Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

that the number of ED patients diagnosed with PEs and DVTs increased after the arrival of Covid- 19.

Methods: Design: Retrospective cohort. Setting: EDs of 28 hospitals within 150 miles of New York City. Hospitals were teaching or non-teaching and rural, suburban or urban. Annual ED volumes were from 12, 000 to 122, 000. Population: Consecutive patients seen by ED physicians from March through November in 2019 and 2020, as COVID-19 arrived in this region in early March. Data analysis: We tallied the number of patients diagnosed with PEs and DVTs using International Classification of Disease (version 10) codes. We computed the changes in visits from 2019 to 2020. We used chi-square to test for statistical significance, with alpha set at 0.025using the Bonferroni correction for multiple comparisons.

Results: The database contained a total of 1, 975, 332 visits, 1, 161, 080 in 2019 and 814, 252 in 2020 (a 30% decrease from 2019 to 2020). There were 3, 552 and 2, 529 patients diagnosed with PE and DVT respectively. The median age [interquartile range] and the percent female for PE and DVT were: 62 [48-72] and 62 [49-74]; 52% and 50% respectively. The number of visits for PE from March through November in 2019 and 2020 were 1349 and 1180, respectively. For DVTs these numbers were 1, 977 and 1, 575. Thus, visits for PE and DVT decreased from 2019 to 2020 by 20% and 13% respectively ($p < 0.001$).

Conclusion: Contrary to our hypothesis, we found that after the arrival of COVID-19 in the New York City area, visits for PEs and DVTs did not increase. We speculate that ED visits in 2020 decreased due to public fears of exposure to COVID-19 infection during hospital visits. Furthermore, testing for diagnosis of PE and DVT was often deferred because of the challenges in performing these studies on patients under investigation for COVID-19 infection. These factors could explain the decrease in number of PE and DVT cases that we found, despite the possible increased incidence of these conditions in the population.

37 The Impact of the Coronavirus (COVID-19) Pandemic on Access to Care and Basic Necessities of Emergency Department Patients With Opioid Use Disorders Who Are Linked to Treatment

Shamsie I, Gomez B, Khalid S, Boni A, Ramdin C, Nelson L/Rutgers New Jersey Medical School, Newark, NJ

Study Objective: COVID-19 has immensely impacted access to medical care for marginalized people, including people with substance use disorders. A needs assessment survey was created to assess the needs of patients enrolled in our emergency department's (ED's) peer navigator care linkage program for patients with opioid use disorder during COVID-19. The navigator program is a team of peer and student navigators at our ED that coordinates care for patients with opioid use disorder, to provide them with social support and links them to medications for opioid use disorder. We retrospectively reviewed the responses to the needs assessment survey to better understand the implications of COVID-19 on access to medical care and basic necessities for this vulnerable population.

Methods: This was an IRB-approved, retrospective review of survey responses collected from April 2020 until April 2021. Patients surveyed were enrolled in our departmental peer navigator program as they presented to the ED with opioid-related complications (such as opioid overdose); the program started within the last two years. The survey consisted of questions that addressed how the pandemic impacted their ability to access medical care, inclination to seek medical care, and access to basic necessities such as housing and food. Participation was voluntary and the survey was administered by phone by the peer navigators and student volunteers. All survey responses were summarized using descriptive statistics.

Results: A total 181 patients were contacted, 69 of whom responded (38.1%). During the pandemic, 27.5% of respondents did not feel comfortable going to the ED for medical or psychiatric care, 21.7% had no alternative care site, and 20.3% were unable to access other addiction treatment services. Although telehealth was an alternative, 39.1% of the subjects did not have access to an appropriate device (eg, smartphone) and 37.7% did not have reliable internet access. During the pandemic, 33.3% (23) of respondents lost employment, and of that population, only 47.8% (11) qualified for unemployment assistance. Meals were often skipped by 20.1% of respondents and 42.0% reported not living in stable housing.

Conclusion: This survey illuminates the barriers to medical care and basic necessities for our substance using patient population, many of which may have been present before the COVID-19 pandemic. The results provide direction for resource allocation both currently and in the future. For example, to assist those who were unable to participate in a telehealth appointment, we are considering expansion of an existing program to provide patients with internet-capable cell phones. Future research should explore which interventions are most effective under similar circumstances.

38 Risk Factors of Sepsis Among Patients With qSOFA<2 in the Emergency Department

Shibata J, Osawa I, Ito H, Soeno S, Hara K, Sonoo T, Nakamura K, Goto T/Faculty of Medicine, The University of Tokyo, Japan, Bunkyo-ku, Tokyo, Japan

Study Objective: There have been concerns that some patients with sepsis—life-threatening organ dysfunction caused by a dysregulated host response to infection—may be overlooked with a quick Sequential Organ Failure Assessment (qSOFA)≥2 in the emergency department (ED). Despite this, little is known about the risk factors associated with sepsis among patients with qSOFA<2 in the ED.

Methods: This is a retrospective cohort study using ED data from a large tertiary medical center in Japan 2018- 2020. We included adult patients (aged ≥18 years) presenting to the ED with suspected infection (eg, having a fever) and qSOFA<2. The primary outcome was the diagnosis of sepsis based on the Sepsis-3 criteria (defined as septic patients). We compared patient characteristics (eg, demographics, vital signs upon the initial triage, chief complaint, and comorbidities) between septic and non-septic patients. Additionally, we identified the potential risk factors of sepsis among patients with qSOFA<2 using a multivariable logistic regression model.

Results: We identified 151 (7%) septic patients among 2, 025 adult patients with suspected infection and qSOFA<2. Compared with non-septic patients, septic patients were likely to be older and have vital signs suggestive of imminent sepsis (eg, high respiratory rate). In the multivariable logistic regression model, the potential risk factors of sepsis among patients with qSOFA<2 were older age (adjusted OR, 1.92 [95% CI 1.19- 3.19]), vital signs suggestive of imminent sepsis (eg, adjusted OR of altered mental status, 3.50 [95% CI 2.25- 5.50]), receipt of oxygen therapy upon arrival at the ED (adjusted OR, 1.91 [95% CI 1.38-2.26]), chief complaint of sore throat (adjusted OR, 2.15 [95% CI 1.08-4.13]), and the presence of comorbid diabetes mellitus, ischemic heart disease, and chronic kidney disease (eg, adjusted OR of diabetes mellitus, 1.47 [95% CI 1.10-1.96]). On the contrary, high systolic blood pressure, and chief complaint of abdominal and chest pain were associated with a lower risk of sepsis (eg, adjusted OR of abdominal pain, 0.26 [95% CI 0.14-0.45]).

Conclusions: We found that older age, vital signs prognosticating sepsis, and the presence of some comorbidities were the potential risk factors of sepsis in patients with qSOFA<2. To prevent missed diagnoses of sepsis, we should treat patients with these potential risk factors more cautiously.