86(43%) Caucasian, 71(36%) Hispanic, 42(21%) African American, 6(3%) Asian and mean(sd) age of 55.1(15.9). Patient comorbidities included: 89(45%) with a heart condition, 77(39%) diabetes, 30(15%) asthma and 14(7%) liver disease.

Median time to completion for all hospitals was 4 hours(h); (CUH 4h vs PHHS 2h, p< 0.05; VA 5.5h vs PHHS 2h p<0.005). Most common reasons for e-consult included: VI(33%) re-testing (CUH 14(21%) vs PHHS 43(50%), p< 0.05; CUH vs VA 14(27%), p< 0.05; PHHS vs VA, p< 0.05), (61)31% testing (CUH 25(37%) vs PHHS 39(45%), p< 0.05; CUH vs VA 7(16%), p< 0.05; PHHS vs VA, p< 0.05) and 61(31%) infection prevention (IP). Based on the e-consult recommendations, 53(27) of patients were tested (CUH 31(45%) vs PHHS 11(13%), p< 0.05, CUH vs VA 11(25%), PHHS vs VA, p< 0.05), 45(23%) were re-tested, 44(22%) of patients had PPE started on and 19% had PPE removed (CUH 0(0%) vs PHHS 16(19%), p< 0.05; CUH vs VA 21(48%), p< 0.05; PHHS vs VA, p< 0.05).

**Figure 1:** Seroprevalence of SARS-CoV-2 in Asymptomatic Populations at a Deployed Military Base

**Conclusion:** Serosurveillance of populations at high risk for exposure to the virus is a logical way to conserve testing resources in a constrained combat environment.

**Disclosures:** Alex M. Case, n/a, United States Air Force (Employee)

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475. Describing the impact of the COVID-19 pandemic on HIV care in Latin America

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**Session:** P-14. COVID-19 Epidemiology and Screening

**Background:** In response to the COVID-19 pandemic in San Diego, California, the Infectious Disease Division at the University of California San Diego established a COVID-19 Clinic dedicated solely to managing patients safely in their homes. This strategy was developed in response to: i) concerns regarding transmission of infection in the healthcare setting, ii) avoiding overwhelming the healthcare system with COVID-19 patients, iii) providing patients with expedited access to specialists, and iv) reducing the burden on the emergency department and urgent care.

**Methods:** The COVID-19 clinic staff is comprised of a dedicated nurse, administrative assistant, and four infectious diseases (ID) physicians who aim to see patients within 24 hours of referral via virtual clinics 5 days a week. An ID physician initially assesses each patient in a direct telemedicine visit and answers their questions, assesses disease severity, provides both symptom management and emotional support, and education about self-isolation and transmission-based precautions. The patients are then triaged to daily nursing phone calls and follow up visits as needed.

**Results:** Over a period of 12 weeks (March 27 to June 16, 2020), the clinic has seen 179 patients. To assess the impact of the clinic, patients are asked to complete a 6-point verbal patient satisfaction survey after their visit. Of the 133 patients who have completed the survey to date, the vast majority reported high satisfaction with their encounters with the COVID-19 physician, with a mean score of 4.8 or higher on all six questions (on a scale of 1 to 5). When asked “Did you feel comfortable talking to your COVID-19 ID physician?” on a scale of 1 to 5, the average score was 4.9. When asked “Did the physician do a good job answering your questions?” the average was 4.9. Patients reported feeling safer after talking with their physician (mean score 4.8), and felt better educated on how to self-quarantine at home (mean score 4.85) and when to seek care from an emergency room, urgent care or hospital (mean score 4.83).

**Conclusion:** The UCSD COVID-19 Clinic demonstrates how telemedicine can be utilized in response to a public health crisis by creating a virtual clinic to provide ID care for patients in their homes.

**Disclosures:** All Authors: No reported disclosures
Background: The effects of the COVID-19 pandemic on people living with HIV (PWH) are unknown. Beyond SARS-CoV-2 co-infection, the pandemic may have devastating consequences for HIV care delivery. Understanding these is crucial as reduced antiretroviral therapy (ART) availability alone could lead to ≥500,000 AIDS-related deaths in 2020–2021. With Latin America now a focal point in the pandemic, we sought to describe the impact of COVID-19 on HIV care at Latin American clinical sites.

Methods: Caribbean, Central and South America network for HIV epidemiology (CCASAnet) and additional Brazilian HIV care sites in Argentina, Brazil, Chile, Haiti, Honduras, Mexico, and Peru were included. An electronic survey of COVID-19 effects on HIV clinic operations was administered in Spanish or English via phone and email, April 28-June 2, 2020. We also compared national COVID-19 case, mortality, and policy data from public sources.

Results: Brazil’s and Mexico’s epidemics appear most pronounced, with >10,000 confirmed COVID-19-related deaths (Figure 1); countries implemented ‘social distancing’ policies at different times after initial cases, with Haiti earliest and Mexico latest (Figure 2). Nearly all 13 sites reported decreased hours and providers for HIV routine HIV appointments, and/or suspension of HIV research. Eleven of 13 reported antiretroviral therapy (ART) availability alone could lead to ≥500,000 AIDS-related deaths in 2020–2021. With Latin America now a focal point in the pandemic, we sought to describe the impact of COVID-19 on HIV care at Latin American clinical sites.

Table: Site Assessment of Impacts of the COVID-19 Pandemic on HIV services in Latin America at CCASAnet and Coorte Sites, N=13

| Site | Country | Impact of COVID-19 on HIV Care |
|------|---------|-------------------------------|
|      |         | Decreased hours and providers |
|      |         | Suspension of routine HIV appointments |
|      |         | Suspension of HIV research |

Figure 1. Cumulative mortality due to COVID-19 in countries within which CCASAnet and Coorte sites are located

Figure 2. Cumulative cases of COVID-19 in countries within which CCASAnet and Coorte sites are located and dates (relative to the day on which the first positive case of COVID-19 was detected) of general social distancing, public health emergency, or mass quarantine policy introduction (vertical dashed lines), 2020

Conclusion: The COVID-19 pandemic has already had a substantial effect on daily operations of HIV clinics in Latin America. The downstream effects of these impacts on HIV outcomes in Latin America will need to be further studied.

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476. Gilead Sciences’ Commitment to the COVID-19 Pandemic

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Session: P-15. COVID-19 Global Response/Response in Low Resource Settings

Background: COVID-19 has spread rapidly: from the first case in Dec 2019, the declaration of a global pandemic in Mar 2020, to Jun 18, 2020 with >8 M confirmed cases and >400,000 deaths worldwide. Throughout this rapid spread, Gilead has focused on contributing antiviral expertise and resources to help patients (pts) and communities fighting COVID-19

Methods: Gilead is supporting the efforts of governments, partnering with professionals, and community-based org., and collaborating with healthcare providers to accelerate research and access to remdesivir (RDV), the first medicine with demonstrated efficacy in treatment of COVID-19. This is a review of the programs initiated in RDV research, access, research grants and collaborative education

Results: In Jan 2020 Gilead began working with government and regulatory authorities to make RDV accessible to pts globally through the compassionate use and expanded access programs. These programs have treated >2000 COVID-19 pts. By Feb