Patients who reported difficult accessibility to the HD unit during lockdown period ($n = 23.6\%$) had lower HD adequacy as measured by URR (and Kt/V) as well as hemoglobin levels in the first 3 months of the pandemic (during lockdown) in comparison to the following 3 months and missed more HD sessions ($P = 0.001$).

Comparing lab parameters for all patients before and during the pandemic revealed a significant decrease in URR% ($P < 0.001$), hemoglobin level ($P < 0.001$), calcium level ($P = 0.005$) and albumin level ($P < 0.001$) and an increase in phosphorus level ($P = 0.033$) during the pandemic.

COVID-19 infection represented the most common cause for hospitalization during the pandemic (45.5%) followed by CV events (13.6%) and sepsis (12.9%). There was a significant decrease in the rate of surgical and elective interventions ($P = 0.001$) and a significant increase in the median days of hospital stay during the pandemic ($P = 0.003$). In the 10 months before the pandemic, 23 cases died in the 5 units, while during the first 10 months of the pandemic, 29 cases died, 24 were COVID-19 related (83%) and 5 were non-COVID-19 related (17%).

**CONCLUSION:** Beyond the viral morbidity and mortality of COVID-19, the quality of care of HD patients was affected significantly by the pandemic.

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**MO826 LONG-TERM IMPACT OF COVID-19 PANDEMIC ON HD ADEQUACY AND PATIENT CARE IN ALEXANDRIA, EGYPT: A MULTI-CENTRE STUDY**

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**BACKGROUND ANDAIMS:** The COVID-19 pandemic represents a special threat to HD patients not only for high viral morbidity and mortality, but also it can affect quality of care and result in a high psychological and economic burden. HD patients have to stay in close contact during HD sessions, so many patients may miss HD sessions for fear of infection. Some HD units decrease the duration of HD sessions to apply screening and disinfection protocols. Shortages of health professionals who are debuted in isolation hospitals and quarantined because of illness or exposure to COVID-19 cases can affect the quality of provided care. Routine follow-up of comorbidities, labs and elective procedures were postponed. Relying on public transportation during lockdown periods affected accessibility to HD units, outpatient and inpatient services. The long-term impact of COVID-19 on HD patients’ morbidity and mortality is still unknown. In this context, we conducted a retrospective study to compare parameters of HD adequacy and patient care 10 months before and during the first 10 months of the COVID-19 pandemic.

**METHOD:** This is a retrospective cohort study including all HD patients from 5 HD units in Alexandria, Egypt, including El Mowasah University Hospital, Alexandria University Student Hospital, Smouha University Hospital, Abu-Quir General Hospital and Kidney and Urology Centre. Relevant variables during the period from June 2019 to December 2020 were collected.

**RESULTS:** A total of 388 HD patients were included. There was a significant difference in the total number of missed HD sessions for each patient before and during the pandemic ($P = 0.019$). Two peaks were observed the first was during months of lockdown (April–June) and the second was in September 2020, which coincided with the peak of the second wave of COVID-19 in Egypt.

There was a significant decrease in the mean number of HD patients/one working nurse staff during the pandemic ($P = 0.001$). A total of 11 patients had vascular access complications before the pandemic (2.8%) and 19 patients during the pandemic (4.9%). There was a significant increase in mean IDWG during the pandemic ($P < 0.001$). There was a significant increase in mean IDWG during the pandemic ($P < 0.001$).

**CONCLUSION:** The COVID-19 pandemic represents a special threat to HD patients not only for high viral morbidity and mortality, but also it can affect quality of care and result in a high psychological and economic burden. HD patients have to stay in close contact during HD sessions, so many patients may miss HD sessions for fear of infection. Some HD units decrease the duration of HD sessions to apply screening and disinfection protocols. Shortages of health professionals who are debuted in isolation hospitals and quarantined because of illness or exposure to COVID-19 cases can affect the quality of provided care. Routine follow-up of comorbidities, labs and elective procedures were postponed. Relying on public transportation during lockdown periods affected accessibility to HD units, outpatient and inpatient services. The long-term impact of COVID-19 on HD patients’ morbidity and mortality is still unknown. In this context, we conducted a retrospective study to compare parameters of HD adequacy and patient care 10 months before and during the first 10 months of the COVID-19 pandemic.

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