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positive results during Period 1 vs. Period 2. A chi-squared test of independence determined significance of positivity rates in Period 1 vs. Period 2 with a p-value of .05.

Results: In Period 1, there were 11,752 distinct patients, 33,183 total STI tests, and a mean age of 38 years (S.D. ± 16). They were 58% female, 18% male, and 23% unknown or other self-identified sex. Period 2 had 10,313 distinct patients, 29,797 total STI tests, and a mean age of 37 years (S.D. ± 16). They were 51% female, 18% male, and 31% unknown or other self-identified sex. As described in Table 1, fewer tests were done in Period 2 than Period 1 for all STI categories at our hospital. Gonorrhea had a significantly increased positivity rate in Period 2 than Period 1. There were no significant differences in positivity rates for other STIs between the two time periods.

Conclusion: A lower number of STI tests was done at our hospital in Period 2 vs. Period 1. This may be due to a fear of using health care resources during the pandemic. Gonorrhea positivity rates were higher in Period 2 than Period 1, with no difference for other STIs. A stable or increased positivity rate could imply that despite new SARS-CoV-19 guidelines on social behavior, patients in our population continued to engage in condomless sexual relations. The pandemic may lead to an increase in undiagnosed STIs in the community due to decreased testing; therefore, a special focus should be placed on increasing testing availability. The emergency department is an ideal environment given readily available testing and treatment.

### Table 1: Comparison of STI Tests Between Period 1 and Period 2

|                      | Period 1 | Period 2 | Percent Difference in Number of Tests Performed | Percent Positive |
|----------------------|----------|----------|-----------------------------------------------|-----------------|
| HSV                  | 7364     | 721      | 1.0%                                          | 7.0%            |
| Chlamydia           | 8882     | 316      | 3.6%                                          | 5.9%            |
| Gonorrhea           | 8590     | 132      | 1.5%                                          | 2.0%            |
| Syphilis            | 7487     | 477      | 6.4%                                          | 6.7%            |

Conclusion: How did emergency physicians prepare and cope at the beginning of the COVID-19 pandemic?

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Study Objectives: Emergency physicians (EPs) are always on the frontlines and many EPs thrive on the unpredictable. Despite this, the COVID-19 pandemic posed unprecedented challenges to all EPs, including the challenge of how to prepare for and cope with a pandemic. This subset analysis aimed to evaluate the impact of the COVID-19 pandemic specifically on the lives of EP fathers.

Methods: From May 2 through June 16, 2020, a convenience sample of physician fathers was surveyed on their personal and professional preparedness for COVID-19. Surveys were distributed via the Physician Dads Group (PDG), an international Facebook group covering all medical specialties, LinkedIn, via personal contacts and professional organizations.

Results: 260 surveys were completed by EP fathers (Table 1). Of the respondents, 77% were between 30-49 years, 84% were White, 9% Asian 1% Black; 31 U.S. states were represented. 98% reported they had a partner. At the time of the survey, 63% felt they were in a high-density area with 88% having cared for a COVID+ patient. About half had taken steps to prepare personally or professionally for the local impact of COVID-19 (46% and 67%, respectively). EP fathers’ top two concerns were exposing their partner or their child(ren) to COVID-19, followed by personally acquiring COVID-19. 44% of fathers didn’t have to change their schedule to care for children, while 37% did; other fathers did not have school-aged children or already had care in the home. In terms of preparation, about 67% made sure they had adequate food, 66% made sure they were financially prepared, while 46% and 41% obtained PPE for self or family, respectively. To prepare professionally, almost all (97%) educated themselves about COVID-19, 68% self-educated about pandemics, and 72% reviewed critical care literature. The three biggest professional concerns were morale of staff (48%), financial challenges (45%), and health of staff (43%). 37% of fathers felt that the balance between their professional and personal responsibilities worsened, while 17% felt the balance improved. When EP fathers were asked if they wished they had not gone into medicine, 67% disagreed/strongly disagreed. When asked if they wished they had not gone into medicine, 89% disagreed/strongly disagreed.

Conclusions: EP fathers felt more prepared professionally than personally for the pandemic. The findings highlight that EP fathers were concerned about their family becoming sick but also concerned with the health and morale of staff at work.