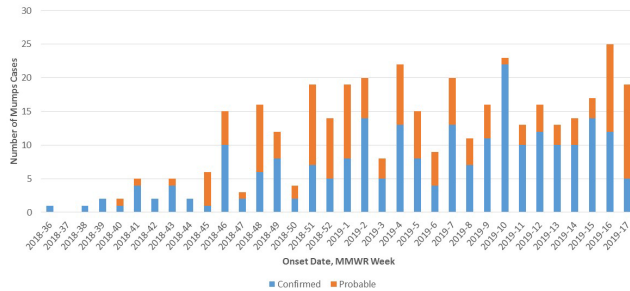


states (figure). The median age of patients was 24 years (range: 18–66); 94% were male. Vaccination status was unknown for all patients. Most (80%) patients were exposed while in custody of ICE or other US legal agency, 7% were exposed before apprehension, and custody status at exposure was unknown for 13%. Among 265 patients with data on complications, 15% had orchitis; at least 3 were hospitalized. Mumps genotype G, the most common genotype in US, was identified in specimens from 70 patients. This mumps response included >7,000 MMR vaccine doses distributed to affected facilities, and hundreds of exposed detainees placed under restricted movement in their facility each week. The response is ongoing as new cases continue to be reported.

Conclusion. This is the first report of mumps outbreaks occurring in multiple states and detention facilities during the same period. These outbreaks are costly and challenging to control. Identifying target groups for vaccination is challenging since detainees are frequently transferred and MMR vaccine does not prevent mumps in persons already exposed and infected. Effective public health interventions require an understanding of detention settings. Development of national guidance and resources for public health response to mumps and other infectious diseases in detention facilities would be beneficial.

Figure. Mumps Cases among US Immigration and Customs Enforcement Detainees by Case Status, United States, September 2018–April 2019 (N=389, as of 4/30/19)



Disclosures. All authors: No reported disclosures.

1618. Public Health at the United States/Mexico Border: Evaluation of the County of San Diego Health and Human Services Agency's Health Screening Assessment of Asylum-Seeking Families at the San Diego Rapid Response Network Shelter

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Background. Many families arrive at the United States–Mexico border seeking asylum. Jewish Family Service and the San Diego Rapid Response Network operate a shelter in San Diego that provides shelter, food, clothing, legal services and travel coordination for asylum-seeking families. Two local federally qualified health centers provide on-site urgent care.

Methods. In late December 2018, the County of San Diego expanded public health efforts by conducting health screenings of guests upon entry to the shelter with the goal of identifying health issues requiring urgent or emergent evaluation and preventing the spread of communicable disease. University of California San Diego Health physicians contracted by the County of San Diego Health and Human Services Agency (HHSA) nurses and ancillary staff provide daily on-site services to all shelter entrants including: health screening for diseases of public health significance, treatment and/or referral of urgent conditions, and medical clearance for shelter entry or medical isolation as needed. Official tracking of screening outcomes from January 2 to April 24, 2019 were collected using standardized surveys and analyzed for program evaluation and surveillance purposes.

