Each newborn was tested for SARS_CoV-2 by RT_PCR with a nasopharyngeal swab at 24 hours, 48 hours, and day 5 of life.

Results: 36 women met criteria to be included in this study. 22% had chronic hypertension, 8% had asthma, one had chronic HIV and hepatitis C, 30% had pregnancy-related morbidities including pregnancy-induced hypertension (19%), cholestasis of pregnancy (8%) and gestational diabetes(3%) (Table1) Of the 32 deliveries to date, 17 (53% delivered vaginally and 15 (47%) via C-section. Of the 15 C-sections, 6 (40%) were due to complications related to COVID-19. 38% (14/36) women developed hypoxia.

Five newborns (15%) born to SARS-CoV-2 positive mothers had positive PCR testing for SARS-CoV-2. 2 of them were born prematurely and by C section secondary to COVID 19 infection respiratory deterioration. One premature infant tested positive for RT-PCR for SARS-CoV-2 on days 1, 2, and 5. The other one was positive on day 2. The two full-term newborns who tested positive by PCR for COVID 19 after delivery, were not delivered secondary to COVID 19 complications. One infant who was separated from his mother was negative by PCR at days 1,2 and 5 but tested positive later after being in contact with his mother.

Conclusion: Our population of pregnant mothers had a high incidence of cesarean section secondary to COVID 19 infection complications. They also had a high frequency of chronic health conditions.

Infants born to mothers with COVID-19 can have positive PCR tests for SARS-CoV-2 suggesting that both, vertical and horizontal mother to infant transmission is possible. Infants had negative tests before positive tests, suggesting false negative testing may have occurred.

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

525. Characteristics of HIV SARS-COV-2 Coinfection in a Highly HIV Seropositive Population in New York City

Debra M. Willner, PharmD[1]; Victoria Bengualid, MD[2]; Bismarck Bisono-Garcia, MD[3]; Ricardo Trigueros, MD[1]; Judith Berger, MD[1]; [1]SBH Health System, Brooklyn, New York; [2]Saint Barnabas Hospital - SBH Health System, New York, New York; [3]Saint Barnabas Hospital, New York, New York

Session: P-20. COVID-19 Special Populations

Background: The HIV and COVID-19 co-infection prevalence has not been described extensively. Given the high prevalence of HIV positive patients in our population-our Designated AIDS Center (DAC) caters to approximately 600 patients-of which 68% are virally suppressed, this relationship is of great interest. The objectives of this analysis are to report the characteristics of HIV and COVID-19 patients, and to evaluate for any associations of HIV with COVID-19 outcomes.

Methods: Retrospective chart review of all patients admitted with both HIV and confirmed COVID-19. Collected demographics, past medical history, HIV history including therapy, compliance, viral loads, and CD4 counts, and COVID-19 disease course. Evaluate baseline clinical status utilizing the World Health Organization's Ordinal Scale for Clinical Improvement, and note disease outcomes. Analyzed mortality and disease severity as compared to the general COVID-19 patient population.

Results: 39 patients were identified with HIV and COVID-19 from March 15th – June 18th 2020. Baseline characteristics of these patients are listed in Figure 1. Of the available labs, 60% of patients were virally suppressed, and 87% had CD4+ counts above 200/μL. On admission, most patients either did not require oxygen support, or received support through noninvasive methods. In Figure 2 we see the final outcome of the patients, with 77% of the patients discharged, and a mortality rate of 18%. Of note, the only baseline characteristic that had a significant correlation with mortality among our patients was age > 60 (p = 0.03).

Baseline Characteristics of HIV COVID-19 Patients and Pertinent COVID-19 Admission Statistics

