

Conclusion: Overall, respondents struggled with employment, emotional and physical health effects of COVID-19, yet also experienced aspects of positive life change. In the future, whether results should be compared with results from a general population to determine whether PLH are disproportionately burdened. Regardless, COVID-19 has negatively impacted daily life for everyone, including PLH, and these individuals may need additional resources compared to their less resource-challenged counterparts.

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482. Impact of COVID-19 Pandemic on Psychosocial and Clinical Factors among people with and without HIV living in Miami

Patricia RaccamarichClaudia S. Uribe, MS¹; Ana S. Salazar Zetina, MD, MPH¹; Emily K. Montgomerie, BS²; Douglas Salguero, MD³; Alejandro M. Mantero, n/a⁴; Irma S. Barreto, MD¹; Andres Vazquez, MS¹; Paola Martinez, BS⁵; Kristiana Morgan, BS¹; Nicolle L. Rodriguez Yanes, n/a¹; Theodora Brophy, BA¹; Marissa Maddalon, BA¹; Angela McGaugh, BS²; Deborah Jones Weiss, PhD¹; Maria L. Alcaide, MD¹; ¹University of Miami Miller School of Medicine, Miami, Florida; ²University of Miami, Miller School of Medicine, Cutler Bay, Florida; ³University of Miami Miller School of Medicine, Miami, Florida; ⁴University of Miami, Miami, Florida; ⁵University of Miami Miller School of Medicine, Miami, Florida

Session: P-16. COVID-19 Impact of Social Distancing/Mitigation Measures

Background: As the Coronavirus Disease 2019 (COVID-19) continues to unfold, drastic changes in daily life pose significant challenges on mental and clinical health. While public health interventions such as national lockdowns and social distancing are enforced to reduce the spread of COVID-19, the psychosocial and physical consequences have yet to be determined that may disproportionately affect people living with HIV (PLWH).

Methods: To evaluate the impact of COVID-related stress on mental and clinical health, we conducted a 20-minute questionnaire eliciting sociodemographic information, clinical and psychological factors from people living in Miami, FL. All individuals >18 years with or without a history of COVID-19 were included. Participating PLWH were recruited from an existing HIV registry and HIV uninfected participants from community flyers and word of mouth.

Results: A total of 135 participants were recruited from 05/2020-06/2020. The mean age was 50 years old, 73/135 (54%) were female, and 102/135 (75%) were PLWH. Among participating PLWH, 60/102 (58.8%) self-identified as African American, and 9/102 (8.8%) were positive for COVID-19 by a commercially approved test. Among HIV-negative participants, 15/33 (45.5%) self-identified as White and 11/33 (33%) were positive for COVID-19. Both PLWH and HIV-negative participants described significant disruptions in health care access (47%), difficulty paying basic needs (41%), and feelings of anxiety and depression (48%); there was no statistically significant difference by HIV status. However, HIV negative participants were less likely to experience job loss and income disruption compared to PLWH during the pandemic (70% for HIV-negative vs 48% for PLWH; OR 0.40, p=0.03).

Conclusion: The impact of COVID-19 on emotional and clinical health is significant in both PLWH and HIV-negative groups. These findings highlight the need for providing mental and physical health care during the pandemic, especially for coping with stress and anxiety during these difficult times and ensuring adequate access to health care.

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483. OPAT Delivery during COVID-19

Michael J. Swartwood, BSN, RN, CAPM¹; Renae A. Boerneke, PharmD, BCPS²; Alan C. Kinlaw, PhD³; Nikolaos Mavroggiorgos, MD⁴; Ashley Marx, PharmD⁵; Emily J. Ciccone, MD, MHS⁶; Asher J. Schranz, MD⁷; Mary C. Bowman, MD, PhD¹; Claire E. Farel, MD, MPH¹; ¹University of North Carolina at Chapel Hill, Chapel Hill, NC; ²UNC Infectious Diseases Clinic, Chapel Hill, NC; ³University of North Carolina Eshelman School of Pharmacy, Chapel Hill, NC 27599-7573, NC; ⁴University of North Carolina School of Medicine Division of Infectious Diseases, Chapel Hill, North Carolina; ⁵UNC Medical Center, Durham, NC; ⁶University of North Carolina School of Medicine, Carrboro, NC; ⁷University of North Carolina, Chapel Hill, NC

Session: P-16. COVID-19 Impact of Social Distancing/Mitigation Measures

Background: In 2020, COVID-19 spurred unprecedented change in the delivery of routine clinical care. The UNC OPAT program staff, previously accustomed to in-person collaboration in the hospital, became geographically distant amid North Carolina's partial shutdown starting in March 2020. Team members relied on teleworking and many OPAT clinic visits shifted to phone and video telehealth. We assessed how COVID-19 impacted our care of OPAT patients including follow-up visits and readmissions.

Methods: UNC's OPAT database contains clinical and demographic information on all patients on OPAT for at least 14 days who received specialized monitoring program led by an infectious diseases (ID) pharmacist, after evaluation by an ID physician. For all OPAT courses that ended between 3/1/20 and 5/20/20 (last available data cut), we assessed the length of OPAT treatment course, readmissions, adverse events, follow-up ID clinic visits, and the method of follow up visit utilized. We compared these measurements to historical baseline data from 3/1/19 to 5/20/19.

