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.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.
Purpose: The COVID-19 pandemic has brought unprecedented challenges to the health to the United States. Understanding the consequences of national, state, and local risk mitigation interventions (e.g. school closures, social gathering restrictions) on substance use outcomes among adolescents and young adults (AYA) remains an unexplored area of investigation. AYA are at increased risk for depression, anxiety, post-traumatic stress, and familial violence all which might contribute to elevated substance use and overdose risk. In this study, we compare overdose emergency department (ED) visits among AYA before and after risk mitigation interventions were implemented to reduce transmission of COVID-19 in St. Petersburg, Florida.

Methods: We analyzed 30,795 ED visits from April 1, 2018 to December 31, 2020 among 16,962 unique patients aged 12-21 years at one children’s hospital in St. Petersburg Florida. The primary exposure of interest was calendar period, before or after COVID-19 risk mitigation interventions went into effect (after March 15, 2020). Multivariable logistic regression with generalized estimating equations was used to determine if an ED visit during the COVID-19 period was associated with an overdose (e.g. intentional or adverse effect). Segmented regression was used to determine if overdose rates changed linearly over time in and between COVID-19 periods.

Results: The median age at first ED encounter was 15 years (13-17). The proportion of ED visits due to overdose increased from 1.8% (n=436) to 2.5% (n=166) in the pre-COVID and COVID periods, respectively. The univariate model demonstrates that visits during the COVID-19 period were associated with 39% (95% CI: 1.15-1.68, p<0.001) higher odds of experiencing a drug overdose (e.g. intentional or adverse effect). Segmented regression analysis revealed a significant linear changes over time were detected within either period. Approximately 81% (n=158) were female, mean age (sd) = 23 (2.8) years, 95% (n=184) had health insurance, 77% (n=149) had public health insurance, 78% (n=151) had a provider visit, and 34% (n=52) had visit via telemedicine. Of the participants who had a doctor visit, 93% (n=141) reported being willing to use telemedicine, while 7% (n=10) were unwilling. Adjusted multivariable logistic regression revealed a statistically significant association between fear of COVID-19 acquisition and care seeking behaviors among urban adolescents and young adults (AYA), with the aim of assessing the utilization of telemedicine as part of health services offered to AYA in Baltimore, MD.

Conclusions: Drug overdose in the ED increased significantly from the pre-COVID to the COVID-19 period indicating that risk mitigation interventions might have accelerated this increase among AYA. Social and physical isolation and underlying mental health disorder might be contributing to increased overdose risk in this population. Screening for co-occurring mental health disorders and substance use behaviors is needed among AYA.

Sources of Support: Bloomberg American Health Initiative, National Institute on Drug Abuse.
**Conclusions:** This study demonstrates the ongoing need for health services during the COVID-19 pandemic and the overall willingness of AYA to utilize telemedicine. Given the sexual health disparities faced by AYA, optimizing telehealth services for AYA is essential and consistent with new laws expanding telehealth use. Further efforts should be geared at exploring potential barriers and use of hybrid services to ensure comprehensive care delivery.

**Sources of Support:** CDC: 2NU50GMN000004; NIH: R01NR013507, 1R01MD011770, R21HD090498; and Unrestricted Funds-Hologic, Inc.

---

**RESEARCH POSTER PRESENTATION II: HEALTH EQUITY/PRIMARY CARE/COVID**

**FOREGONE HEALTH CARE AMONG U.S. ADOLESCENTS AND CHILDREN DURING THE COVID-19 PANDEMIC—COVID EXPERIENCES SURVEYS, WAVE 2, MARCH—MAY, 2021**

Sanjana Pampati, MPH 1, Nicole Liddon, PhD 1, Jonetta J. Mpofo, PhD 1, Marci Hertz, MS, 2, Susan Hocevar Adkins, MD 1, Jeb Jones, PhD 2

1Centers for Disease Control and Prevention; 2Emory University.

**Purpose:** The COVID-19 pandemic resulted in disruptions to the U.S. health care system, which may contribute to foregoing health care (i.e., needed care that was not sought after or received). We describe the impact of the pandemic on adolescent and pediatric foregone health care by sociodemographic characteristics and experiences of racism.

