

heart disease, obesity, and asthma. To date, there has been limited analysis of COVID-19 in the AI population. This study describes the characteristics of hospitalized COVID-19 patients from a well-defined AI population in eastern Arizona. Additionally, we explored the impact of early referral via contact tracing versus those who self-presented.

Methods: Retrospective chart reviews were completed for patients hospitalized for COVID from March 29 to May 16, 2020. Summary statistics were used to describe demographics, symptoms, pre-existing conditions, and hospitalization data.

Results: We observed 447 laboratory-confirmed cases of COVID-19, resulting in 71 (15.9%) hospitalizations over a 7-week period and a hospitalization rate of 159 per 1,000 persons. Of the 50 hospitalizations reviewed sequentially, 56% were female, median age of 55 (IQR 44–65). Median number of days hospitalized was 4 (2–6), with 16% requiring intensive care unit support, 15% intubated, 12% readmitted, and 10% deceased. 67% had an epidemiological link, and 32% had an emergency department or outpatient clinic visit within 7 days of hospitalization. All patients were symptomatic; the most common symptoms were cough (90%), shortness of breath (78%), and subjective fever (66%). 86% of patients had a pre-existing condition; the most common pre-existing conditions were diabetes (66%), obesity (58%), and hypertension (52%, Figure 1). All patients had elevated LDH, 94% had elevated CRP, 86% had elevated d-dimer, and 40% had lymphopenia; only 10% had an elevated WBC count and 26% had thrombocytopenia (Table 1). 26% of the patients were referred in by the tracing team (Table 2). Analysis of 500 hospitalizations will be available in October 2020.

Figure 1. Frequency of pre-existing conditions

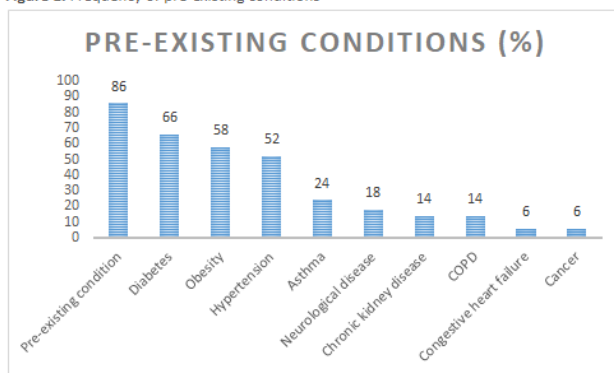


Table 1. Characteristics of Hospitalized Patients

Characteristic	All hospitalized patients (n=50)
Age, median (IQR)	55 (44-65)
Sex	
Male	22 (44%)
Female	28 (56%)
Pre-existing Condition	43 (86%)
Epidemiological Link	33 (66%)
Emergency Department or Outpatient Clinic Visit Within 7 Days of Hospitalization	16 (32%)
Lab Values Upon Presentation, median (IQR)	
WBC	6.77 (4.79-8.17)
Lymphocyte count	1158 (879-1572)
Platelets	221 (142-286)
D-dimer	0.8 (0.54-1.14)
CRP (n=42)	63.55 (27-218.8)
LDH (n=31)	774 (672-990)

Table 2. Hospitalization Data for Self-Presented vs. Referred Patients

Characteristic	All hospitalized patients (n=50)	Patients who self-presented (n=37)	Patients referred by tracing team (n=13)
Hospitalization			
Number of days hospitalized, median (IQR)	4 (2-6)	4 (2-6)	3 (2-6)
Required intensive care unit support	8 (16%)	7 (19%)	1 (8%)
Number of days in ICU, median (IQR)	6.5 (1.5-10.5)	5 (1-10)	11
Intubated	7 (14%)	6 (16%)	1 (8%)
Number of days intubated, median (IQR)	7.5 (1-8)	7 (1-8)	8
Proned	7 (14%)	3 (8%)	4 (31%)
Readmitted	6 (12%)	4 (11%)	2 (15%)
Deceased	5 (10%)	4 (11%)	1 (8%)

Conclusion: Most AI patients hospitalized had a pre-existing condition, symptoms of cough or shortness of breath, and elevated LDH, CRP, and d-dimer. More research is needed to understand the patterns of COVID-19 related disease in vulnerable populations, like AI/AN, and to examine the utility of early referral by contact tracing teams in rural settings which may guide future tracing strategies.

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369. Clinical Characteristics of the First 177 Patients Admitted with COVID-19 at a Bronx Community Hospital

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Background: The first case of COVID-19 was admitted on March 15th 2020 to our community based hospital in the Bronx, NY. The aim of this study is to describe the clinical characteristics and outcome of these first COVID-19 patients.

Patient Characteristics and Outcome

CHARACTERISTICS	HOME	DIED	P VALUE
FEMALE	58 (49%)	21 (37%)	P=0.15
AGE (AVERAGE)	54 years	69 years	
AGE >=64	33 (28%)	40 (70%)	P=0.02
O2 SATURATION >= 94% IN THE ER	83 (70%)	20 (35%)	P=0.001
ABSOLUTE LYMPHOCYTES <1000	46 (39%)	29 (51%)	P=0.46
DIABETES	43 (36%)	27 (47%)	P=0.19
HYPERTENSION	53 (44%)	40 (70%)	P=0.02
COPD/ASTHMA	15 (13%)	11 (19%)	P=0.26
BMI (AVERAGE)	30	28	

Methods: IRB approved retrospective chart review study of all COVID-19 patients admitted during March 2020 focusing on patient characteristics, co-morbidities, clinical manifestations and outcome.

Results: A total of 177 patients were admitted during March 2020: 57% African American 23.1% Hispanic and 16.9% White. 44.9% female, average age 60 years, and 90% had at least one comorbidity. Outcome was available on all patients except for one who was transferred to another institution for ECMO. Overall mortality was 33%.

Clinical presentation: 69.4% presented with cough or shortness of breath, 15.8% with diarrhea, nausea, vomiting or abdominal pain, and 14.6% with myalgia, dizziness or altered mental status. 6.2% presented only with fever. However 59.8% of patients presented with fever and respiratory or gastrointestinal symptoms.

Mortality: The table compares patients who died vs discharged (either home or to a short term facility). Those that were 65 years or older, hypertensive or presented to the ER with an oxygen saturation of 94% or lower, were more likely to die.

Ventilated patients: 31.6% of patients were intubated with a mortality rate of 77%. 22% of these patients were intubated in the first 24 hours. Compared to non-intubated patients, there was no difference in BMI, diabetes, hypertension, COPD/Asthma, use of statins, aspirin or calcium channel blockers. Intubated patients older than 64 years had significantly higher mortality rates (p=0.0001).

Conclusion: This cohort of COVID-19 patients is unique as almost all received Hydroxychloroquine and Azithromycin. Only 9% received steroids and even fewer received an interleukin-6 inhibitor, convalescent plasma or Remdesivir. African Americans and Hispanics accounted for 80% of patients. Greater than 90% received Medicaid. Overall mortality was 33%. The most common presentation was respiratory followed by gastrointestinal symptoms. The overall mortality was 33% but increased to 77% in intubated patients. Age, hypertension, and ER oxygen saturation correlated with mortality.

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