Score <85 (-1 SD). After adjusting for gender, breastfeeding, age, and maternal literacy, the cumulative number of weeks with reported cough (p=0.0009), fever (p=0.0001), or any syndromic illness (p=0.0007) were associated with decreased 12-month MSEL ECL Score; there was no association with diarrhea/vomiting (p=0.36). There was no association between caregiver-reported syndromic illnesses (any type) and stunting at final study visit.

Conclusion: In a cohort of Guatemalan infants, cumulative fever and cough episodes were significantly associated with lower MSEL ELC Score, whereas there was no association with diarrhea/vomiting. In this low-resource community, these findings highlight the potential negative ND consequences of febrile illness and persistent cough in the first year of life. NIAID Contract HHSN272201300015I Task Order HHSN27200013 (Co-PIs: FMM and EJA).

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758. Epidemiology of Tick-Borne Encephalitis (TBE): A Traveler′s Perspective
Sarah Pugh, PhD[1]; Wilhelm Erber, PhD[1]; Andreas Pilz, PhD[1]; Heinz-Josef Schmitt, MD[1]; [1]Pfizer, Collegeville, Pennsylvania

Session: P-31. Global Health

Background: Tick-borne Encephalitis (TBE) is a CNS infection caused by the TBE virus (TBEV), transmitted by ticks or by ingestions of unpasteurized dairy products. Persisting sequelae occur in up to 50% of patients and case fatality rates are 0.4-6% (up to 20% in Russia). There is no specific treatment, but prevention exists. New areas of TBEV circulation were recently identified. Here the current distribution of the TBEV by the end of 2019 is summarized.

Methods: Data were obtained from solicitation of local expert data from countries in Europe and Asia on TBEV isolation, type of surveillance/reporting, past/current case counts, and vaccine uptake, supplemented by literature searches. Countries were classified as suggested by the European Centers for Disease Prevention and Control (ECDC) as TBE- "predisposed" (competent ticks present), "imperiled" (TBEV isolated), "affected" (sporadic autochthonous cases) or "endemic" (annually autochthonous cases).

Results: TBE has now been diagnosed in Eurasia from the United Kingdom, Norway and France in the west, northern Italy in the south, central/eastern Europe, Russia, China on to Japan in the east. "New endemic" countries in the last five years include the United Kingdom, the Netherlands, as well as "new endemic regions", e.g. in France, Norway, Germany, Finland and Poland. Six countries are considered as predisposed only, three as imperiled, five as affected and 29 as endemic. Misclassification is likely as some countries have no testing (no test), incomplete testing and/or underreporting.

Conclusion: The main considerations of TBEV risk for oversea travelers to Eurasia are: 1) the exact region and terrain within a country; 2) the planned type of (outdoor) activity; 3) the reliability of within country TBEV surveillance. TBE incidences per region may fluctuate log-fold over just a few years and low reported case counts may reflect a lack of testing, and/or preventive measures including vaccine uptake, and underreporting. As the incidence of TBE is unpredictable, prevention measures should be considered for any person traveling or residing in a recognized TBE "risk area".

Disclosures: **Sarah Pugh, PhD**, **Pfizer** (Employee, Shareholder) **Wilhelm Erber, PhD**, **Pfizer** (Employee, Shareholder) **Andreas Pilz, PhD**, **Pfizer** (Employee, Shareholder) **Heinz-Josef Schmitt, MD**, **Pfizer** (Employee, Shareholder)

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759. Where can we find active TB? Case finding at community sites and alcohol based venues (ABVs) in rural South Africa.
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Philanjalo NGO

Session: P-31. Global Health

Background: Community-based intensive case finding (CBICF) is an effective strategy for infectious disease case detection, particularly for hard-to-reach populations. Alcohol use is increasingly recognized as a risk factor for tuberculosis. We report on the association of alcohol use with tuberculosis case detection as part of a CBICF in a rural resource limited setting.

Methods: In rural KwaZuluNatal, South Africa, community health workers stationed outside ABVs, community centers, and public events conducted health education and voluntary confidential screening in a mobile clinic. A WHO endorsed TB symptom screen (with sputum collection for GeneXpert if ≥1 symptom), HIV rapid test, random glucose (elevated >7mmol/L), and blood pressure (elevated >140 or >90mmHg) were offered. Community members with positive results were referred to their primary care clinic. Alcohol Use Disorder Identification Test (AUDIT) was used to identify hazardous drinking (score ≥8for men, ≥6for women). Here we report on TB screening results only.

