involved the speed of development and testing, and concerns of vaccine safety and effectiveness. We also found differences in susceptibility to misinformation and vaccine hesitancy across political affiliation, which was higher in Republicans compared to Democrats. HCWs were generally very comfortable recommending the COVID-19 vaccine to patients and supported the idea of sharing the message they read. Although the risk comparison message was most trusted personally, the process message was rated as both the most helpful to patients and the most likely to be shared with them (see Figure 1). This suggests that what is most appealing on a personal level is not necessarily what a HCW would recommend to their patients.

Rating of personal opinions of the passages.

On a scale from 1 to 7 with 1 = Strongly disagree and 7 = Strongly Agree. This chart shows the average message ratings across the board when answering whether they thought the passages were understandable, helpful, correct, believable, and trustworthy. (Error bars are 95% CI) There was no significant difference across the messages. The Process message is seen as most helpful and is most likely to be shared with patient than the other messages.

On left, the average answer on a scale from 1 to 5 for “Do you think the passage you just read would help your patients feel more comfortable about getting the vaccine?” and on right, the average answer for “Would you share this passage with your patients?”

Conclusion. HCWs’ high uptake and minimal hesitancy in recommending the COVID-19 vaccine is encouraging and merits further exploration for how to increase confidence in HCW who are hesitant to discuss and recommend vaccines to patients, as several highlighted the importance of respecting patient autonomy.

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S81. COVID-19 Vaccine Perceptions in Adults from Greater Nashville Tennessee Kailee N. Fernandez, BS; Danielle A. Rankin, MPH, CIC; Harrison L. Howe, BS; Sean M. Bloos, MPH; Seifel Sabit, MD; Rana Talji, MD; Herdi Kurnia, Rahman, Bachelor’s Degree; Danya Waqfi, MD; Jessica Villareal, BS; Ahmad Yani, MD; Leigh Howard, MD, MPH; James Chappell, MD, PhD; Natasha B. Halasa, MD, MPH; Natasha B. Halasa, MD, MPH; Vanderbilt University Medical Center; Division of Pediatric Infectious Diseases, Nashville, Tennessee; Vanderbilt University Medical Center, Goodlettsville, Tennessee

Session: P-25. COVID-19 Vaccines

Background. In December 2020, SARS-CoV-2 vaccines were made available to healthcare workers and soon thereafter offered to the general public according to age and risk of severe illness. Despite widespread access, vaccination rates vary by region, with Tennessee ranking lower than the national average. Therefore, we aimed to survey adults in greater Nashville, TN regarding SARS-CoV-2 vaccine perceptions.

Methods. We conducted a cross-sectional study of an ongoing longitudinal cohort of individuals with confirmed and/or suspected SARS-CoV-2 infection and their household contacts with enrollment onset in March 2020. For this analysis, individuals were included if they were ≥18 years and available for a one-year follow-up visit. At the one-year visit individuals completed a survey about vaccine preferences, beliefs and
risks. Demographic and social characteristics were collected at enrollment. Individuals were considered vaccinated if they had received at least one dose of a SARS-CoV-2 vaccine under FDA emergency use authorization. Vaccine perceptions were compared by SARS-CoV-2-infection and vaccination status using Pearson’s chi-squared, alpha=5%.

**Results.** Between April-May 2021, 115 individuals completed the one-year follow-up. Table 1 includes sociodemographic characteristics of adults, of which the majority were vaccinated and were unemployed or in non-essential occupations. Most individuals agreed the SARS-CoV-2 vaccine can prevent infection and hospitalization (Figure 1A & B). Unvaccinated participants more often agreed that those who contracted SARS-CoV-2 should not receive the vaccine (30%), whereas vaccinated persons less often agreed (11%, p=0.001) (Figure 1A). Additionally, 44% of unvaccinated individuals were neutral or disagreed that benefits of SARS-CoV-2 vaccination outweighed the illness risk, compared to 10% in the vaccinated group, p=0.001 (Figure 1A). Minimal differences of vaccine perceptions were observed between SARS-CoV-2 positive and negative adults (Figure 1B).

**Conclusion.** Although some unvaccinated individuals seemingly perceived the SARS-CoV-2 vaccine offered some protection, research should continue to evaluate the implications of vaccine hesitancy on the COVID-19 pandemic response as we prepare for the upcoming respiratory season.

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582. Risk Factors for Progression to Hospitalization in Adolescents Presenting with Mild or Moderate COVID-19

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**Session:** P-25. COVID-19 Vaccines

**Background.** Most adolescents (age 12-17 years) with COVID-19 have mild disease. However, certain comorbidities may be risk factors for disease progression, and hospitalization rates for this age group have increased. Adolescents and adults with mild to moderate COVID-19 are eligible for monoclonal antibody therapy. To identify subgroups likely to benefit from this intervention, we evaluated the relationship between comorbidities and need for hospitalization in US adolescents presenting with mild to moderate COVID-19.

**Methods.** We analyzed presence of comorbidities and need for hospitalization within 28 days of diagnosis for adolescents in the PIDTRAN registry, a multicenter retrospective cohort of US pediatric patients with COVID-19. Comorbidities assessed included obesity, chronic kidney disease (CKD), diabetes (DM), immunosuppressive disease or treatment (IS), sickle cell disease (SCD), congenital/acquired heart disease (CHD), neurologic disease/neurodevelopmental disorders (ND), medical-related technology dependence (MTD), and pulmonary disease requiring daily inhaled corticosteroids (PD). We used multivariable logistic regression to determine race/ethnicity-adjusted associations between comorbidities and hospitalization.

**Results.** 1574 patients met inclusion criteria, of whom 180 (11.4%) were hospitalized within 28 days of COVID-19 diagnosis. In a race/ethnicity-adjusted model, the following comorbidities were independently associated with increased odds of hospitalization: IS (OR 10.8 [95%CI 5.4 – 21.7]); CKD (OR 5.1 [95%CI 1.0 – 25.6]); DM (OR 4.2 [95%CI 1.1 – 10.6]). Notably, CHD, MTD, and PD were not independently associated with hospitalization. There was no effect modification of race/ethnicity on the association between obesity or DM and hospitalization.

**Conclusion.** Although some unvaccinated individuals seemingly perceived the SARS-CoV-2 vaccine offered some protection, research should continue to evaluate the implications of vaccine hesitancy on the COVID-19 pandemic response as we prepare for the upcoming respiratory season.

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