my studies received contributed product; 3M: Receipt of contributed product, Conducting studies in which participating healthcare facilities are receiving contributed product (no contribution in submitted abstract), Participating healthcare facilities in my studies received contributed product; Molnlycke: Receipt of contributed product, Conducting studies in which participating healthcare facilities are receiving contributed product (no contribution in submitted abstract), Participating healthcare facilities in my studies received contributed product

1762. Complicated *Staphylococcus aureus* Bacteremia (SAB) Is Associated with Genetic Variation in *GLS2*

Vance Fowler Jr., MD, MHS¹; Felicia Ruffin, MSN, RN²; Batu Sharma Kuinkel, PhD³; Derek D Cyr, PhD⁴; Shengru Guo, PhD⁵; Derek Dykxhoorn, PhD⁵; Robert Skov, MD⁶; Niels Bruun, MD⁷; Anders Dahl, MD⁸; Christian Lærke, MD⁹; William Scott, PhD⁵; Paal Andersen, PhD¹⁰; DANSAB Study Group; ¹Medicine, Duke University, Durham, North Carolina; ²Division of Infectious Diseases, Duke University Medical Center, Durham, North Carolina; ³Duke University Medical Center, Durham, North Carolina; ⁴Center for Applied Genomics & Precision Medicine, Duke University, Durham, North Carolina; ⁵University of Miami, Miami, Florida; ⁶National Center for Antimicrobials and Infection Control, Statens Serum Institut, Copenhagen, Denmark; ⁷Gentofte University Hospital, Copenhagen, Denmark; ⁸Gentofte Hospital, Copenhagen, Denmark; ⁹Aalborg University, Copenhagen, Denmark; ¹⁰Statens Serum Institut, Copenhagen, Denmark

Session: 214. Host-pathogen Integration
Saturday, October 7, 2017: 8:30 AM

Background. SAB is a serious, common infection. We used whole exome sequencing (WES) to examine the cumulative effect of coding variants in each gene on risk of complicated SAB in a discovery set of patients, and then evaluated the nominally significant genes in a replication set of patients using custom-capture sequencing.

Methods. The discovery set comprised 84 complicated SAB cases (endocarditis or bone/joint infection) frequency-matched by age (in deciles), sex, and bacterial clonal complex (CC5/30, CC8) to 84 uncomplicated SAB controls. All were white inpatients at Duke University. WES utilized Agilent SureSelect 72Mb capture kits, followed by sequencing on an Illumina HiSeq2000, alignment and base calling with a standard pipeline. The SKAT-O and EPACTS packages were used for gene-based association tests and logistic regression models with Firth bias correction, respectively. Both controlled for age, sex, and clonal complex as covariates. The replication set of 122 complicated SAB cases and 118 uncomplicated SAB controls was frequency matched by age, sex, and clonal complex. All were white Europeans collected by the Statens Serum Institute. An Agilent SureSelect 2Mb capture array captured genic sequence for 342 genes nominally associated with complicated SAB in discovery (SKAT-O $P < 0.035$). Sequencing and data analysis proceeded as for WES. A Bonferroni-corrected gene-based test P -value of 1.5×10^{-4} determined significance in the replication set.

Results. One gene, *GLS2*, was significantly associated with complicated SAB in the replication set ($P = 1.2 \times 10^{-6}$). The strongest single-variant association in all 342 genes was rs2657878 in *GLS2* ($p = 5 \times 10^{-4}$). This variant is strongly correlated with a missense variant (rs2657879, $p = 4.4 \times 10^{-3}$) in which the minor allele (associated here with complicated SAB) has previously been shown to reduce circulating glutamine levels.

Conclusion. Comprehensive examination of the coding sequence for association with complicated SAB in a two-stage discovery/replication design identified a novel candidate gene. *GLS2* is an interesting candidate for complicated SAB due to its role in regulating glutamine production, a key factor in activation of T-cell production.