**Methods:** Data were from the second wave (March-May 2021) of the COVID Experiences Surveys (CovEx) and captured experiences of adolescents ages 13-19 directly (n = 569) and children ages 5-12 via parent report (n = 1287) using a probability-based sample representative of the U.S. household population. An item assessing health care that was foregone for any reason was included in the adolescent (i.e., thinking you should have sought health care but did not) and parent surveys (i.e., having any health care visits delayed, missed, or not scheduled for the child) since the first wave of CovEx (i.e., approximately a 6-month recall period). Participants who reported this experience were asked to categorize the type of health care foregone (e.g., well-child visit, STD testing or treatment). We report the prevalence of foregone health care and test for differences by age, sex, race/ethnicity, insurance status, and experiences of racism for both adolescents and children and differences by sexual identity among adolescents only, reporting prevalence by subgroup when p<0.05.

**Results:** The prevalence of foregone health care among adolescents ages 13-19 years was 20.4% (95% CI: 16.4%, 25.2%). Female, 16- to 19-year-old, and lesbian, gay, or bisexual adolescents were more likely to report foregone health care compared to male (26.8% vs. 14.1%), 13- to 15-year-old (26.3% vs. 12.9%), and heterosexual adolescents (48.2% vs. 15.1%), respectively. Among adolescents experiencing foregone care, the three most prevalent types of care were mental health services (37.9%), sickness (26.9%), and a check-up or sports physical (22.1%).

Based on parent report, the prevalence of foregone health care among children ages 5-12 was 16.3% (95% CI: 14.2%, 18.7%). Parent report of their child foregoing health care differed by child’s race/ethnicity at 21.6% among non-Hispanic other/multiracial, 21.0% among Hispanic, 14.8% among non-Hispanic Black, and 13.2% among non-Hispanic White children. Parents who reported their child had experienced racism were more likely to report foregone health care for their child than parents who did not (43.3% vs. 14.5%).

**Conclusions:** Approximately a fifth of adolescents and children had foregone needed health care over an approximate 6-month recall period in 2021, with disparities by age, sex, race, sexual identity, and experiences of racism. Although foregone health care may have been attributable to closures in medical offices early in the pandemic, the current data were collected after most stay-at-home orders were lifted and public health recommendations stressed seeking routine health care. Increasing availability and accessibility of health care to U.S. youth, particularly populations disproportionately more likely to forego health care is needed to eliminate documented disparities in unmet health care needs.

**Sources of Support:** N/A.

---

**PATIENTS WITH SOMATIC SYMPTOMS AND RELATED DISORDERS (SSRD) IN A TERTIARY CARE PEDIATRIC HOSPITAL CENTER: THE NEED FOR A STRUCTURED APPROACH TO LIMIT THE COVID-19 PANDEMIC’S IMPACTS ON MEDICAL CARE**

Olivier Jamouille, MD 1, Louis Picard, PhD 2, Stéphanie Proulx-Cabana 2, Jo-Anne Couillard, RN, MA 2, Marie-Joelle Doré-Bergeron, MD 2, Marie-Claude Fortin, PhD 2, Lila Amirali, MD 2, Jean-Yves Frappier, MD 2, Chantal Stheneur, MD 2

1Université de Montréal; 2Université de Montréal, CHU Sainte-Justine; 3Adolescent Medicine, Fondation Santé des Étudiants de France.

**Purpose:** During Covid-19 pandemics, a drop of 39% of all visits was observed through all Quebec pediatric emergency rooms for adolescents from 12 to 17 years old. Meanwhile, consultation for mental health problems showed a rise after waves 1 and 2. Adolescents were heavily impacted by the pandemic, SSRD being one expression of their difficulties. In 2019, a need for a dedicated clinic for somatisation was recognized through a survey in our Pediatric University Center. SSRD were identified in most specialities. They represented 10% of all patients and clinicians reported that they were sometimes uncomfortable with SSRD patients. These results are still relevant as the pandemic is ongoing. An increase of SSRD patients is expected as students will be returning to their classrooms this fall. The main objective of this paper is to describe the development and content of a structured program for adolescent patients with somatic disorder in a Pediatric University Center during the Covid-19 pandemic.

**Methods:** An extensive literature review was done on SSRD treatment programs for adolescents. An international group of experts met monthly through a teleconsultation platform; this group includes specialists in Adolescent Medicine in Canada, England and France, psychiatrists, pediatricians, nurses, and psychotherapists. Sessions were 90-minutes long and were held between May 2020 and July 2021. Two leaders structured the task force and dispatched the tasks to favor collaboration between the pediatric and psychiatric team members.

**Results:** The literature review shows that health professional teams have developed unique models, contingent upon local resources and experiences of the actors involved. Our model is unique and inspired by existing ones. It consists of different paths and levels of treatment and includes: - Centralized access with a structured process for referral classification from minor cases (light functional impacts) to complex ones (severe functional impacts/ chronic condition/ multiple medical investigations, denial of non-organic causes, etc.). -