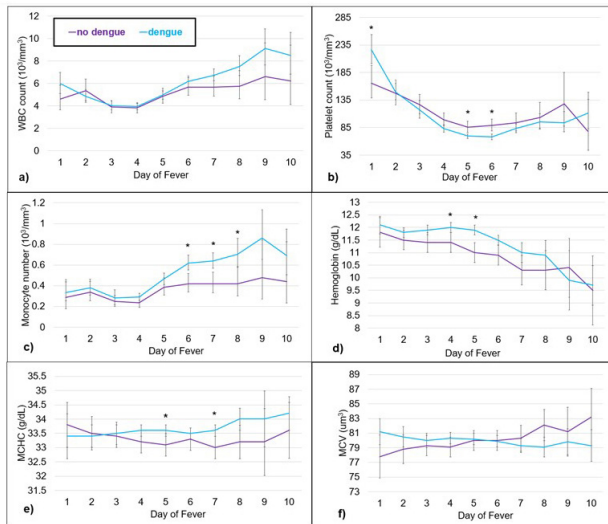Figure 1. CBC values across day of fever in dengue (blue) and non-dengue (purple) patients.

The graph above depicts the following CBC values across day of fever in dengue (blue) and non-dengue (purple) patients: a) white blood cell (WBC) count, b) platelet count, c) monocyte number, d) hemoglobin, e) mean corpuscular hemoglobin concentration (MCHC), and f) mean corpuscular volume (MCV). Values with an asterisk (*) represent significant values ($p < 0.0033$).

Conclusion. The trajectory of CBC measures differs between those with and without DF, despite similar clinical presentations. These laboratory differences may facilitate a better understanding of the clinical course of DF and may aid in earlier identification of DF in resource-limited settings.

Disclosures. **Elizabeth P. Schlaudecker, MD, MPH**, **Pfizer** (Grant/Research Support)**Sanofi Pasteur** (Advisor or Review Panel member)

726. Operational Impact of Infectious Disease Threats During Military Travel

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Session: P-35. Global Health

Background. We evaluated the incidence and operational impact of travelers' diarrhea (TD), influenza-like illness (ILI) and undifferentiated febrile illness (FI) in US active duty (AD) personnel traveling outside the continental U.S for deployment (DEP), joint military training exercises (EXR) or other military travel (e.g. Temporary Duty Travel) (TDY).

Methods. AD personnel traveling for ≤ 6.5 months were prospectively enrolled between 2010-2019. Participants completed a post-travel survey regarding risk behaviors, illnesses and impact on daily activities. Trip purpose was categorized into DEP, EXR, TDY and syndromic definitions were used to identify cases of TD, ILI and FI based on symptoms. A multivariate logistic regression model with backward selection was used to determine the odds ratio associated with partial or complete incapacitation due to infections (a composite endpoint of either TD, ILI or FI).

Results. 1822 servicemembers were enrolled: 36.2% traveled on DEP, 36.2% for EXR and 27.7% for TDY (Table 1). 83.5% of personnel traveling for DEP were Special Operations and Marine units, and 82% of the EXR group participated in Pacific Pathways. Overall, 19% of US personnel experienced infections associated with partial or complete incapacitation (median duration of incapacitation- TD: 1 day; ILI: 4 days; FI: 3 days). DEP personnel had a longer travel duration and the highest rate of partial or complete incapacitation due to TD, ILI or FI (Figure 1 and 2). Risk factors associated with partial or complete incapacitation due to infections were non-adherence with malaria chemoprophylaxis (OR: 1.7 [95%CI:1.2-2.4]), close contact with locals (OR:1.7 [95%CI:1.3-2.2]), inability to clean hands regularly before meals (OR:1.7 [95%CI: 1.3-2.3]), fresh water or rodent exposure OR: 1.4 (95%CI:1.1-1.9) and consuming street vendor food (OR:1.8 [95%CI:1.3-2.4]).

Table 1. Demographic and travel characteristics of AD personnel traveling outside the continental US.

