Results. Sixty-three HCW participated; 30 were BBE and 33 sleeved. A comparison of the 2 groups is shown in Table 1. The majority of bacterial growth was morphologically consistent with skin flora; no Gram-negative rods grew. The bioburden estimates and presence of Staphylococcus aureus were not different between the groups (P = 0.099 and 0.325, respectively). Surveys indicated that BBE providers were more likely to be working in freshly laundered garments (P < 0.0001); this was true for all BBE providers except 2 HCW on shift >24 hours. Three sleeved individuals could not remember when they last laundered the garment in which they were providing clinical care.

Conclusion. HCW laundering practices remain suboptimal, particularly among sleeved HCW. The potential impact of hand hygiene on comparative bioburden between sleeved and BBE HCWs remains unknown and is the focus of future investigations.

Table 1: Comparison of BBE and Sleeved Providers:

| Provider type | N=30 (BBE) | N=33 (Sleeved) | p value |
|---------------|------------|----------------|---------|
| Physican      | 12 (40%)   | 27 (82%)       | <0.0001 |
| Nurse         | 12 (40%)   | 0 (0%)         |         |
| Other         | 6 (20%)    | 5 (15%)        |         |
| Clean garments* | 28 (93%) | 16 (48%)       | <0.0001 |
| Staphylococcus aureus: (%) | 7(23%) | 4(12%) | 0.325 |
| MRSA: (%)     | 6(20%)     | 4(12%)         | 0.498   |
| Optical density** | mean (SD) | 2.8(1.8) | 3.5(1.5) | 0.099 |

*Defined as garment laundered in the last 24 hours
**OD estimated using McFarland Standards

Disclosures. All Authors: No reported Disclosures.

1839. Contact Precautions’ Effects on MRSA Transmission in Department of Veterans Affairs Hospitals

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Background. In 2007, the Department of Veterans Affairs (VA) implemented the methicillin-resistant Staphylococcus aureus (MRSA) Prevention Initiative nationally in acute care facilities (ACFs). The initiative included universal nasal surveillance for MRSA colonization and implementation of contact precautions (CP) for identified carriers for the duration of their stay. Despite subsequent declines in MRSA infection rates in the VA, debate on CP efficacy continues, due to limited and inconclusive direct evidence. This study estimated CP impact on MRSA transmission in the VA.

Methods. We analyzed 1 year of data from 36 VA ACFs in 2014 using a Bayesian transmission model. The data included admission, discharge, and surveillance and clinical test results for MRSA. Per the MRSA Prevention Initiative protocol that placed known carriers on CP, we assumed patients were on CP starting 12 hours after a positive surveillance test, 24 hours after a positive clinical culture, or at admission if the patient had a positive test within 365 days prior to admission. Our model produced estimates of ward-specific transmission rate, surveillance test sensitivity, importation probability, and the CP effect parameter (CPt). For CPt < 1, CP reduced transmission. Additionally, we combined the estimates of CPt using a random-effects model with inverse variance weights to derive pooled estimates and corresponding standard errors.

Results. Facility size varied with a median daily census of 70 patients per day (range: 44–111). During the study period, 144,836 individuals were admitted into one of 36 ACFs, for 215,207 total admissions. The median percentage of admissions requiring contact precautions was 11.0% (range: 6.4%–16.1%). The estimated CPt was less than one in each of the 36 facilities with a median of 0.43 (range: 0.25–0.68). Our pooled estimate of CPt across all facilities was 0.47 (95% CI: 0.40, 0.52).

Conclusion. We found evidence of reduced MRSA transmission from patients on CP. This result was statistically significant in 5 of the 36 facilities and our pooled estimate suggests contact precautions could reduce the transmission rate by half. Further work is needed to account for imperfect compliance with CP, and for patients on CP for other reasons.
Results. Seventy-two non-CZS infants had neurodevelopmental tests: 40 were at a mean (SD) of 5.7 (0.9) months and 66 were at 13.5 (3.2) months of age. Thirty-four had two assessments. The total WIDEA, social cognition, and mobility domain scores became more abnormal with postnatal age (figure). The AIMS scores were similar to the normative sample. Three infants had an AIMS score < 2 SDs below the norm. On cranial US, 19 infants (26%) had a nonspecific finding (leucomalacia, ventriculomegaly, choroid plexus cysts, subependymal cysts, and/or calcification). Infants with a US finding had a lower WIDEA mobility score than infants with normal US ($P = .054$). There was a trend toward lower AIMS scores in infants with US findings compared with infants with normal US ($P = .26$). AIMS Interrater agreement on video-based scoring was good (ICC = 0.73, 95% CI 0.42, 0.87).

Conclusion. ZIKV-exposed infants without CZS are at risk for neurodevelopmental delay. Nonspecific cranial US findings may represent mild ZIKV-related injury. Long-term neurodevelopmental follow-up is important for all ZIKV-exposed infants.

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1873. Pregnancy and Birth Outcomes Among Colombian Women with Zika Virus Infection in 3 Surveillance Sites, Proyecto Vigilancia de Embarazadas con Zika "Margaret (Peggy) Honein, PhD, Marcela Mercado, MS, Suzanne Gilboa, PhD, Diana Valencia, MS; Marcela Daza, MD, Romeo Galang, MD, Christina Winfield, MPH, Shana Godfred-Cato, MD; Monica Benavides, NA, Jule Villanueva, PhD, Jonathan Daniel, Jalu Bhatnagar, PhD, Jarad Schiffer, PhD, Sheryl Corcuero, Sarah Tinker, Phd, Kayla Anderson, Phd, Johana Osorio, Veronica Burkel, MPH, Jacob Hojnacki, MPH, Van Tong, MPH, Maritza Gonzalez, MD; Cynthia Moore, MD, PhD and Martha Lucia Osuna, MD, Centers for Disease Control and Prevention, Atlanta, Georgia; Instituto Nacional de Salud, Bogota, Distrito Capital de Bogota, Colombia; Vysnova, Bogota, Distrito Capital de Bogota, Colombia; Eagle Medical Services, Atlanta, Georgia; Oak Ridge Institute for Science and Education, Atlanta, Georgia

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1874. Comparison of the Risk of Birth Defects in Live Births From Pregnant Women Infected and Not Infected by Zika Virus in Guadeloupe, 2016–2017 Anna Louise Funk, PhD; Bruno Hoen, MD, PhD; René Tressières, MSc; Ingrid Vingadasalom, MSc; Eustace Janky, MD, PhD; Philippe Kadhel, MD, PhD; Catherine Ryan, MD; Stania Gatare, MSc and Arnaud Fontanet, MD, PhD, Institut Pasteur, Paris, Île-de-France, France; Université de Nancy, Vandoeuvre Les Nancy, Lorraine, France; Inserm CIC 1424, CHU de la Guadeloupe, Pointe A Pitre, Lorraine, France; CHU de la Guadeloupe, Pointe A Pitre, Lorraine, France

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1875. La Crosse Virus Neuroinvasive Disease in Children: A Contemporary Review and Evaluation for Predictors of Disease Severity Amanda Eleni Beuzonoukas, M.D., Daniel Freedman, D.O., W. Garrett Hunt, M.D., Kathleen A. Mack, SV (ASCOP); Vedat Yildiz, M.S.; Melissa Chung, M.D.; Jamie Twanow, M.D.; Emily de los Reyes, M.D. and Christopher Ouellette, M.D.

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