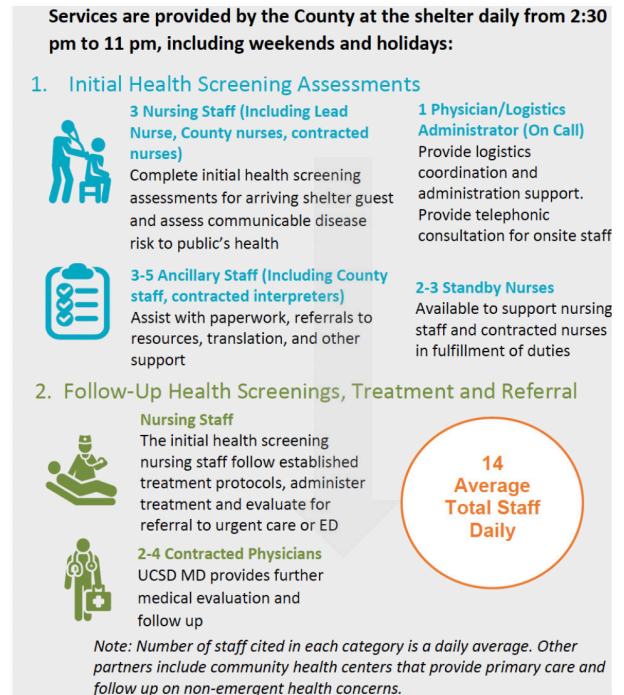
Results. During that time a total of 9,124 asylum-seekers were screened, averaging 81 guests daily, identifying: 42 influenza-like illness, 645 lice, 330 scabies, 8 varicella, and 0 hepatitis A cases. Chest radiography for suspected tuberculosis was performed for 29 guests. Only one chest x-ray was abnormal. Sputum specimens for acid-fast stain ($n = 3$) and nucleic acid testing ($n = 2$) were all negative and no tuberculosis cases were diagnosed. Emergency department referrals were made for <1% of guests ($n = 90$) for conditions including pregnancy complications, asthma, dysentery, hemoptysis and fractures. No deaths or outbreaks of communicable disease occurred.

Conclusion. Coordination among local partner agencies resulted in early identification of communicable and acute health conditions prior to shelter entry allowing evaluation, treatment and off-site isolation, and minimizing stress on the emergency medical services system. This approach provides a successful model for health screening of asylum-seeking families arriving at the United States–Mexico border.

Table 1. Common Clinical Findings from Health Screening of Asylum-Seekers at the San Diego Rapid Response Network Shelter

| Daily Findings | 1/2/19 – 4/24/19 |
|--------------------------------|------------------|
| Influenza-like Illness | 42 |
| Suspected tuberculosis | 29 |
| Varicella | 8 |
| Lice | 645 |
| Scabies | 330 |
| Hepatitis A | 0 |
| Emergency Department Referrals | 90 |
| Total | 1144 |

Figure 1. Overview of Health Screening Program Structure and Staff



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1619. Carbapenemase Producing Enterobacteriaceae in River Estuaries and Coastal Water of Netanya, Israel

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Background. The role of the environment in the human epidemiology of carbapenem-resistant Enterobacteriaceae (CREs) is poorly understood. Several reports described carbapenemase-producing Enterobacteriaceae (CPE), cultivated from freshwaters of rivers and seawater, but there are no data from Israel. We encountered a young patient diagnosed as a rectal-carrier of 2 CPEs, both harboring the *bla*_{KPC} sequence, after near-drowning in seawater near Netanya. In this study, we aimed to study river estuaries and the nearby Netanya beaches for the presence of CPEs.

Methods. On 2 occasions (June, July 2018) we filtered coastal water (Beit-Yanai and Sironit beaches) and freshwater (Alexander and Poleg estuaries) through 0.2µm sterile cellulose acetate membranes. Filtered bacteria were cultured in thioglycolate broth media and transferred to different solid media. Enterobacteriaceae growing on Chromagar MSupercarba (Hylabs[®]) plates were isolated, identified, and subjected to modified Hodge test or CARBA-NP hydrolysis. Carbapenemase genes (*bla*_{KPC}, *bla*_{VIM}, *bla*_{NDM}, *bla*_{IMP}, *bla*_{OXA-48}) were identified using Cepheid[®] GeneXpert Carba-R and *bla*IMI using homemade-PCR in the reference laboratory.

Results. Four CREs were identified from the environment: 2 CP *E. cloacae* *bla*_{IMP} found in both Alexander estuary and seawater of Beit-Yanai; 1 CP *E. coli* *bla*_{OXA-48} found in Poleg estuary, and 1 *E. cloacae* non-CP CRE found in Alexander estuary (Table 1, Figure 1). The 3 *Enterobacter* spp had similar antibiogram phenotype.

Conclusion. On two occasions CREs were easily cultivated from seawater of a popular recreational beach as well as from 2 river estuaries in Netanya. The bacterial species as well as the carbapenemase types found in the environment are quite rare compared with the clinical human epidemiology in the hospital serving the population of this district. More research is required in order to reproduce these findings, to