Baseline Characteristics	
Age (years, median)	57
African American/Black (%)	67%
Hispanic/Latino (%)	44%
Past Medical History	
Hypertension (%)	69%
Diabetes (%)	51%
BMI (median, kg/m²)	28.3
Viral Load (number of patients, %)	
≥ 20 copies/mL	8 (40%)
< 20 copies/mL (undetectable)	12 (60%)
CD4+ Count (number of patients, %)	
≥ 200/ μL	27 (87%)
< 200/ μL	4 (13%)
HIV Medication Compliance (number of patients, %)	
Yes	30 (77%)
No	3 (8%)
Unknown	6 (15%)
Admission Vitals (median)	
Temperature (°F)	98.9
Oxygen Saturation	94%
Hematology (median)	
White Blood Cell (10^3/μL)	6.3
Neutrophils	72%
Lymphocytes	17.5%
Inflammatory Markers (median)	
IL-6 Level (pg/mL)	159
C- Reactive Protein (mg/dL)	9.8
Admission Ordinal Scale Score (%)	
3 (no respiratory dysfunction)	15 (38%)
4 (nasal cannula or nonrebreather)	16 (41%)
6 (mechanically ventilated)	8 (21%)

COVID-19 Outcomes

Final Outcome (number of patients, %)	
Discharged	30 (77%)
Deceased	7 (18%)
Still Hospitalized	2 (5%)
Length of Stay (median)	7 Days

Conclusion: Mortality in our HIV COVID-19 population was 18%, significantly lower than the 33% in COVID-19 patients overall at our institution. 39 patients with HIV were admitted for confirmed COVID-19 infections, which only amounts to 6.5% of the DAC population, although it is possible that our patients were admitted to other facilities for COVID-19. In our patients, compliance, viral suppression, and CD4+ counts did not correlate with outcomes. Although our mortality was significantly lower than the overall hospital mortality, larger studies are needed to fully evaluate the mortality relationship and determine the protective effects of antiviral therapy and/or decreased immune response in HIV patients with COVID-19.

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

526. Clinical Presenting Characteristics of Pediatric COVID-19 Infection in a Tertiary Care Children's Hospital in Detroit

Jocelyn Y. Ang, MD[1]; Nirupama Kannikeswaran, MD[2]; Basim Asmar, MD[1]; [1]Wayne State University School of Medicine, Detroit, Michigan; [2]Central Michigan University College of Medicine, Detroit, Michigan

Session: P-20. COVID-19 Special Populations

Background: There is limited data regarding the presenting clinical characteristics of COVID-19 in children. Our objective is to describe the clinical presentations and outcomes of COVID-19 infection early in the pandemic at our institution.

Methods: We performed a retrospective chart review of children up to 18 years who underwent testing for SARS CoV-2 from March 1st to May 10th 2020 at our pediatric emergency department. We abstracted patient's demographics, clinical presentation, diagnostic studies and patient disposition. We classified the severity of clinical illness based on published criteria. We excluded patients diagnosed with Multisystem Inflammatory Syndrome in Children (MIS-C) associated with COVID-19.

Results: SARS CoV-2 testing was performed on 481 patients of whom 43 (8.9%) tested positive. Of these, 4 were diagnosed with MIS-C. Data of 39 patients were analyzed. Patients' demographics, co-morbidities, presenting signs and symptoms and disposition are shown in Table 1. Age range was 47 days – 18 years. Infants representing one third (14/39; 35.9%) of our study cohort. There was equal sex distribution. Asthma or obesity was present in 17 (44%). The most common presenting symptoms included fever, cough, shortness of breath and diarrhea. Chest radiograph showed pneumonia in 12 (30.8%) patients. Two thirds (27/39; 69.2%) were asymptomatic or had mild disease; six patients (15.4%) had severe or critical illness (Figure 1). Nineteen (48%) patients were admitted to the general pediatric service. Eleven (28%) were admitted to the Intensive Care Units (ICU). The characteristics, presenting symptoms and interventions performed in the PICU cohort are shown in Table 2. Half of these patients required mechanical ventilation. There was one death in a 3 month old infant unrelated to SARS CoV-2. Majority of the infants required hospitalization (12/14; 85.7%), including 4 to the PICU (one each for non accidental trauma, ingestion, seizure and pneumonia).

