

and medical information via standardized interview. Medical conditions were defined by self-report. We used multivariate logistic models for adjusted analyses of the relationship between TB and DM.

**Results.** Of 75,971 inmates, 3,104 (4.3%) reported a history of TB diagnosis. Table 1 shows the characteristics of the TB and non-TB groups. The prevalence of DM was higher in the TB group compared with the non-TB group (4.2% vs. 2.4%;  $P < 0.001$ ). In multivariate analysis, DM was associated with twice the odds of having had a diagnosis of TB (adjusted OR = 2.2; 95% CI: 1.8–2.7). Male sex, Spanish language, no college/university education, reimprisonment, hypertension, and HIV infection were also associated with increased odds of prevalent TB (Figure 1).

**Conclusion.** There was a high prevalence of TB among prison inmates in Peru. DM was associated with an increased likelihood of prevalent TB. Our results are consistent with findings in noninstitutionalized populations and underscore the need to implement aggressive screening and treatment interventions for both TB and DM in prison settings.

**Table 1:** Characteristics of TB and Non-TB Groups in Peruvian Prisons

Variables	TB group N = 3,104	Non-TB group N = 72,331	P-value
Age in years, mean ± SD	35.1 ± 10.4	36.1 ± 11.5	<0.001
Male sex, n (%)	3,053 (98.3)	68,516 (93.8)	<0.001
College/University education, n (%)	8,996 (6.6)	201 (12.7)	<0.001
Spanish language, n (%)	2,893 (93.2)	64,295 (88.2)	<0.001
Reimprisonment, n (%)	723 (27.0)	9,110 (16.2)	<0.001
Hypertension, n (%)	175 (4.7)	3,399 (5.6)	0.011
Diabetes mellitus, n (%)	131 (4.2)	1,766 (2.4)	<0.001
HIV infection, n (%)	65 (2.1)	251 (0.3)	<0.001

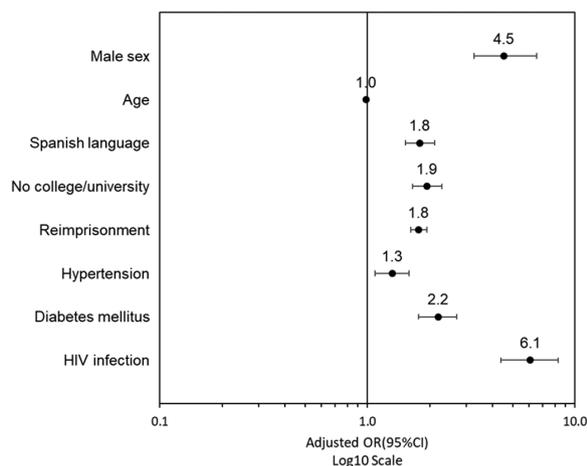


Figure 1. Factors associated with TB in Peruvian prisons

**Disclosures.** All authors: No reported disclosures.

### 766. Migration Flows and Increase of Extrapulmonary Tuberculosis in a Low Prevalence Setting: A Retrospective Analysis in Two Italian Centers

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**Session:** 70. Tuberculosis and Other Mycobacterial Infections  
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**Background.** Extrapulmonary tuberculosis (EPTB) represents 25% of Worldwide tuberculosis and it is more commonly associated with immunodepression. The purpose of this study was to determinate the burden of EPTB in a low TB prevalence setting.

**Methods.** A retrospective evaluation of patients treated for TB at Tor Vergata Hospital and Terni Hospital (Italy) from January 2013 to November 2017 was done. Clinical charts, laboratory tests and radiological findings were reviewed and analysed. Data were elaborated using Yates' method analysis, Fisher test and Pearson's chi-square test.

**Results.** A total of 171 patients were enrolled from 2013 to 2017 in two Italian centers (Rome and Terni); 71% were males, with a mean age of 41.5 years. The number of TB diagnosis increased among the study period (6.6% in 2013 vs. 56% in 2017) and an increase of EPTB (23% in 2013 vs. 44% in 2017) was seen. Most commonly EPTB presented as generalized lymphadenitis (34%), osteomyelitis and spondylodiscitis (28%) and other sites localizations (31%). Statistical analysis revealed a significant correlation between geographical provenience and TB localization ( $P = 0.004$ ). Extra

European immigrants (76% Africans) resulted at higher risk of EPTB (OR 2.31; CI 95% 0.63–8.46), while being Caucasian showed a protective role toward EPTB development ( $P = 0.001$ ). The risk of EPTB doubled in 2015–2017 respect 2013–2014.

