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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patients mean age in years (62 versus 62, p = 0.827), Hispanic or Latino ethnicity (20/188 [11%] versus 377/4730 [8%], p = 0.188), and SES score (<18,900 versus 19,100, p = 0.065) versus OIC patients. Racial and ethnic comparisons excluded 79 and 247 patients, respectively, due to unavailable data.

Conclusion: Patient sex and race are associated with SARS-CoV-2 MAB infusion location. Compared to OIC patients, ED patients were more likely to be female and Black.

91 Pediatric Emergency Department Utilization by Newborns During The COVID-19 Pandemic

Thompson AD, Pisaczek K, Zomorodi A/Nemours/Alfred I. duPont Hospital for Children, Wilmington, Delaware

Background: Pediatric emergency departments (PED) reported a decrease in overall visits during the COVID-19 pandemic. Telemedicine, fewer visits for lower acuity complaints, and decreased transmission of infectious illnesses have contributed. These factors however may have less impact on ED usage by very young children.

Study Objective: To characterize the early impact of COVID-19 mitigation efforts on the volume, presenting complaints and clinical course of newborns presenting to a tertiary care PED.

Methods: We conducted a descriptive cross-sectional study of all visits by newborns, defined as children < 30 days of age, to a tertiary care PED in the U.S. during the onset of the SARS-CoV-2 pandemic. A state-wide shelter-at-home order was announced on 3/16/2020. Data abstracted from the electronic medical record during the 60-days following the order (3/16/2020-4/28/2020; study period) was compared to the same date range during 3 prior years (2017-2019; baseline period).

Results: Of the 406 total newborn ED visits, 315 were in 2017-2019 (1.1% total ED volume for the baseline period) and 91 were in 2020 (2.3% total ED volume for the study period; P < .001). Mean age, insurance status and race distribution were unchanged; however, the study period proportion of Hispanic patients was significantly lower (27% vs 15.4%; P = .02). A higher proportion of study patients had imaging, procedures, and consults (23.2% vs 41.8%; P < .001; 11.4% vs 30.8%; P < .001; 10.8% vs 24.2%; P < .001). The most common chief complaints were similar with the top 3 complaints accounting for 40% of the baseline period and 48% of the study period. The study admission rate was 31.9% as compared to the baseline rate of 18.7%.

Conclusions: Compared to the general population, visits to a tertiary care PED remained largely unchanged for newborn aged patients. While the most common chief complaint categories were consistent between time periods, a higher proportion of study patients had imaging, procedures, and consults (23.2% vs 41.8%; P < .001). The most common chief complaints were similar with the top 3 complaints accounting for 40% of the baseline period and 48% of the study period. The study admission rate was 31.9% as compared to the baseline rate of 18.7%.

92 The Impact of the COVID-19 Pandemic on Medical Student Residency Specialty Selection

Esposito A, Patti L, Launbach S, Polvino D, Butler L, Heinert S/Rutgers Robert Wood Johnson Medical School

Background: The COVID-19 pandemic has had an unprecedented impact on the medical community, including in the way that medical students are educated. While media outlets have portrayed health care workers actively battling this disease, there has been little to no discussion of how the pandemic has affected medical students. Currently practicing physicians chose their specialties long before the threat of this novel coronavirus was known. It is unclear how the pandemic may change the mindset of current medical students and their decisions regarding their choice of residency specialty following graduation.

Study Objectives: The purpose of this study was to determine if the COVID19 pandemic has affected future residency specialty choices for current M.D. candidate students.

Methods: In September 2020, a brief (approximately 3 minute) anonymous survey was disseminated to current M.D. candidate students at a large, suburban medical school in New Jersey with over 600 students over four clinical and pre-clinical years. A 14 day period was provided for medical students to complete the survey, with a reminder sent to students at the 7 day mark.