		Overall (n=1822)	DEP (n=659)	EXR (n=659)	TDY (n=504)	p-value*
Age (years)-	Median (IQR)	29 (23-35)	30 (26-35)	24 (21-29)	32 (27-39)	<.0001
Gender -	Male	1571 (86.2)	594 (90.1)	593 (90.0)	384 (76.2)	<.0001
Race-	Caucasian	1433 (78.7)	538 (81.6)	481 (73.0)	414 (82.1)	<.0001
	Black	176 (9.7)	43 (6.5)	82 (12.4)	51 (10.1)	0.001
Trip duration (days)-	Median (Range)	77 (2-229)	175 (13-229)	77 (8-213)	17 (2-223)	<.0001
Region of travel-	Indo-Pacific	752 (41.3)	115 (17.5)	594 (90.1)	43 (8.5)	<.0001
	Africa	389 (21.4)	111 (16.8)	27 (4.1)	251 (49.8)	<.0001
	Central Asia/Middle East	204 (11.2)	156 (23.7)	10 (1.5)	38 (7.5)	<.0001
	Central/South America	145 (8.0)	92 (14.0)	14 (2.1)	39 (7.7)	<.0001

Demographic and travel characteristics of AD personnel traveling outside the continental US. *p-values were calculated using chi-square or Fishers exact test for categorical values and Wilcoxon-Mann-Whitney test for continuous variables. All analysis done on SAS v9.4.
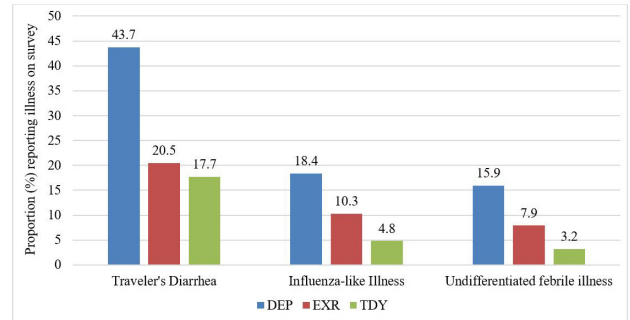
Proportion of AD servicemembers that experienced TD, ILI or undifferentiated febrile illness during DEP, EXR, TDY ($p<0.05$ for the comparison of each illness between DEP, EXR and TDY).
Figure 2.
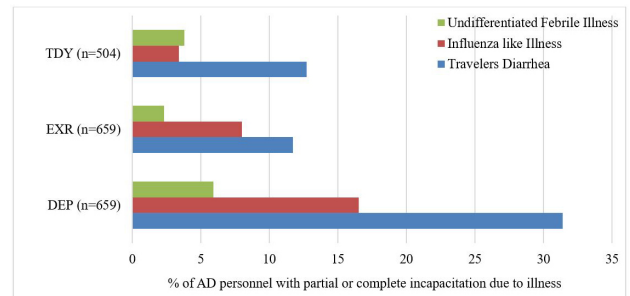
Proportion of AD personnel with partial or complete incapacitation due to TD, ILI or FI during DEP, EXR or TDY ($p < 0.05$ for the comparison of each illness between DEP, EXR and TDY).

Conclusion. Infectious disease syndromes are common during overseas military travel. TD had the highest negative impact on military travel especially among DEP personnel. We identified several modifiable risk factors associated with incapacitating infections which can be used to inform preventive and treatment strategies.

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

727. Predictors of Depressive Symptoms in Pregnant Partners in Seroconcordant Couples Living with HIV in Zambézia Province, Mozambique

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Session: P-35. Global Health

Background. Depression contributes to HIV treatment outcomes in sub-Saharan Africa, where approximately 15% of people living with HIV have comorbid depression. HoPS+, a cluster randomized trial among seroconcordant couples living with HIV, assesses male partner involvement during antenatal HIV care and HIV outcomes. We describe predictors of depressive symptoms among pregnant partners living with HIV in Zambézia Province, Mozambique.

Methods. This baseline cross-sectional analysis includes 1079 female HoPS+ participants. We show demographic (age, enrollment date, relationship status, education, and occupation) and clinical (WHO HIV stage, body mass index [BMI], and antiretroviral therapy [ART] use history) factors. We model females' depressive symptoms (Patient Health Questionnaire-9 [PHQ-9]) using proportional odds models with continuous covariates as restricted cubic splines (enrollment date, age, BMI, partner's PHQ-9 score), categorical covariates (district, relationship status, education, occupation, WHO stage), and ART use history. Missing covariates were imputed 20 times.