Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.
of acidosis. The mean random blood sugar (RBS) among patients who diagnosed with starvation ketoacidosis was 5.95 mmol/L. Total of 25 from 31 patients (80.64 %) went into CRS, and required oxygen supplementation and 13 patients (41.94%) required ICU care. We also observed 21 out of 31 patients (67.74%) in our sample population whom needed delivery of the fetus.

Conclusion: Starvation ketoacidosis in Covid 19 Obstetric patients may precede CRS and ICU admission. The association of starvation ketoacidosis with CRS and ICU admission or worsening Covid 19 pneumonia need to be further evaluated in a bigger study sample. A prompt early multidisciplinary treatment involving Infectious Disease team, Intensive Care team and Obstetric Team could avoid undesirable patient outcome.

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Topic 06: COVID-19 Ethics and Misinformation

OP06.01 (216)

Methods for Counting COVID-19 Deaths in US States and Territories

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Purpose: The US Centers for Disease Control and Prevention (CDC) never issued guidelines on how states should publicly report COVID-19 deaths, and as a result, states ended up settling on different methods. Critics have claimed that some methods, such as counting “deaths with COVID-19” rather than “deaths from COVID-19”, resulted in overcounts of COVID-19 deaths. While it is clear from alternate measures like excess mortality that all states underrated COVID-19 deaths, we investigated whether different methods had any effect on state death reporting.

Methods & Materials: We identified the methods states use to report COVID-19 deaths on their dashboards, then compared state-reported data collected by CDC in its COVID Data Tracker against data from the CDC’s National Center for Health Statistics (NCHS)’s national review of death certificates measuring deaths from COVID-19. Comparing state data against this standardized national dataset allowed us to see if state definitions affected their reporting.

Results: Contrary to critics’ claims, few states have definitions that could systematically include individuals who died of causes unrelated to COVID-19. State death definitions instead vary along two lines: whether positive PCR tests were required to count COVID-19 deaths—with states requiring tests having cumulative totals 9.03% lower than NCHS data, while states not requiring them had totals 10.21% higher (p=.06)—and whether states exclusively used death certificates to measure COVID-19 deaths, with these states’ totals coming in 27.63% higher than NCHS data, compared to 3.26% higher for states using additional information (p=.11).

Conclusion: Rather than certain methods leading to systematic overcounts of COVID-19 deaths, it appears some methods could be especially prone to undercounts. Only states using death certificate reviews had counts substantially higher than NCHS data, and since NCHS also uses death certificates, the difference appears to be a matter of the faster speed of state review. Meanwhile, many states using different methods have discovered they missed large quantities of COVID-19 deaths in their counts. The CDC should have provided leadership to states on how they should report COVID-19 deaths to avoid any preventable undercounts, and public communication to quell misinformation about overcounts.

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PS06.01 (909)

Access to Information, Concerns, Myths and Truths on Food Safety During COVID-19: An Overview of Portuguese Population

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Purpose: The COVID-19 pandemic raised questions and concerns about the possibility of transmission of SARS-CoV-2 via foods. While cases of COVID were rapidly rising, information related to the virus and ways of prevention was also increasing, with much of this information being provided by the media and the general population. In this context, this study had two main objectives: 1) To understand the doubts and concerns of the Portuguese population related to food safety during the first wave of COVID-19 and how they clarified these issues and 2) to analyze the population’s opinion on myths and truths related to the transmission of the infection.

Methods & Materials: A survey including questions about a) concerns and information on food safety during the first wave of COVID-19 pandemic; b) myths and truths about COVID-19 and c) respondents’ profile. The survey was released online between June and October of 2020.

Results: The main doubt of the respondents was related to the manipulation of food (40.7%) followed by the possibility of transmission of COVID-19 through food (12.6%) and which foods should be avoided due to the pandemic (12.6%). 33.3% of the participants stated that television was the main mean of information accessed to clarify these doubts, followed by a Guideline launched by the Directorate-General of Health (31.8%). However, 50.3% said that they had only found answers to some of their questions. 50% of the respondents with higher level of education and 30% of the respondents with lower level of education had doubts about the possibility of the transmission of COVID-19 through food. Also, most of the survey participants disagreed with the affirmations regarding popular ways of disinfecting food to prevent infection.

Conclusion: COVID-19 pandemic raised several doubts, however when related to food safety, the main doubt was about the manipulation of food due to the concern of SARS-CoV-2 transmission. Most respondents do not believe myths about COVID-19 and food safety, but this was dependent on the level of education.

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PS06.02 (656)

Medical Students and Youth-Led Efforts against Infodemic

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**Purpose:** The IFMSA, voicing the opinion of 1.3 million medical students from 131 countries, acknowledges the importance of health literacy in driving social change. Today, the Pandemic is accompanied by a global epidemic of misinformation, spreading rapidly through social media platforms and other outlets, posing a critical threat to public health due to the COVID-19 outbreak. As this problem continues to mount, it becomes even more evident that a unified approach is required to secure high levels of compliance with public health measures and combat the infodemic.