Results: A total of 87 medical students responded to the survey. Of those that responded, 21% were MS-1, 18% were MS-2, 29% were MS-3, and 29% were MS-4. Eighty-six participants chose to report a sex. Of those, 60% identified as female. Seventy percent of those who responded knew someone personally who was negatively affected by the COVID-19 pandemic. Eleven respondents intended to go into emergency medicine. Five medical students planned on selecting a different residency specialty based on the pandemic. Of those, two had initially planned to pursue emergency medicine and changed specialties based on the pandemic (to radiology and ophthalmology). Of the remaining students, they made the following changes in specialty: psychiatry to anesthesiology, orthopedic to general surgery, and obstetrics/gynecology to undecided. Of these five students who switched specialties, 4 (80%) knew someone negatively affected by COVID-19.

Conclusions: Despite the COVID-19 pandemic and the effect it has had on medical student education, the majority of current medical students who responded to this survey have not let it affect their decision regarding which residency specialty to pursue. Of the small sample of students in this survey that did change their decision regarding residency specialty, two students made the decision to switch from emergency medicine to radiology and ophthalmology.

93 Emergency Department Visits for Cerebral Venous Thrombosis After the Arrival of COVID-19

Huq Z, Eskin B, Allegra J/Morristown Medical Center, Morristown, New Jersey

Study Objectives: Cerebral venous thrombosis (CVT) has garnered attention recently because of reports of cases following COVID-19 vaccine administration. Even before vaccinations began, COVID-19 infection has been shown to be associated with increased incidence of venous thromboembolic diseases. Since CVT is a
To Poor Outcomes.

94 COVID-19 Prognostic Factors: A Retrospective Study Challenging The Risk Factors Contributing To Poor Outcomes.

Rodriguez Rosa A, Afta S, Dotiwala A, McCallum L, Yang J, Smith G, Cvek U, Kilgore P, Clifford E, Cornelius A/LSU Health Shreveport, Shreveport

Study Objectives: COVID-19 research has shown that factors associated with severe illness are age, some socioeconomic factors, male sex, smoking, obesity, some chronic medical conditions, immunosuppression, and certain laboratory findings. This study provides data showing various factors associated with poor prognosis in Louisiana and compared with national data, especially with its majority-Black population.

Methods: Data was collected from 1381 patients who tested positive for COVID-19 from March 1st to May 5th, 2020 at various medical facilities in Shreveport, Monroe, and New Orleans. Variables included age, sex, race, ethnicity, body mass index (BMI), and comorbidities. Daily labs included CBC, BMP, CRP, ESR, D-Dimer, LDH, AST, ALT, Bilirubin, Alkaline Phosphatase, Ferritin, Troponin, CPK, PT, PTT, and INR. Outcomes were patient discharge status, intubation, and deterioration during the hospital course.

Results: The mean age was 53.39 years old with the most positive tests from 55-69 years of age. The highest fatality rate was in ages 75-84 and 95-99. Congestive heart failure (CHF) patient had the highest fatality rate, at 42.47%. Racial distribution was similar to the studied areas but, had a higher rate of Black patients (63.1%) and a lower rate of White patients (23.9%). Fatality rates of Black patients were higher (17.26%) than White patients (14.94%). Black patients accounted for 59.54% of the deaths, while White patients accounted for 19.85%. Sex distribution was mainly female (55.8%). Males had a higher fatality rate (22%) than females (12.6%). The mean BMI was 32.3, being the Obese I category, while most patients were in the overweight category. As BMI increased, fatality rates decreased. Creatinine, LDH, BUN, WBC, CPK, and D-dimer levels were significantly higher in those with worse outcomes. Oxygen saturation, CO2, and Platelets were lower in patients who died. Calcium levels were significantly lower in those with poor outcomes.