Disclosures. V. Fowler Jr., Pfizer, Novartis, Galderma, Novadigm, Durata, Debiopharm, Genentech, Achaogen, Affinium, Medicines Co., Cerexa, Tetrabase, Trius, MedImmune, Bayer, Theravance, Cubist, Basilea, Affinergy, Janssen, xBiotech, Contrafect: Consultant, Consulting fee; NIH, Basilea, MedImmune, Cerexa/Forest/Actavis/Allergan, Pfizer, Advanced Liquid Logics, Theravance, Novartis, Cubist/Merck; Medical Biosurfaces; Locust; Affinergy; Contrafect; Karius; Grant Investigator, Research grant; Green Cross, Cubist, Cerexa, Durata, Theravance; Debiopharm: Consultant, Consulting fee; UpToDate: author on several chapters, Royalties

1763. Role of M Cells in Human Mucosal Immunity to *Mycobacterium tuberculosis*

Vidhya Nair, MD, MS¹; Haaris Khan, B.S.¹; Ron Mitchell, MD² and Michael U. Shiloh, MD, PhD¹; ¹Internal Medicine, University of Texas Southwestern Medical Center, Dallas, Texas; ²Otolaryngology Head and Neck Surgery, University of Texas Southwestern Medical Center, Dallas, Texas

Session: 214. Host-pathogen Integration
Saturday, October 7, 2017: 8:30 AM

Background. *Mycobacterium tuberculosis* (Mtb), the causative agent of tuberculosis (TB), is a bacterial pathogen that infects roughly one-third of the world's population and causes 1–2 million deaths per year. The current paradigm is that phagocytosis of Mtb by patrolling alveolar macrophages initiates Mtb infection. While this model can account for pulmonary TB, it does not adequately explain the occurrence of extrapulmonary forms of TB that manifest in the absence of obvious lung involvement, such as tuberculous cervical lymphadenitis, also known as scrofula. We hypothesized that specialized epithelial cells called microfold cells (M cells) may be an alternate portal of entry for Mtb. Previously we demonstrated that Mtb is able to transcytose across an epithelial barrier in an M cell dependent manner and that M cell mediated transcytosis is vital for Mtb pathogenesis in a mouse model of tuberculosis.

Methods. We used an in vitro M-cell mediated translocation assay and a Mtb mutant lacking a key virulence factor, ESAT6. We used biochemistry and genetics to identify a novel receptor for ESAT6. We also developed a novel explanted human adenoid Mtb infection model to study mucosal immunity.

Results. We now demonstrate that the Mtb virulence factor ESAT6 is necessary and sufficient to mediate binding and transcytosis by M cells in vitro and in vivo, and that uptake of Mtb by M cells requires a unique cell surface ESAT6 receptor. We developed a novel explanted human adenoid model of M cell biology and demonstrate rapid Mtb transcytosis by primary human tissue within 60–120 minutes. Using flow cytometry we find that Mtb is first ingested by M cells and then after transcytosis, by tissue resident antigen-presenting cells. Explanted adenoids from 10 independent donors display a wide range of Mtb uptake.

Conclusion. We conclude that Mtb ESAT6 is necessary for Mtb uptake by M-cells and that binding and transcytosis require a host receptor. Because explanted adenoids display a wide range of Mtb uptake, M cell mediated transcytosis may confer differential susceptibility to scrofula and disseminated disease. These findings are significant as M cells could potentially serve as the basis for novel therapeutic targets against primary Mtb infection.

Disclosures. All authors: No reported disclosures.

1764. Investigating Immune Correlates of Protection to Tuberculosis Using an Ultra-Low Dose Infection in a Mouse Model

Benjamin Gern, MD^{1,2,3}; Courtney Plumlee, PhD³; Michael Gerner, PhD⁴ and Kevin Urdahl, MD, PhD^{1,3,4}; ¹Infectious Disease, Seattle Children's Hospital, Seattle, Washington; ²Pediatrics, University of Washington, Seattle, Washington; ³Center for Infectious Disease Research, Seattle, Washington; ⁴Immunology, University of Washington, Seattle, Washington