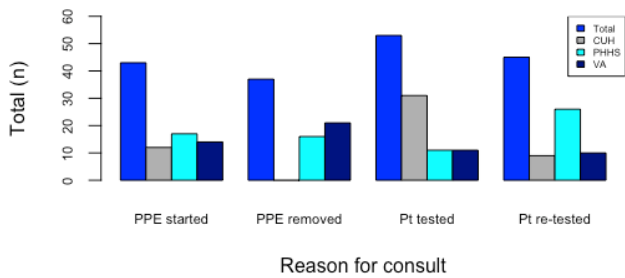


86(43%) Caucasian, 71(36%) Hispanic, 42(21%) African American, 6(3%) Asian and mean(sd) age of 55.1(15.9). Patient comorbidities included: 89(45%) with a heart condition, 77(39%) diabetes, 30(15%) asthma and 14(7%) liver disease.

Median time to completion for all hospitals was 4 hours(h); ((CUH (4h) vs PHHS (2h), $p < 0.05$; VA (5.5h) vs PHHS (2h) $p < 0.05$). Most common reasons for e-consult included: (63)32% regarding re-testing ((CUH 14(21%) vs PHHS 43(50%), $p < 0.05$; CUH vs VA 14(27%), $p < 0.05$; PHHS vs VA, $p < 0.05$), (61)31% testing ((CUH 25(37%) vs PHHS 39(45%), $p < 0.05$; CUH vs VA 7(16%), $p < 0.05$; PHHS vs VA, $p < 0.05$) and 61(31%) infection prevention (IP). Based on the e-consult recommendation, 53(27%) of patients were tested ((CUH 31(45%) vs PHHS 11(13%), $p < 0.05$, CUH vs VA 11(25%), PHHS vs VA, $p < 0.05$), 45(23%) were re-tested, 44(22%) of patients had PPE started on and 19% had PPE removed ((CUH 0(0%) vs PHHS 16(19%), $p < 0.05$; CUH vs VA 21(48%), $p < 0.05$; PHHS vs VA, $p < 0.05$).

Reason for Consult

Outcomes of E-consult



Conclusion: E-consult services can provide prompt ID input during the COVID-19 pandemic, minimizing the risk of infection to the patient and health care workers while preserving PPE and testing supplies.

Disclosures: Roger Bedimo, MD, MS, Gilead Sciences (Consultant)Merck & Co. (Advisor or Review Panel member)ViiV Healthcare (Advisor or Review Panel member, Research Grant or Support)

473. Using Serosurveillance for SARS-CoV-2 to Conserve PCR Tests in a Resource Constrained Combat Environment

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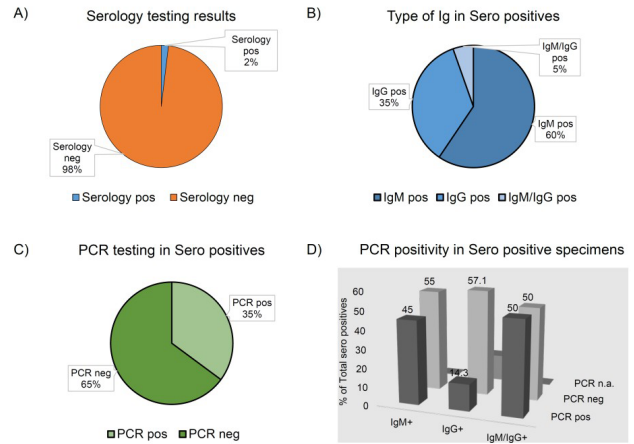
Session: P-14. COVID-19 Epidemiology and Screening

Background: In March 2020, COVID-19 threatened combat operations in Afghanistan. At that time, the NATO Resolute Support mission involved nearly 17,000 troops from 38 partner nations, plus civilians who support the mission, scattered throughout Afghanistan. While Afghanistan did not initially report many confirmed cases, large numbers of cases were reported from neighboring countries with known migration across the borders (sometimes thousands/day). Military medical leaders advised commanders regarding the potential health risks to the force, balancing with risks to the mission. Quarantine and isolation protocols were established. Public health interventions of social distancing, cloth mask wear, enhanced environmental cleaning, active case finding, and emphasis on hand hygiene and cough etiquette were enforced. However, many base locations were unable to alleviate close living quarters. Testing was identified as a means to assess risk to the population. Testing capabilities were limited, particularly PCR. When this testing strategy was established, the utilization and interpretation of antibody tests was quite controversial. With rapid antibody kits, the time to detection of both IgM and IgG are similar; detection of either cannot identify the time since exposure.

Methods: A novel surveillance plan was established whereby subpopulations at highest risk for exposure to the virus were screened with antibody tests from 17 Apr-1 Jun, 2020. High risk populations included: those leaving quarantine, base defense guards, isolation unit guards, medical personnel, dining facility workers, and those who interact with local populations. Individuals with detectable antibody (either IgM or IgG) were further evaluated with PCR tests.

Results: In the first six weeks of this testing strategy, 1957 antibody tests were utilized. A total of 37 specimens were identified antibody positives with seroprevalence of 2% (Figure 1). Thirteen were identified to have positive IgG, 22 with IgM, and 2 with both. PCR was performed on those with detectable antibody, 13 (35%) had positive PCR.

Figure 1: Seroprevalence of SARS-CoV-2 in Asymptomatic Populations at a Deployed Military Base



Conclusion: Serosurveillance of populations at high risk for exposure to the virus is a logical way to conserve testing resources in a constrained combat environment.

Disclosures: Alex M. Case, n/a, United States Air Force (Employee)

474. Using telemedicine to provide virtual care for COVID-19 patients at home

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Session: P-14. COVID-19 Epidemiology and Screening

Background: In response to the COVID-19 pandemic in San Diego, California, the Infectious Disease Division at the University of California San Diego established a COVID-19 Clinic dedicated solely to managing patients safely in their homes. This strategy was developed in response to: i) concerns regarding transmission of infection in the healthcare setting, ii) avoiding overwhelming the healthcare system with COVID-19 patients, iii) providing patients with expedited access to specialists, and iv) reducing the burden on the emergency department and urgent care.

Methods: The COVID-19 clinic staff is comprised of a dedicated nurse, administrative assistant, and four infectious diseases (ID) physicians who aim to see patients within 24 hours of referral via virtual clinics 5 days a week. An ID physician initially assesses each patient in a direct telemedicine visit and answers their questions, assesses disease severity, provides both symptom management and emotional support, and education about self-isolation and transmission-based precautions. The patients are then triaged to daily nursing phone calls and follow up visits as needed.

Results: Over a period of 12 weeks (March 27 to June 16, 2020), the clinic has seen 179 patients. To assess the impact of the clinic, patients are asked to complete a 6-point verbal patients satisfaction survey after their visit. Of the 133 patients who have completed the survey to date, the vast majority reported high satisfaction with their encounters with the COVID-19 physician, with a mean score of 4.8 or higher on all six questions (on a scale of 1 to 5). When asked "Did you feel comfortable talking to your COVID-19 ID physician?" on a scale of 1 to 5, the average score was 4.9. When asked "Did the physician do a good job answering your questions?" the average was 4.9. Patients reported feeling safer after talking with their physician (mean score 4.8), and felt better educated on how to self-quarantine at home (mean score 4.85) and when to seek care from an emergency room, urgent care or hospital (mean score 4.83).

Conclusion: The UCSD COVID-19 Clinic demonstrates how telemedicine can be utilized in response to a public health crisis by creating a virtual clinic to provide ID care for patients in their homes.

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475. Describing the impact of the COVID-19 pandemic on HIV care in Latin America

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