Conclusion: This study reinforces some known risk factors and challenges others. Elderly were at a higher risk of death compared to younger patients. There is a direct correlation between increasing age and fatality rate, but older age may correlate with increased concomitant medical conditions contributing to poor outcome. CHF showed the strongest relationship to fatality rate, which was nearly three times higher than those without CHF. Males and Black patients showed higher fatality rates than females and White patients. Contrary to current data, BMI alone may not be an independent variable for poor outcome. BMI correlates with diabetes, heart disease, and myocardial infarction rates and, if coexisting, may contribute to poor outcomes. Hypocalcemia, hypoxia, hypocapria, and thrombocytopenia were seen more in patients who died but, clinical significance and correlation with disease process is unknown. Thus, further studies are needed to determine significance of these findings in relation to outcomes.

95 Experiences of Detained Asylum Seekers During the COVID-19 Pandemic

Molyneux K, Kaur K, Konia N, Santos Malave G, Baranowski KA, Singer EK, Mount Sinai Human Rights Program/Icahn School of Medicine at Mount Sinai New York

Introduction: COVID-19 disproportionately affects racial and ethnic minority groups as well as people in jails and immigration detention centers in the United States. Between April and August of 2020, the mean monthly COVID-19 case ratio for ICE detainees was 13.4 times that of the general US population. This study aims to understand the experiences of detained asylum seekers during the pandemic and to provide insight into COVID-19’s impact on this population.

Methods: This qualitative study employed first-person, in-depth narratives gathered via semi-structured interviews with 12 asylum seekers, all of whom were detained in immigration detention centers during part of the COVID-19 pandemic and who had subsequently been released. Interview transcripts were analyzed using a consensual qualitative research approach.

Results: The analysis yielded seven domains and 22 categories. The first domain focused on participants’ health before detention, including reports of good physical health, previous experiences of psychological distress, and pre-existing conditions. The next domain contained descriptions of detention conditions and reflected interviewees’ experiences of poor conditions, lack of food and/or poor quality of food, limited freedom of movement, isolation, and disrupted sleep. The third domain represented themes of COVID-related detention conditions, such as lack of access to masks, inability to social distance, poor facility hygiene, and insufficient or extended isolation/quarantine. The fourth domain encompassed asylum seekers’ reports of the prevalence of COVID-like symptoms in detention settings. They indicated that they knew someone who had symptoms or experienced COVID-like symptoms themselves. The fifth domain included participants’ health care experiences in detention. They noted a poor response to COVID-19 in the facility, obstacles to receiving care, and dissatisfaction with management of their symptoms while detained. The sixth domain included the impact of detention conditions on the health of interviewees; they reported a deterioration of their physical health and mental health. The final domain consisted of the interviewees’ perceptions of their current health. Some stated their experiences in detention continue to impact their health; others reported improvement in their physical health and mental health after their release.

Discussion: Detained asylum seekers are a vulnerable population who face inadequate medical care, an inability to social distance, poor hygiene, restricted movement, and a lack of infection control which exacerbate their risk of contracting COVID-19. Advocating for improved disease prevention, screening, prompt access to health care and treatment, cohorting of cases, and community alternatives to detention to decrease population size are crucial to halt the communicability of the virus.

96 A Comparison of Presenting Characteristics, Comorbidities, and Outcomes of Those With COVID-19 Who Present to Either a Rural or Urban Emergency Department in Arizona

Ashurst J, Santarelli A, Huyhn M, Smith V, Krzeczowski R, Shah B, Hammad E, Ihms B, Potter P, Midwestern University Graduate Medical Education Research Consortium/Kingman Regional Medical Center, Kingman Regional Medical Center, Midwestern University Arizona College of Osteopathic Medicine, Midwestern University Arizona College of Osteopathic Medicine, Midwestern University Arizona College of Osteopathic Medicine, Midwestern University Arizona College of Osteopathic Medicine, Midwestern University Arizona College of Osteopathic Medicine

Background: Although over half of all counties in the United States are classified as rural, less than 20% of the population live in rural areas. Those who live in rural areas have been shown to have a higher mortality rate from heart disease, cancer and cerebral vascular accidents as compared to their urban counterparts. However, no data is currently available for those with COVID-19.

Study Objective: To describe and compare the clinical characteristics and outcomes of patients with COVID-19 who presented to rural and urban emergency departments (ED).