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regional distribution proportional to population. As of May 30, 2020, data have been collected for 22 pregnancies in British Columbia (BC) and 27 in Ontario (ON). In BC, mean gestational age at SARS-CoV-2 diagnosis was 20.3 weeks (±9.9, range: 5.3 - 38.3). Among those with detailed data, 31.6% (6/19) had a known positive contact in the community; 2 reported travel before diagnosis. Among 46 pregnancies (BC & ON), the most frequently documented symptoms were cough (37.0%), fever (32.6%). Two (9%) BC cases have been hospitalized due to COVID-19; no ICU admission or mechanical ventilation. Two (9%) BC and 21 (78%) ON cases have delivered. One infant (of 12 with results) in ON tested positive for SARS-CoV-2 and may represent a vertical transmission. Updated data will be presented at the IDSOG Annual Meeting.

CONCLUSIONS: This national surveillance project was largely enabled by national care provider networks as well as provincially dedicated database software and routine perinatal data collection. Our team will provide national data on COVID-19 in pregnancy to support clinical care of pregnant women and their infants.

24 Health disparities among pregnant women with sars-cov-2 infection at a university medical center in northern California

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OBJECTIVES: Black and Hispanic/Latinx populations have experienced disproportionate burden of illness during the novel 2019 coronavirus (COVID-19) pandemic. We describe the prevalence of SARS-CoV2 and characteristics in pregnant women at a university medical center in Northern California to identify potential risk factors for infection.

METHODS: We conducted an IRB approved retrospective cohort analysis of pregnant women who were aged 15-46 years old and tested for SARS-CoV2 at our university hospital system. This cohort included pregnant women presenting for evaluation of COVID-19-associated symptoms and asymptomatic pregnant women identified by a universal testing protocol of all women admitted to Labor and Delivery. Demographics pertinent to social determinants of health such as race/ethnicity, insurance payer status and primary language were abstracted from the electronic medical record. Chi-square and Student's t-tests were used for statistical analyses.

RESULTS: We identified 961 pregnant women who were tested for SARS-CoV2, of whom 71 were tested through the Emergency Department/Intensive Care Unit (ICU) and 890 in Labor and Delivery, from March 1 to June 29, 2020. Majority of women (806, 84%) were asymptomatic upon presentation and (154,16%) were symptomatic. Patient-reported race/ethnicity of our cohort was 32.8% Hispanic, 29.0% non-Hispanic White, 25.8% Asian, 8% Multi-racial, 1.6% Black, 1.6% Pacific Islander, and 0.3% American Indian, and 0.9% unreported (Table 1). A total of 24 of 961(2.5%) pregnant women tested positive for SARS-CoV2. Of these 24, 15 (63%) were symptomatic and 9 (37%) were asymptomatic. Among the 24 patients positive for SARS-CoV2, mean age was 26.3 years old, 20 (83.3%) were Hispanic, 15 (62.5%) identified Spanish as primary language and 20 (83.3%) were state insured at the time of testing (p< 0.001). Eight pregnant women positive for SARS-C0V2

were admitted for moderate or severe coronavirus disease, two of whom required ICU care.

CONCLUSIONS: In our university medical center cohort located in Northern California, Hispanic, Spanish speaking, and state insured pregnant women are disproportionately affected by the COVID-19 pandemic. Possible contributors to observed disparities include social determinants of health and systemic inequities. Further studies, in partnership with community-based advocates, are needed to investigate interventions that may reduce disparities and infection rates among pregnant women with COVID-19.

Table 1. Characteristics of Pregnant Patients Tested for SARS-CoV2 3-1-2020 through 6-29-2020

	Total n (%)	L&D Universal Testing n (%)	Emergency Department (plus ICU) n (%)
Total Patients Tested	961	890	71
Positive	24 (2.5%)	13 (1.5%)	11 (15.5%)
Negative	937 (97.5%)	877 (98.5%)	60 (84.5%)
Asymptomatic	806 (83.9%)	789 (88.7%)	17 (23.9%)
Positive	9 (1.1%)	9 (1.1%)	0 (0%)
Negative	797 (98.9%)	780 (98.9%)	17 (100%)
Symptomatic	154 (16%)	100 (11.2%)*	54 (76.1%)
Positive	15 (9.7%)	4 (4%)	11 (20.4%)
Negative	139 (90.3%)	96 (96%)	43 (79.6%)
Unknown	1 (0.1%)	1 (0.1%)	0 (0%)
Positive	0 (0%)	0 (0%)	0 (0%)
Negative	1 (100%)	1 (100%)	0 (0%)

	Total	Positive	Negative
Total Patients Tested	961	24	937
Ethnicity			
Hispanic	315 (32.8%)	20 (83.3%)*	295 (31.5%)
Non-Hispanic	637 (66.3%)	2 (8.3%)	635 (67.8%)
White/Caucasian	279 (29%)	0 (0%)	279 (29.8%)
Asian	248 (25.8%)	2 (8.3%)	246 (26.3%)
Other[1]	77 (8%)	0 (0%)	77 (8.2%)
Black/African American	15 (1.6%)	0 (0%)	15 (1.6%)
Native Hawaiian, Other Pacific Islander	15 (1.6%)	0 (0%)	15 (1.6%)
American Indian, Alaska Native	3 (0.3%)	0 (0%)	3 (0.3%)
Unreported	9 (0.9%)	2 (8.3%)	7 (0.7%)
Insurance Status			
State-Insured	319 (33.2%)	20 (83.3%)*	299 (31.9%)
Private Insured	640 (66.6%)	4 (16.7%)	636 (67.9%)
Unreported	2 (0.2%)	0 (0%)	2 (0.2%)
Primary Language			
English Speaking	766 (79.7%)	9 (37.5%)*	757 (80.8%)
Spanish Speaking	160 (16.6%)	15 (62.5%)	145 (15.5%)
Other	35 (3.6%)	0 (0%)	35 (3.7%)

Note: [1]Other= Multiple Races/Other/Blank/Unknown/Declines, *p<0.001
L&D = Labor and Delivery

25 Perspectives of women receiving treatment for hepatitis c virus during pregnancy

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OBJECTIVES: Describe the perspectives of pregnant women with chronic HCV infection receiving ledipasvir/sofosbuvir (LDV/SOF) therapy.

METHODS: We conducted semi-structured, in-depth interviews within an open-label, phase 1 study of LDV/SOF therapy among pregnant women with chronic HCV infection. Participants took 12 weeks of LDV/SOF and were interviewed at enrollment and at the end of treatment. We transcribed the interviews verbatim and coded them with NVivo software for subsequent thematic analysis.

RESULTS: 9 women completed the study, yielding 18 transcripts. 8 women acquired HCV through IV drug use, and one through perinatal transmission. We identified three themes. (1) Chronic HCV infection is stigmatized and follow-up is challenging. Women described disclosing their diagnosis and then receiving disrespectful communication or lack of confidentiality from healthcare providers, and finding insurance ineligibility for HCV therapy as a barrier to follow up. (2) Cure from HCV is highly valued. One woman