Results: Among 1438 participants, 91.2% were screened at ABV, 72.3% were male, median age was 30 (IQR 22-46), 25.9% were employed, 92.0% had electricity but only 29.4% had running water. Among those screened at all sites, 43.1% reported hazardous alcohol use, 39.3% tobacco use, and 13.9% cannabis use. Overall, 5 people with active TB were identified representing a number needed to screen of 288 to identify

one case of TB. Bivariate analysis showed TB cases were more likely to be associated with older age (p=0.03), cigarette use (p=0.06), and hazardous alcohol use (p=0.01). Among only men who were screened, older age (p=0.01) and hazardous alcohol use (p=0.04) were associated with active TB disease. The mean AUDIT score among TB cases was 13.8 (SD 4.09) compared to non-TB cases 6.8 (SD 7.5) (p=0.04).

Conclusion: CBICF is a useful way to detect people with active TB, especially for hard-to-reach rural populations. Focusing screening efforts among those at ABVs is high yield and can be a useful adjunctive strategy for TB case finding efforts. These findings highlight a need for comprehensive substance abuse services to assist those at high risk for TB acquisition.

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760. A Silent Threat: Seroprevalence of Chagas Disease in Latin Americans Living in Long Island, New York
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Hispanics

Session: P-31. Global Health

Background: Chagas Disease (CD), a neglected tropical disease of Latin America (LA) is caused by the parasite *Trypanosoma cruzi*, transmitted by the triatomine insect (kissing bug), and known to cause cardiomyopathy (CMP), megacolon or achalasia. Despite the population of Latin Americans, by birth or descent, in Long Island (LI), New York (NY) approximating 20%, information regarding prevalence of CD in this region is scarce. This study aims to determine the seroprevalence and risk factors for *T. cruzi* infection among hispanics in LI.

Methods: This is a cross-sectional study. Inclusion criteria included, birth or living in LA for > 3 years, mother born or lived in LA for ≥3 years, and residency in Suffolk County, LI. Patients were screened by Chagas Detect™ *Plus* Rapid Test (immunochromatographic strip assay for the qualitative detection of human IgG antibodies to *T. cruzi; In*Bios Rapid test). Seropositivity was confirmed by enzyme immune assay and immunoblot. Participants answered a questionnaire regarding demographics and risk factors of CD.

Results: A total of 121 subjects (55.4% male) were tested from February 2018 to February 2020. Twelve were seropositive confirmed cases (9.9%; 66.7% male), with 9 cases from El Salvador (75%, p=0.06). Factors associated with infection were living in a palm house (OR=14.1, CI 2.7-74.7), history of triatomine bite (OR=9.5 CI=1.75–51.7), living in a house with triatomine (OR= 9.02, CI=1.9 – 42.8), and having relatives diagnosed with Chagas (OR= 7.6, CI=1.4 – 39.2). *T. cruzi* infected were most likely to have donated blood (OR=9.4, 95% CI=2.3–3.6). Two cases (16.6%) had CMP and did not qualify for treatment. One had gastrointestinal disease (8.3%). Eight started treatment with benznidazole.

Conclusion: In conclusion, we found a prevalence of 9.9% of *T. cruzi* infection in this high-risk population of LI. Two cases were diagnosed with CMP during this screening study highlighting that there are unrecognized cases of CD in this region where 20% are Hispanics. Such high prevalence and unrecognized disease, highlights the importance of raising awareness among providers of early screening and to prevent potential deadly outcomes.

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761. Antimicrobial Resistance Trends at a Pediatric Hospital in Guatemala City, 2005-2019
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Session: P-31. Global Health

Background: Antimicrobial resistance (AMR) is an increasing global threat to public health, particularly in Latin America. Most published data are based on adults with limited pediatric reports regarding resistance trends. Our study evaluated AMR rates in a large tertiary pediatric hospital in Guatemala City and the association with clinical outcomes.

Methods: We analyzed AMR rates for six bacterial species (Acinetobacter baumannii, Enterobacter cloacae, Escherichia coli, Klebsiella pneumoniae, Pseudomonas aeruginosa, and Staphylococcus aureus) identified from blood cultures from the WHONET database between 2005-2019. Resistance was determined using CLSI cutoffs on the VITEK and Sensititre systems. Student's t tests and simple linear regression models were performed. A retrospective review was performed on 99 pediatric patient charts with positive blood cultures (June 2018-May 2019) to assess clinical outcomes.

Results: *Klebsiella* and *Acinetobacter* were the most prevalent organisms throughout the 15 years of surveillance, with 2019 sensitivities demonstrating carbapenem-resistance in 99 (57%) and 57 (91%) of isolates, respectively. Increased resistance