Methods. This retrospective study was conducted at a 1,541 bed academic medical center in New Haven, CT between January 14 and 11, 2017. Microbiology records, patient charts, and infection prevention databases were reviewed to find TB exposures. A scoring system adapted from CDC’s “Guidelines for the Investigation of Contacts of Persons with Infectious Tuberculosis” was developed to predict infectivity (two points for laryngeal TB, one point each for: cavity TB, ≥ 1 positive respiratory acid fast bacilli smear or Xpert MTB/RIF, multi-drug-resistant (MDR) TB, foreign born status, immunocompromised status, cough/breathiness, or procedure associated with positive TB culture). Using the “stone in the pond” principle, contacts were graded based on the type of exposure (Figure 1). Based on high, medium, and low risk, our new risk-stratified approach was applied to contact tracing.

Results. During the study period, 17 of 29 patients with pulmonary TB led to exposures. A subset of seven TB patients with complete exposure data was selected for further analysis. The original exposure investigations led to contact tracing of 586 HCP and 72 patients. No active or latent TB cases were identified among these exposed contacts. Using our scoring system, these seven patients were categorized into three high, two medium, and two low infectivity risk groups. On applying our new risk-stratified approach, contact tracing could be reduced by 42% and 84% for medium and low-risk exposures, respectively, by excluding these HCP groups from investigation (Figure 2).

Conclusion. We recommend a risk-stratified approach to healthcare-associated TB exposure investigations similar to the “stone in the pond” principle, based on index patient’s infectivity risk and type of exposure. This has potential to optimize resources and possibly reduce anxiety in medium and low-risk TB exposures in an area of low TB incidence.

Figure 1. Grading Exposure Risk Using *Stone in the Pond* Principle

Figure 2. Patient Infectivity Score and Graded Healthcare Exposure Investigation

Disclosures. All authors: No reported disclosures.

808. Perinatal Depression Among HIV- and TB-Infected and Uninfected Women in an Urban Slum in India: Prevalence and Associated Birth Outcomes

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Background. In low- and middle-income countries, depression during pregnancy is three times more common than in the United States and is more common than postpartum depression. There have been few studies on the prevalence of antepartum and postpartum depression among HIV-infected and uninfected pregnant women in an urban slum in India, and to evaluate associated pregnancy and birth outcomes.

Methods. This study was a longitudinal cohort study of HIV-infected and HIV-uninfected pregnant women at Saksan General Hospital in Pune, India. Enrolled women answer questions about sociodemographics and medical history, including obstetric history. The PHQ-9 depression scale is administered during pregnancy and at 6 months postpartum.

Results. Of the 189 pregnant women enrolled, 113 (60 %) exhibited at least one symptom of depression on the PHQ-9 scale with 23 (12%) women having moderate or severe depression. However, significantly fewer postpartum women had evidence of depression (60% antepartum vs. 26% postpartum, P < 0.001). Of the 77 women who had a postpartum visit, 20 (26%) women had symptoms of depression prior to delivery, but only 2 (10%) had more severe depressive scores while 18 (90%) had improved depression scores (P < 0.001).

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