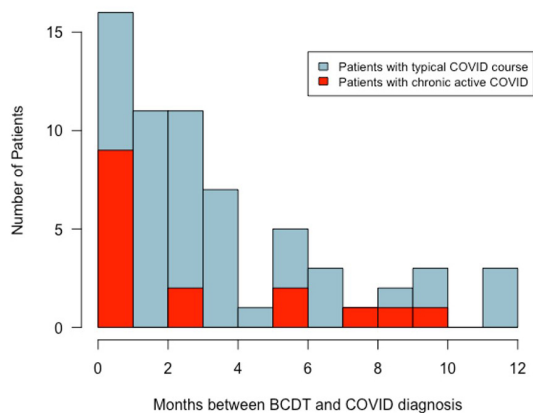


Figure 1. Proportion of patients who survived initial COVID course who developed chronic active COVID, by months between BCDT to COVID diagnosis



Conclusion. We clinically observed COVID-19 infection lasting longer than the typical course and propose a definition for CAC. Incidence of CAC was highest among patients who received BCDT within 30 days before or 2 weeks after COVID-19 diagnosis. High suspicion for CAC is warranted among patients receiving these therapies. Additional study is needed to better define risk for CAC among varying immunosuppressed populations and determine whether COVID-specific treatments early in disease may benefit these patients.

Disclosures. Hannah Imlay, MD, MS, Gilead Sciences, Inc. (Scientific Research Study Investigator)

494. Characteristics and Outcomes of COVID-19 in Hospitalized Native American Patients: A Single-Site Retrospective Analysis

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Session: P-23. COVID-19 Special populations (e.g. pregnant women, children, immunocompromised, etc)

Background. COVID-19 continues to threaten public health, particularly in Native American (NA) communities, which experienced some of the highest rates of COVID-19 infection and mortality in the US. Although the risk factors and clinical characteristics of COVID-19 are well documented in the general population, there has been little research on NA patients.

Methods. We present descriptive data based on chart reviews of COVID-19 patients hospitalized between April 1 and July 31, 2020 at the Whiteriver Service Unit (WRSU), an Indian Health Service site on the Fort Apache Reservation.

Results. Of the 2,262 COVID-19 cases during the observation period, 490 (22%) were hospitalized and 35 (1.6%) died within 28 days. Compared to previous reports, hospitalized patients at WRSU were younger (median age 54), more likely to be female (55% female), and more likely to have comorbidities (92% at least 1, median 2). Patients under 50 (n=200) often had a history of alcohol abuse (51%) or polysubstance abuse (20%). One third of hospitalized patients (34%) were monitored at home and referred for treatment through a high-risk outreach program. Patients were admitted much earlier at WRSU than in other locations, with a median interval of 4 days from symptom onset to hospitalization compared to 7 days reported elsewhere, but over half were still transferred to higher care. Although WRSU patients had higher rates of comorbidities, the 28-day hospital mortality rate from COVID-19 was nearly half of what has been previously reported (35/490, 7% vs 15-20% reported elsewhere, p < 0.001). This trend persisted after controlling

for age. Multivariate logistic regression showed that increasing age, male sex, and high BMI were significantly associated with higher risk of death from COVID-19 (overall model p < 0.001).

Characteristics and outcomes of hospitalized COVID-19 patients at WRSU

Characteristic	All Hospitalized Patients (n = 490)
Demographics/Comorbidities	
Age – median (IQR)	54 (41-64)
Female – no. (%)	269 (55)
≥ 1 preexisting condition – no. (%)	451 (92)
BMI – median (IQR), n=486	31.5 (26.6-37.7)
Hypertension – no. (%)	260 (53)
Diabetes – no. (%)	229 (47)
Asthma – no. (%)	63 (13)
Liver disease – no. (%)	57 (12)
Chronic kidney disease – no. (%)	54 (11)
Congestive heart failure – no. (%)	30 (6)
COPD – no. (%)	25 (5)
Alcohol abuse – no. (%)	158 (32)
Drug abuse – no. (%)	47 (10)
Current tobacco use – no. (%)	40 (8)
Outcomes	
Transfer to higher care – no. (%)	257 (52)
Oxygen requirement – no./n (%)	387/465 (83)
Intubation – no./n (%)	51/465 (11)
ICU – no./n (%)	95/463 (21)
COVID-19 death in 28 days – no./n (%)	35 (7)
Age under 50 – no./n (%)	8/192 (4)
Age 50-59 – no./n (%)	3/121 (2)
Age 60-69 – no./n (%)	7/79 (8)
Age 70-79 – no./n (%)	8/49 (14)
Age 80-89 – no./n (%)	8/14 (36)
Age over 90 – no./n (%)	1/1 (100)

Conclusion. Hospitalized patients at WRSU tended to be younger but with more comorbidities than previous studies. This may reflect the fact that NAs tend to acquire comorbidities at younger ages than the general population. This may also reflect the high rates of substance abuse in younger patients, which could be an additional risk factor for severe COVID-19. We believe that the low mortality rates at WRSU are a result of our outreach program, which likely decreased the interval between symptom onset and medical treatment.

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495. Evaluation of Antigen Testing for Detection of COVID-19 Vaccine Breakthrough Cases in Long-Term Care

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Session: P-23. COVID-19 Special populations (e.g. pregnant women, children, immunocompromised, etc)

Background. Long-term care facilities (LTCFs) are at high risk for severe COVID-19 outbreaks due to their congregate nature and vulnerable population. Oregon Health Authority (OHA) deployed point-of-care antigen (Ag) tests to promptly identify COVID-19 cases in LTCFs. However, their performance in identifying vaccine breakthrough cases has not been evaluated.

Methods. During 2/25/21–5/25/21, OHA supported testing of residents and staff for two outbreaks at a single LTCF. Paired nasal swabs were collected and tested for SARS-CoV-2 by CDC Influenza SARS-CoV-2 Multiplex PCR Assay (molecular test) and Abbott BinaxNOW COVID-19 Ag Card (Ag test) twice weekly during the