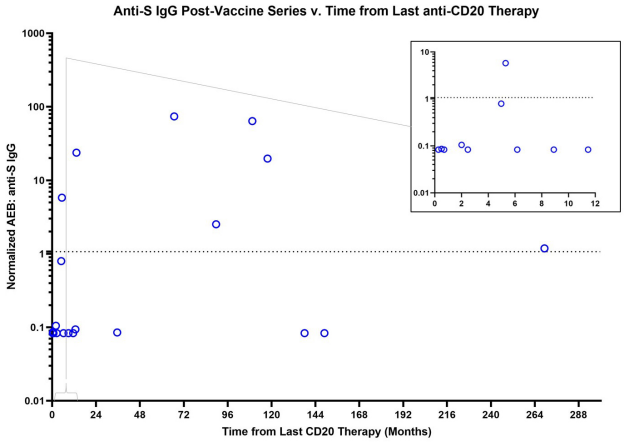
Figure 3. Months from CD20 therapy v. anti-S IgG titers



The dotted line at 1.07 marks in an internally validated threshold to mark antibody response.

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587. An Intervention to Improve COVID-19 Vaccination Rates Among Inpatients at a Veterans Affairs Hospital

Ayako Fujita, MD[1]; Tiffany Goolsby, PharmD[2]; Krista Powell, MD, MPH[3]; Emily J. Cartwright, MD[1]; [1]Emory University School of Medicine, Atlanta, Georgia; [2]Atlanta VA Health Care System, Atlanta, Georgia; [3]Atlanta VA Medical Center, Atlanta, Georgia

Session: P-25. COVID-19 Vaccines

Background. Hospitalizations are an opportunity to increase vaccine uptake and hospital-based strategies have been effective at increasing influenza and pneumococcal vaccination. Offering COVID-19 vaccination at discharge can reduce barriers to vaccination and target patients at high risk for severe illness and death. We evaluated a COVID-19 vaccine intervention implemented as part of routine discharge planning.

Methods. We trained healthcare personnel during April 2021 to review and document vaccine eligibility and interest for adult inpatients on medical, surgical, or psychiatric wards at the Atlanta VA Medical Center during discharge planning using a templated note in the electronic medical record (EMR). Outpatient vaccination center personnel were deployed to the participating wards daily (except Sundays) to facilitate vaccine administration at discharge. We measured the percentage of discharged patients with vaccine eligibility documented using the template and compared the number of patients vaccinated at discharge in the 4 weeks pre- and post-training. All Georgia adults became eligible for COVID-19 vaccines on March 25, 2021, prior to our intervention.

Results. Of the 769 patients discharged from one of the participating wards during the 4-week post-training, 474 (62%) had vaccine eligibility documented (Table 1). Of the 474 patients with documentation, 88 (19%) were eligible. Reasons for ineligibility included prior vaccination (n=266, 69%), patient refusal (n=103, 27%), and acute COVID infection (n=12, 3%). Of the 88 eligible patients, 61 (69%) received vaccination before discharge. In total, 16 of 793 inpatients in the pre-training period and 61 of 769 in the post-training period (2% vs 8%; p< 0.05) were vaccinated prior to discharge.

Table 1. COVID-19 vaccine eligibility and vaccination before discharge during the post-training period, reported by week

Post-training period (dates)	Total discharges	Total screened for vaccine eligibility (n, % of discharges)	Total eligible for vaccine (n, % of screened)	Total vaccinated before discharge (n, % of eligible)	% vaccinated before discharge of all discharges
1 (5/3-5/9)	214	134, 63%	24, 18%	18, 75%	8%
2 (5/10-16)	198	120, 61%	29, 24%	19, 66%	10%
3 (5/17-23)	194	118, 61%	18, 15%	13, 72%	7%
4 (5/23-5/28)	163	102, 63%	17, 17%	11, 65%	7%
Total	769	474, 62%	88, 19%	61, 69%	8%

Conclusion. We found relatively high and sustained uptake of an intervention to screen hospitalized patients for COVID-19 vaccination eligibility. Creating a templated note in the EMR resulted in vaccination of nearly 70% of eligible patients prior to hospital discharge.