**Methods & Materials:** A global study was conducted by IFMSA, in collaboration with the WHO, composed of a survey to get data about all the organizations, institutions, NGOs, and other entities that focus on fact-checking and correcting misinformation about COVID-19. The survey was filled by medical students from the end of April to the end of May who reported name, type, the scope of work, languages, primary funding source, type, and source of information shared by the organization.

**Results:** We discovered 182 initiatives from 62 countries worldwide that verified information in 48 languages. Social media, the internet, radio, SMS, printed media, and hearsay were identified as the main sources of misinformation. Video podcasts with experts, regular social media updates and newsletters, were described as best practices, in addition to debunking myths on a regular basis and verifying statements by public figures. Also, the quality of fact-checking differed between initiatives.

**Conclusion:** Data showed that myths and false information are spreading through different means from public figures to daily social media outlets. Fighting misinformation should use innovative and accessible approaches. There is an urgent need for national initiatives and political engagement for myth-busting. IFMSA and WHO is following up by designing a platform to share fact-checking initiatives and recommendations openly, and by creating an AI system with Amazon to analyze articles in social media. Our surveys identified the need for fact-checking quality and quantity improvement and help provide an open-access source for worldwide and national fact-checking initiatives.

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**Topic 07: COVID-19 Infection Prevention and Control**

**PS07.01 (222)**

**COVID-19 Variants of Concern: An Analysis of Critical Care Admission in Hospitalized Patients in a Canadian Health Region**

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**Purpose:** To examine outcomes in COVID-19 positive acute care patients and the differential impact of the presence of COVID-19 Variants of Concern (VOCs).

**Methods & Materials:** This study was a cross-sectional analysis using patient data from the patient's electronic medical records. Inclusion criteria were COVID-19–positive patients hospitalized within acute care sites in Fraser Health (British Columbia) between January 1 and April 30, 2021. Data analysis was conducted using SAS Studio 3.8 and STATA 17.0.

**Results:** Of the patients included in the study, 934 (33%) were classified as having a VOC. The proportion of VOC-related COVID-19 cases steadily increased from 0.6% of all COVID-19 admissions in January 2021 to 67.2% in April 2021. Males were more likely to have VOCs than females (36% vs. 30%). The age groups with the highest proportion of VOCs were 40–49 (51%), 50–59 (44%), and 60–69 (40%). After controlling for sex and age, it was shown that patients with VOCs were more than twice as likely to require critical care admission than those without VOCs (OR=2.04, 95%CI:1.67, 2.48; p<0.001). There was no statistically significant difference in overall length of stay (p=0.502) or length of stay in critical care (p=0.237) for those with VOCs after controlling for age and sex. While patients with VOCs were more than twice as likely to require critical care, there was no difference in mortality (OR=1.03, 95%CI:0.75,1.41), p=0.877.

**Conclusion:** VOCs were more likely to be present in middle-aged hospitalized patients than in older patients, and were more prevalent in males. Patients with VOCs were more likely to require critical care; however, there was no difference in length of stay in critical care, or in overall mortality. This is important to understand, as VOCs make up a larger proportion of COVID-19 cases, and will likely place significant burden on critical care resources. Limitations of this study are that other factors such as co-morbidities and socioeconomic status have not been controlled for, and the findings may not be generalizable to other health regions with different populations and health care systems. This study provides groundwork for future research on this evolving topic.

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**PS07.02 (212)**

**Identification of Co-Infections by Viral and Bacterial Pathogens in Covid-19 Hospitalized Patients in Peru: Molecular Diagnosis and Clinical Characteristics**

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**Purpose:** The impact of respiratory coinfections in COVID-19 is still not well understood. This study sought to identify the respiratory pathogens causing coinfections in patients with moderate/severe SARS-CoV-2 pneumonia from a hospital in Peru. Also, to describe the clinical characteristics and outcomes of coinfected and non-coinfected patients.

**Methods & Materials:** A descriptive study was conducted on hospitalized patients with a confirmed diagnosis of moderate/severe pneumonia due to SARS-CoV-2 infection. The selection criteria included patients older than 18 years of age who were admitted to the Guillermo Almenara Irigoyen Hospital in Lima, Peru during the period July-November 2020. Pregnant women were excluded from the study. A nasopharyngeal swab sample was obtained from the patients included in the study. Diagnosis of SARS-CoV-2 infection was performed by reverse-transcriptase polymerase chain reaction (RT-PCR). The detection of the following respiratory viruses was performed by RT-PCR: *Influenza* A and B, *Respiratory syncitial virus* (RSV) A and B; and *Adenovirus*. The detection of atypical bacteria, *Mycoplasma pneumoniae* and *Chlamydia pneu*