2020-21 winter respiratory viral season, likely due to public health measures implemented in response to COVID-19.

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1330. Clinical Associations and Trajectory of "Long COVID" Karen Jacobson, MD, MPH1; Vidiya Balasubramanian, MS2; Hector F. Bonilla, M.D.3; Martina Madrigal, ra1; Isabelle Hack, ni1; Natasha Purrington, MS3; Upinder Singh, MD, FIDSA1; Haley Heilin, PhD1; Prasanna Jagannathan, MD1; Stanford University, Stanford, California; Stanford University School of Medicine, Palo Alto, California

**Session:** P-74. Respiratory Infections - Viral

**Background.** Persistent symptoms after acute COVID-19 are being increasingly reported. To date, little is known about the cause, clinical associations, and trajectory of "Long COVID".

**Methods.** Participants of an outpatient clinical trial of Peginterferon-Lambda as treatment for uncomplicated SARS-CoV-2 infection were invited to long-term follow-up visits 4, 7, and 10 months after initial COVID-19 diagnosis. Ongoing symptoms and functional impairment measures (work productivity and activity index (WPAI), NIH toolbox smell test, 6-minute walk test) were assessed and blood samples obtained. "Long COVID" was defined as presence of 2 or more typical symptoms (fatigue, hypoxia/hypoguesia, dyspnea, cough, palpitations, memory problems, joint pain) at follow up. Associations between baseline characteristics, initial COVID-19 clinical course, and presence of "Long COVID" during follow-up were assessed using generalized estimating equations accounting for repeated measurements within individuals.

**Results.** Eighty-seven participants returned for at least one follow-up visit. At four months, 29 (34.1%) had "Long COVID", 19 (24.7%) met criteria at 7 months and 18 (23.4%) at 10 months (Figure 1). Presence of "Long COVID" symptoms did not correlate significantly with functional impairment measures. Female gender (OR 3.01, 95% CI 1.37-6.61) and having gastrointestinal symptoms during acute COVID-19 illness (OR 5.37, 95% CI 1.02-28.18) were associated with "Long COVID" during follow-up (Figure 2). No significant associations with baseline immunologic signatures were observed.

**Conclusion.** "Long COVID" was prevalent in this outpatient trial cohort and had low rates of resolution over 10 months of follow-up. Female sex and gastrointestinal symptoms during acute illness were associated with "Long COVID". Identifying modifiable risk factors associated with the development of persistent symptoms following SARS-CoV-2 infection remains a critical need.

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1331. Seasonality of Common Human Coronaviruses in the United States, 2020-2021

Melisa Shah, MD MPH1; Amber K. Haynes, MPH1; Rebecca M. Dahl, MPH1; Krista Kniss, MPH1; Benjamin Silk, PhD1; Marie E. Kollerby, VetMB, MPH1; Centers for Disease Control and Prevention, Atlanta, Georgia; NCIRD/DVD, Atlanta, GA, Georgia; CDC, Atlanta, Georgia; Division of Viral Diseases, CDC, Atlanta, Georgia

**Session:** P-74. Respiratory Infections - Viral

**Background.** The four common human coronavirus (HCoV) types, including two alpha (NL63 and 229E) and two beta (HKU1 and OC43) coronaviruses, generally cause mild, upper respiratory illness. Common HCoV re-infection increases rapidly during the first five years of life and remains high throughout adulthood. HCoVs are known to have seasonal patterns, with variation in predominant types each year, but more defined measures of seasonality are needed.

**Methods.** We describe laboratory detection, percent positivity, and seasonality of the four common HCoVs during July 2014 to May 2021 in the United States reported to the National Respiratory and Enteric Virus Surveillance System (NREVSS). We also describe age, sex, and co-detection with other respiratory viruses for a subset of specimens available through the Public Health Laboratory Interscience Index Project (PHLIP). We used a method previously validated for respiratory syncytial virus, characterized by a centered 5-week moving average and normalization to peak, to define seasonal inflections, including season onset, peak, and offset.

**Results.** Any HCoV type was detected in 96,336 (3.4%) of 2,487,736 specimens. Predominant common HCoV types fluctuated by surveillance year (Figure 1) and were generally consistent across geographic regions. In a subset of 4,576 specimens with a common HCoV detection, those with type 229E had a higher median age compared to other HCoV types (30.8 versus 24.8 years, p < 0.001), but there were no differences by sex. Influenza was the most commonly co-detected virus. In the last six complete HCoV seasons, onsets ranged from October to November, peaks from January to February, and offsets from April to June; >95% of all HCoV detections occurred within these ranges. The 2020-2021 common HCoV season onset, dominated by types NL63 and OC43, was delayed by approximately two months compared to prior seasons.

**Conclusion.** Common HCoVs demonstrate relatively consistent seasonal patterns. The delayed onset of the 2020-2021 season may be attributable to mitigation...