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588. Seroconversion Among Adults After Receiving At Least One Dose of a COVID-19 Vaccine: COVID-19 Community Research Partnership, Mid-Atlantic, Southeast and Southern United States, December 2020-May 2021

DeAnna J. Friedman-Klabanoff, MD[1]; Ashley Tjaden, MPH[2]; Michele Santacatterina, PhD[2]; Iqra Munawar, Master of Science in Analytics[3]; John W. Sanders, III, MD[3]; David M. Herrington, MD, MHS[4]; Thomas F. Wierzba, PhD[3]; Andrea Berry, M.D.[1]; [1]University of Maryland School of Medicine, Baltimore, Maryland; [2]George Washington University, Rockville, Maryland; [3]Wake Forest School of Medicine, Winston-Salem, North Carolina

[4]Wake Forest University School of Medicine, Winston Salem, North Carolina

Session: P-25. COVID-19 Vaccines

Background. Well-regulated clinical trials have shown authorized COVID-19 vaccines to be immunogenic and highly efficacious. Information about antibody responses after vaccination in real-world settings is needed.

Methods. We evaluated seroconversion rates in adults reporting ≥ 1 dose of an authorized COVID-19 vaccine in a U.S. multistate longitudinal cohort study, the COVID-19 Community Research Partnership. Participants were recruited through 12 participating healthcare systems and community outreach. Participants had periodic home-based serologic testing using either a SARS-CoV-2 nucleocapsid and spike IgM/IgG lateral flow assay (63% of participants) or a SARS-CoV-2 spike IgG enzyme-linked immunosorbent assay (37% of participants). The timing and number of tests before and after vaccination varied based on participant time in study. Participants were included if they were seronegative on the last test before and had >1 test result after vaccination (some had previously been seropositive, but seroreverted). A weighted Cox regression model with right censoring was used to obtain adjusted hazard ratios for sex, age, race/ethnicity, and prior seropositivity. Time-to-event (seroconversion) was defined as time to first positive test > 4 days after vaccination; participants were censored at the date of their last available test result.

Results. 13,459 participants were included and 11,722 seroconverted (Table). Median time in study was 272 days (range 31–395). Median follow-up time from vaccine to last available test was 56 days (range 1–147). Participants had a median of 3 tests (range 1–12) before and 2 tests (range 1–8) after vaccination. Based on the Kaplan-Meier method, median time to seroconversion after first COVID-19 vaccination was 35 days (interquartile range: 25–45). Likelihood of seroconversion decreased with older age (Table). Female participants, non-Hispanic Black participants, and participants who were previously seropositive were more likely to seroconvert (Table).

Table: Seroconversion after ≥1 dose of COVID-19 vaccine. — COVID-19 Community Research Partnership, Mid-Atlantic, Southeast and Southern United States, December 2020-May 2021[1]

Characteristic	All participants, N (%)	Seroconverted,N (%)	Median time to seroconversion*, days	Adjusted Hazard ratio **
Total	13,459	11,722 (87.1%)	35	N/A
Sex				
Female	8,880 (66.0%)	7,757 (87.4%)	34	Ref.
Male	4,579 (34.0%)	3,965 (86.6%)	36	0.94 (0.90, 0.98)
Age, years[2]				
18–39	3,308 (24.6%)	2,875 (86.9%)	31	Ref.
40–64	7,110 (52.8%)	6,050 (85.1%)	35	0.76 (0.72, 0.80)
65–94	3,027 (22.5%)	2,785 (92.0%)	38	0.63 (0.60, 0.67)
Race/ethnicity				
White, Non-Hispanic	12,083 (89.8%)	10,529 (87.1%)	35	Ref.
Black, Non-Hispanic	551 (4.1%)	488 (88.6%)	33	1.13 (1.01, 1.26)
Hispanic	289 (2.1%)	244 (84.4%)	34	1.00 (0.87, 1.16)
Other race/ethnicity[3]	536 (4.0%)	461 (86.0%)	34	0.99 (0.89, 1.10)
History of seropositivity				
Seronegative	13,315 (98.9%)	11,590 (87.0%)	35	Ref.
Previously seropositive[4]	144 (1.1%)	132 (91.7%)	30	1.33 (1.07, 1.64)

[1]Based on results received as of May 18, 2021. 28,571 participants in the serology study reported being vaccinated, 14,220 were excluded because they did not have serology tests both before and after vaccination, and 892 were excluded because their last serology test prior to vaccination was positive, resulting in a total of 13,459 participants included the analysis.

[2]Age data missing for 14 participants (0.1%).

[3]Other race/ethnicity included Asian, American Indian or Alaska Native, Native Hawaiian/Other Pacific Islander, those who identified as Other, and those who did not or did not wish to specify their race.

[4]History of previous positive serologic assay. The last serologic assay prior to vaccination was required to be negative for inclusion in this study.

*Median time to seroconversion (first positive antibody test >4 days after vaccination) was based on Kaplan-Meier curves for each subgroup.

**Hazard ratios were based on a weighted Cox regression model, adjusted for all variables in the model (sex, age, race/ethnicity, prior seropositivity, and healthcare worker status), shown with 95% confidence intervals.