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.

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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-