**Conclusion.** From 2013 to 2017 an increase in TB admissions was documented with a significant higher number of EPTB cases, particularly in extra-European immigrants. The doubled risk in 2015–2017 was likely the consequence of the recent ongoing escalating levels of migration from African countries and may result as an emerging Public Health problem.

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### 767. A 7-Year Retrospective Study of Pediatric Tuberculosis in a Third-Level Hospital in Mexico City

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**Background.** According to WHO data, in 2016 10.4 million people were infected with tuberculosis (TB), from which one million were patients  $\leq 18$  years, and 250,000 deaths. The diagnosis of TB in pediatric patients is a challenge given the clinical behavior.

**Methods.** This is a retrospective, descriptive, and observational study of patients under 18 years treated at the TB Clinic at Department of Pediatric Infectious Diseases in the National Institute of Pediatrics (INP) in Mexico City during the period 2011–2018.

**Results.** A total of 118 cases were included; 64 (54.5%) were male, and the average age at diagnosis was  $79.45 \pm 63.7$  months. The most frequent presentations were; lymph node in 50 (42.4%) cases, followed by skeletal 20 (16.9%), pulmonary 16 (13.6%), meningeal 11 (9.3%), abdominal 6 (5.1%), cutaneous 6 (5.1%), and miliary 4 (3.1%). The most common symptoms were fever (52%) and lymphadenopathy (49%). TST was applied in 42 cases (55% positive). A positive COMBE was reported in 47.5% of patients. We performed: GeneXpert<sup>®</sup> in 33 (28%) cases with 36% positive results; biopsy in 74 (62%) cases with 92% positive cases; and Ziehl-Neelsen stain in 30 (25.4%) cases with 26% positive results. Positive cultures (41%) isolated: *M. bovis* 25 (52.4%), followed by MTB complex in 9 (19%), *M. tuberculosis* 7 (14.3%) and atypical *Mycobacteria* with 7 (14.3%) cases. The most frequent treatment was: INH (98.2%), RIF (95.5%), E (85.6%) and PZA (77.5%) with an average of 6.3 months during intensive phase and 10.1 months of maintenance. Primary immunodeficiency (PID) was detected in 33 (20.3%) cases, mainly: chronic granulomatous disease in 15 (45.5%), Mendelian susceptibility to Mycobacterial diseases was found in 8 (24.2%) and severe combined immunodeficiency in 7 (21.2%). Overall mortality was 2.5%.

**Conclusion.** Tuberculosis in Mexico is still a major public health problem and thus is important to remain suspicious of it. This is the first report in Mexico where immunodeficiency is investigated in pediatric patients with tuberculosis, detected in one out of five cases, which stresses the need of its search, given this can modify the outcome.

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### 768. Epidemiological and Clinical Profile of Miliary Tuberculosis in Southern of Tunisia

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**Background.** Miliary tuberculosis (MT) is a severe rare form of tuberculosis (TB). It is often due to lymphohaematogenous dissemination of tubercle bacilli. Although the global incidence of TB has been slowly decreasing with globally conducted program, MT incidence is relatively increasing owing mainly to widespread use of immunosuppressive drugs and HIV/AIDS pandemicity. Few reports were found regarding epidemiological data of MT in developing countries. We aim to evaluate epidemiological characteristics of MT in the region of Sfax Southern Tunisia.

**Methods.** We conducted a retrospective study of all new cases of MT of all ages between January 1995 and December 2016. Data were collected from the regional register of tuberculosis implanted in the anti-tuberculosis center of Sfax.

**Results.** We analyzed 22 patients with MT accounting for 0.8 of all cases of tuberculosis. Incidence rates of MT were stable over the 22-year study period. Their median age was of 41 years (IQR = [17–63.5]) and a half of them were females. MT was significantly more common in patients less than 15 years (2.4% vs. 0.7%; OR = 3.5;  $P = 0.04$ ). Six patients (27.3%) had extra-pulmonary locations with lymph nodes ( $n = 1$ ), meninges ( $n = 2$ ), bones and joints ( $n = 1$ ), abdominal cavity ( $n = 1$ ), and pleura ( $n = 1$ ). One patient (4.5%) died within 8 months after a confirmed diagnosis. Median duration of treatment was 10 months (IQR = [6–15 months]). The outcome was favorable in 19 cases (86.4%) and three patients received a combined-drug regimen (13.6%).