665. Introduction of Preventive Vaccination of Meningococcal Meningitis using MenAfriVac in Northern Uganda 2017
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Background. Major outbreaks of meningococcal meningitis Serotype A are cyclic; occurring every 10 years, with over 75% of the outbreak occurring within age category of 1–29 years. The overall objective of the preventive campaign was to reduce morbidity and mortality caused by meningococcal meningitis serotype A in Uganda. The specific objective of the campaign was to conduct a 90% coverage of MenAfriVac conjugate Vaccine in a target population of 1–29 years in 39 meningitis high-risk districts.

Methods. The 5 days’ campaign was conducted in 39 districts of northern Uganda with a total population of 10,142,326. A target population of (1–29 years) 7,198,555 was reached. Activities conducted during the preparation and implementation of the campaign included; district coordination meetings, district/health facility micro-planning meetings, district/sub county trainings of health workers and provision/distribution of logistics. The preventative campaign was conducted from 19th 23rd January 2017.

Results. A total of 7,282,554 (1–29 years) and 37,377(>30 years) were vaccinated in a period of 5days. The age categories of 1–5, 6–15, and 16–29 years were 10,842,831(15%), 1,879,424(26%), and 2,096,281(29%) in total population covered, respectively. Training at district level, 893 (males, 71%) health workers were trained while at sub county level 12,150 health workers were trained and 6,076 post mobilizers were sensitized. A total of 663 vaccination post was established in the 39 districts and 5,094,588 doses of MenAfriVac conjugate vaccine were utilized. The coverage achieved during the campaign was 104% with wastage factor of 2.3%. adverse events following immunization (AEFI) were 108cases (minor 101 and major 7).

Conclusion. The preventive campaign was successful conducted despite massive influx of refugees from southern Sudan in some participating districts as noted by coverage of 104%. The MenAfriVac conjugate vaccine was safely introduced in Uganda.

Disclosures. All authors: No reported disclosures.

666. Ebola and Beyond: Developing an Infectious Diseases Treatment Infrastructure in the United States
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Background. From 2014 to 2016, West Africa experienced the largest outbreak of Ebola in history. While a few hospitals successfully managed several patients with Ebola Virus Disease, gaps within the U.S. healthcare system became evident after two nurses were infected with Ebola while providing patient care to a patient with Ebola. In 2015, the U.S. Department of Health and Human Services (HHS) initiated programs to address Ebola clinical care preparedness and response.

Methods. In response to the 2014 Ebola outbreak in West Africa, the U.S. Department of HHS sought to increase the competency of healthcare and public health workers and capabilities of healthcare facilities in the U.S. to deliver safe and effective care to patients with Ebola and other special pathogens. The National Ebola Training and Education Center (NETEC), a collaboration between three facilities who successfully treated patients with Ebola, was established. The NETEC serves as an infrastructure to disseminate best practices, standardize patient care, expedite experimental therapeutics and improve the safety for patients and healthcare professionals.

Results. The Assistant Secretary for Preparedness and Response and the Centers for Control and Prevention have designated ten Regional Treatment Centers. The NETEC has created assessment metrics, training materials, drills, etc to support these facilities. To date, over 2000 healthcare professionals have been trained by NETEC.

Conclusion. Many of the gaps in outbreak preparedness within the U.S. healthcare systems are being addressed by NETEC and the ten regional Ebola treatment centers. This system has growing capacity to effectively identify, isolate, transport and treat patients with serious communicable and novel infections with appropriate clinical containment measures. The NETEC continues to expand the capacities of the U.S. healthcare system to face these challenges in order to care for these patients while protecting the safety of healthcare workers, healthcare systems and the community. It is critical to maintain continued preparedness to manage the future threats.

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667. Six-Year Surveillance of Diphtheria Outbreak in Indonesia
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Background. Diphtheria outbreak has become a major problem in Indonesia since 2011. East Java province in Java Island, with 35 millions population, is the most severely affected area contributing approximately 80% of the total cases in the country. The objective of this study is to present a 6-year (2011–2016) surveillance report of diphtheria outbreak in East Java Indonesia.

Methods. This study was based on surveillance data collected (actively and passively) at East Java Provincial Health Office from all districts since January 2011 until December 2016. The data came from the district and provincial hospitals, the health officers, the patients and families, and also the contacts. Microbiology cultures were performed at an international standard diphtheria laboratory in Surabaya.

Results. For six years period since 2011, there were 3,353 cases reported from 35 among 38 districts (92.1%), with the peak at 2012 (995 cases). This number was the second rank in the world after India. The case fatality rate was 3.3% (110 patients). Male (1,790, 53.4%) slightly outnumbered female. Although most patients were below 15 years old (2,343, 69.4%), the trend showed the increasing proportion of adolescents and adults. The largest proportion was on below 10 years of age. Based on the immunization status, the percentage of unimmunized patients, partially immunized, and completely immunized by age were 39%, 49.3%, and 11.7%, respectively. The youngest and oldest age among those deceased were 11 month and 70 year old. Only 197 nasal and throat swab specimens were positive for toxigenic Corynebacterium diphtheriae. Among serotypes, mitis was the most followed by gravis.

Conclusion. For six years (2011–2016) there have been a diphtheria outbreak in East Java Indonesia. The highest number of patient was recorded in 2012. Most of the patients affected were not completely immunized. Each year, the positivity rate of throat and nasal swab culture were low. Until today, many efforts in severely affected area could not stop the high incidence of diphtheria cases.

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