

2020, several phase 3 randomized trials on RDV were initiated. Based on trials completed and published data (n = >2000), RDV was granted emergency use authorization in the US on May 1, 2020 with full approval in 5 countries thereafter and several under review elsewhere. Collectively there will be >12,000 pts enrolled in RDV clinical programs by Dec 2020.

Increasing manufacturing of RDV began at-risk in Jan 2020. By May 2020 Gilead has decreased production time, increased supply and committed to donating all its 1.5 M doses. Under the licensing agreements with generic drug manufacturers, RDV will be available in 127 countries upon approval.

Gilead has committed to supporting research grants to enhance the understanding of the clinical course and outcomes in vulnerable population, long-term sequelae, and evaluate real world safety and effectiveness of COVID-19 therapies.

Finally, Gilead has provided corporate grants to support the efforts of community-based orgs and public health entities to expand education on COVID-19

Conclusion: Gilead has initiated a global, multifaceted rapid response that reflects the unprecedented emergency posed by SARS-CoV-2. This includes increasing RDV production, access, timely initiation of phase 3 RDV trials, and establishment of grants programs for community projects, research and education

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477. Implementing a Follow-up Call Program for Ambulatory patients with COVID-19 in a Tertiary Center in Mexico City

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Session: P-15. COVID-19 Global Response/Response in Low Resource Settings

Background: The Instituto Nacional de Ciencias Médicas y Nutrición Salvador Zubirán is a teaching hospital which was converted into a Coronavirus disease 2019 (COVID-19) designated hospital on mid-March 2020. In Mexico City, the COVID-19 peak started in mid-April 2020. A considerable proportion of those diagnosed with SARS-CoV-2 infection were treated by ambulatory care. We aimed to describe the clinical characteristics at diagnosis of ambulatory patients diagnosed with COVID-19, their willingness to donate plasma and their clinical outcomes at one month of the follow-up call program implementation.

Methods: A call strategy follow-up program (FUP) was established on April 19, 2020. All ambulatory patients received at least 3 calls every 48–72 hours, followed by 2 weekly calls. A team of voluntary medical students, general practitioners, fellows, and medical specialists was assembled for this purpose. Signs of alarm (fever >72 hours, shortness of breath, respiratory insufficiency) and other clinical signs were collected on every call. Willingness to donate plasma and possibility of a correct home isolation were also addressed.

Results: From April 19 to May 18, 2020, a total of 360 patients tested positive for SARS-CoV-2, of whom 350 were followed. Their median age was 44 years (33–51), and 55% were female. 145 (41%) had completed all FUP calls and 194 (55%) referred to be asymptomatic in their last call. We identified 8 patients with signs of alarm during the calls, and 2 of them required hospitalization. During the FUP, 66% referred fatigue that limited their activities, 56% anosmia or dysgeusia, 32% headache, and 22% diarrhea. 90% were capable to properly isolate in their homes. Willingness to donate plasma was assessed in 89 patients, of whom, 75 (84%) manifested their willingness to donate.

Conclusion: Ambulatory follow-up is feasible and effective to identify those in need of hospitalization. Remarkably, half of the ambulatory patients had no comorbidities and presented anosmia/dysgeusia as the most frequent symptoms during follow-up. Willingness to donate plasma was high in this cohort.

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478. Psychological Distress among Infectious Disease Physicians during the Response to the COVID-19 Outbreak in the Republic of Korea

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Background: This study aimed to investigate psychological distress among infectious disease (ID) physicians during the coronavirus disease (COVID-19) outbreak in the Republic of Korea.

Methods: Using an online-based survey link sent via text message and email, we conducted a survey from April 21 to 25, 2020, targeting all ID physicians currently working in ID (n = 265). The questionnaire was based on the Maslach Burnout Inventory-Human Services Survey and the Depression, Anxiety, and Stress Scales, and information was collected on factors protecting against psychological distress and difficulties in relation to COVID-19.

Results: Of 265 ID physicians, 115 (43.3%) responded, showing burnout (97, 90.4%), depression (20, 17.4%), anxiety (23, 20.0%), and stress (5, 4.3%). There were no differences in terms of distress between ID physicians who were directly involved in the care of patients with COVID-19 or not (Table 1). Greater than 50% of physicians valued their work and felt recognized by others, whereas < 10% indicated that sufficient human and financial support and private time had been provided during the outbreak. The most challenging issues concerned a lack of human resources for COVID-19 treatment or infection control, a shortage of personal protective equipment or airborne infection isolation rooms, pressure for research, and lack of guidelines for COVID-19 management (Figure 1).

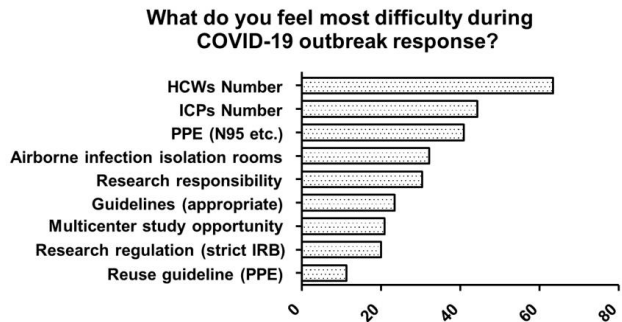
Table 1.

Table 1. Prevalence of depression, anxiety, stress, burnout and mean DASS-21/MBI-HSS scale score according to care of patients with COVID-19

Outcome	COVID-19 patient care, Yes (n = 78)		COVID-19 patient care, No (n = 37)		P-value		
	Prevalence, n (%)	Score, mean ± SD	Prevalence, n (%)	Score, mean ± SD			
DASS-21							
Depression	20 (17.4)	5.45 ± 4.16	14 (17.9)	5.58 ± 4.30	6 (16.2)	5.19 ± 3.90	0.643
Anxiety	23 (20.0)	3.88 ± 3.74	17 (21.8)	3.85 ± 3.63	6 (16.2)	3.95 ± 4.01	0.894
Stress	5 (4.3)	6.23 ± 3.86	4 (5.1)	6.21 ± 3.94	1 (2.7)	6.30 ± 3.75	0.905
MBI-HSS scale							
Emotional exhaustion	97 (84.3)	34.92 ± 10.01	68 (87.2)	35.96 ± 10.32	29 (78.4)	32.73 ± 9.25	0.108
Depersonalization	76 (66.1)	10.55 ± 5.69	51 (65.4)	10.71 ± 6.01	25 (67.6)	10.22 ± 5.01	0.669
Personal accomplishments	76 (66.1)	31.66 ± 8.18	51 (65.4)	32.21 ± 8.54	25 (67.6)	30.51 ± 7.34	0.302
Burnout	104 (90.4)	NA	71 (91.0)	NA	33 (89.2)	NA	0.774

Abbreviations: DASS-21 Depression, Anxiety, and Stress scale-21; MBI-HSS, the Maslach Burnout Inventory-Human Services Survey; NA, not available; SD, standard deviation

Figure 1. Difficulties in response to the COVID-19 outbreak. Abbreviations: COVID-19, coronavirus disease 19; HCWs, healthcare workers; ICPs, infection control practitioners; IRB, Institutional Review Board; PPE, personal protective equipment



Conclusion: During the COVID-19 outbreak in the ROK, most respondents reported psychological distress. Preparing strategies for infectious disease outbreaks that support ID physicians is essential.

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479. Mobility Restrictions and COVID-19 Pandemic Outbreak Control

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