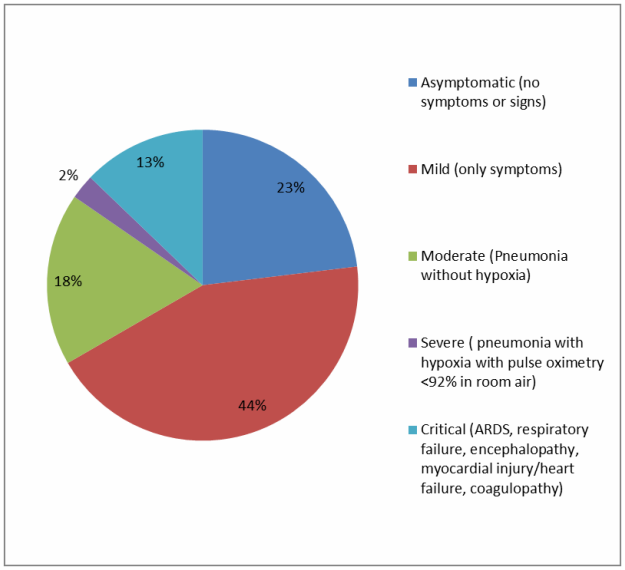
Table 1. Patient demographics, signs and symptoms of COVID-19 infection in Children

Characteristics	
Age (Median, IQR)	7.5(14.3)
Age Range	47. days -18 years
Age Group	
<1 year	14 (35.9%)
1 – 4 years	4 (10.3%)
5- 9 years	3 (7.7%)
10 -14 years	8 (20.5%)
15 -18 years	10 (25,6%)
Gender	
Male	20 (51.3%)
Female	19 (48.7%)
Co Morbidity , yes	17 (43.6%)
Asthma	8
Obesity	5
Presenting symptoms and signs	
Fever	65.2%
Cough	60.1%
Shortness of Breath	37.0%
Myalgia	15.2%
Abdominal pain/ Vomiting	15.2%
Diarrhea	17.4%
Hypoxia	19.6%
PED Disposition	
Discharged home	9 (23.1%)
Floor admission	19 (48.7%)
PICU admission	10 (25.6%)
NICU admission	1 (2.6%)

Table 2: PICU patients: Characteristics, Interventions and pharmacotherapy

Characteristic	**Number (%)**
Age (Median, IQR)	13 (16.6%)
Gender	
Male	6 (60%)
Female	4 (40%)
Presenting Complaint	
Respiratory	6(60%)
Seizure	1 (10%)
Ingestion	2 (20%)
Non – Accidental Trauma	1 (10%)
Co morbidity	
Asthma	5 (50%)
Obesity	5 (50%)
Interventions	
Vasoactive support	2(20%)
High flow oxygen therapy	1 (10%)
Mechanical Ventilation	5 (50%)
Cardiopulmonary Resuscitation	1 (10%)
Pharmacotherapy	
Hydroxycholorquine	3 (30%)
Remdesivir	4 (40%)
Steroids	5 (50%)
Azithromycin	3 (30%)

Figure 1: Severity of Ill ness in the study cohort



Conclusion: Majority (17; 43%) of our children with COVID-19 had a mild disease. Eleven (28%) including 4 infants required critical care; 5 required mechanical ventilation. There was no COVID-19 related mortality. Larger studies are needed to further define the spectrum of COVID- 19 and risk factors associated with severe disease in children.

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

527. Corona Virus Disease-19 (COVID-19) in a Veterans Affairs Hospital at Suffolk County, Long Island, New York

George Psevdos, MD[1]; Aikaterini Papamanoli, MD[2]; Zeena Lobo, MD[1]; [1]Northport VA, North Port, New York; [2]Stony Brook University Hospital, Port Jefferson, New York

Session: P-20. COVID-19 Special Populations

Background: The area of New York was hit hard by the COVID 19 pandemic with Suffolk county in Long Island numbering >40 thousand cases and 1900 deaths by the end of May 2020. The Veterans Affairs Medical Center (VAMC) at Northport NY serves over 30000 Veterans. We report our institution's experience during the COVID 19 outbreak

Methods: Retrospective chart review of hospitalized Veterans (VETS) with COVID-19 from March 1st to May 31st 2020 at Northport VAMC

Results: A total of 141 VETS had laboratory confirmed SARS-CoV-2 infection, 67 got hospitalized, and 20/67 died. The median age of the hospitalized cohort was 73 years (33 to 94). Figure 1 shows the dates of tests, Tables 1 &2 summarize the demographic characteristics, medical history and laboratory findings. No co-infection with