Results: During the 2020 period, 73 patients completed OPAT, with median OPAT enrollment lasting 36 days, which was similar to 2019 data (70 patients; median OPAT enrollment of 35 days). During the 2019 period, 93% of patients attended a follow up visit with an infectious diseases clinician, all of which took place in person. During the 2020 (COVID-19) period, 85% of patients attended an ID follow up visit; contrary to 2019, 42% of these visits took place in person, 45% were by phone and 13% were via a telemedicine video service. Readmission rates were similar across the two time periods (16% during COVID-19 vs 14% during 2019 comparison time period, P=0.72).

Conclusion: UNC OPAT continued through the emergence of COVID-19 as an essential service for a high patient volume by adapting its care delivery and follow-up visit protocols to include virtual care options. Readmission rates for OPAT patients during COVID-19 were comparable to historical baseline data.

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484. The Impact of SARS-CoV-2 on Reproduction Rates of Seasonal Influenza and RSV

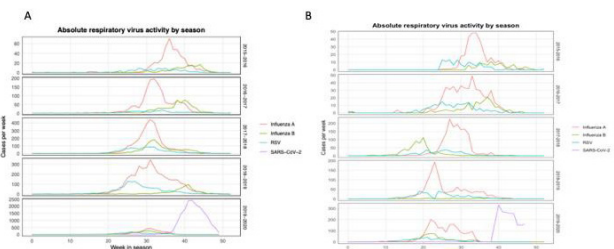
Amy C. Sherman, MD¹; Ahmed Babiker, MBBS²; Andrew Sieben, B.A.¹; Alexander Pyden, MD, MPH³; James P. Steinberg, MD⁴; Kraft Colleen, MD, MSc¹; Katia Koelle, PhD¹; Sanjat Kanjilal, MD, MPH⁵; Emory University, Atlanta, Georgia; ²Emory University School of Medicine, Atlanta, Georgia; ³Brigham and Women's Hospital, Boston, Massachusetts; ⁴Emory University, Division of Infectious Diseases, Atlanta, Georgia; ⁵Harvard Medical School and Harvard Pilgrim Healthcare Institute, Jamaica Plain, Massachusetts

Session: P-16. COVID-19 Impact of Social Distancing/Mitigation Measures

Background: The COVID-19 pandemic caused by SARS-CoV-2 has precipitated a global health crisis. In an effort to decrease person-to-person transmission, societal-level non-pharmacologic interventions (NPIs) to maintain social distancing have been enacted. As SARS-CoV-2 shares similar routes of transmission with other respiratory viruses, implementation of these NPIs may have decreased transmission for multiple viral pathogens. We compared influenza and respiratory syncytial (RSV) rates in prior seasons to rates during the 2019 - 2020 season at two large academic centers in Atlanta and Boston.

Methods: The clinical records were queried for adults with respiratory virus testing conducted at the Emory Healthcare system and associated clinics in Atlanta and the Mass General Brigham (MGB) Healthcare System in Boston. Total cases for influenza A and B, RSV and SARS-CoV-2 were analyzed for each week of the past 5 seasons (07/01/2015-05/30/2020) for the Atlanta and Boston sites. Systematic changes in viral infection rates were calculated using viral reproduction rates, R(t), between consecutive weeks. R(t) is the ratio of the number of positive cases in one week to the number of positive cases in the previous week. We used statistical bootstrapping to determine whether R(t) for influenza and RSV were lower in 2019-2020 following the introduction of SARS-CoV-2. Analyses were conducted using R (v 4.0.0).

Absolute respiratory virus activity by season, Boston (panel A) v. Atlanta (panel B)



Results: For the 2019-2020 Atlanta season, R(t) < 1 (which reflects steady decline in infection rates) occurred at week 28 for influenza A, week 33 for influenza B, and week 35 for RSV, which corresponded with the increase of SARS-CoV-2 cases. The R(t) of these viruses stayed at or near 1 during weeks 33-35 in prior seasons, and R(t) was greater than 1 up to week 47. Data from MGB sites showed similar trends with a sudden decline in R(t) to < 1 at the start of the SARS-CoV-2 pandemic.

Conclusion: We note decreased transmission of influenza and RSV during a time window where widespread movement restrictions and social distancing were imposed to control COVID-19. This trend was most pronounced for influenza A in Atlanta and influenza B in Boston. These data suggest that NPIs can have important effects across multiple pathogens.

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485. Title: The Porous Boundaries Between Communities and Correctional Facilities: The Introduction of a Medical Recovery Site Resulting in Reduced COVID-19 Household Transmission Tied to Recently Incarcerated Individuals

Katherine Pocock, MHS, PA-C¹; Ryan M. Close, MD, MPH¹; James McAuley, MD, MPH²; ¹Whiteriver Indian Hospital, Whiteriver, Arizona; ²Indian Health Service, Whiteriver, AZ