Branchburg, NJ) at Truman Medical Center from April 13, 2020 to December 31, 2021. Demographics, comorbidities, symptoms, laboratory data, radiographic data, clinical course and COVID-19 related complications were recorded and analyzed.

**Results.** During the study period, 85,267 SARS-CoV-2 RT-PCR tests were performed and 253 (0.3%) presumptive positive results were reported for 243 patients. Symptom information were available for 178 patients and 70% of them were symptomatic at the time of testing. Only 2 patients were admitted for COVID-19 pneumonia with the presumptive positive results. Both of them had low oxygen requirement during hospitalization and were discharged with stable conditions.

**Conclusion.** Symptomatic COVID-19 patients who presented with presumptive positive results by Xpert Xpress SARS-CoV-2 or Cobas SARS-CoV-2 had generally mild disease and rarely required hospitalization for COVID-19.

**Disclosures.** All Authors: No reported disclosures

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### Table 1: Patient characteristics according to epicardial thickness

| Variable                  | Epicardial Thickness | Total (n=148) | P value |
|---------------------------|----------------------|--------------|---------|
| No EAT thickness          | EAT thickness        |              |         |
| (n=49, 33.1%)             | (n=99, 66.8%)        | 100%         |         |
| Age, mean (SD)            | 67.4 (15.0)          | 66.3 (14.6)  | 0.409   |
| Males, n (%)              | 33 (22.3)            | 64 (43.5)    | 0.745   |
| Non-Hispanic, n (%)       | 13 (9.6)             | 33 (23.4)    | 0.547   |
| BMI, mean (SD)            | 28.7 (6.4)           | 29.0 (5.9)   | 0.649   |
| Days of symptoms on admission, mean (SD) | 6.5 (4.6) | 6.7 (5.1) | 0.367 |
| Length of Stay, mean (SD) | 23.2 (41.1)          | 19.9 (25.8)  | 0.211   |
| Diabetes, n (%)           | 11 (7.4)             | 36 (24.2)    | 0.067   |
| Metformin, n (%)          | 3 (2.0)              | 20 (13.5)    | 0.036   |
| Hypertension, n (%)       | 34 (23.0)            | 69 (46.4)    | 0.969   |
| Heart failure, n (%)      | 2 (1.4)              | 17 (11.5)    | 0.025   |
| Atrial fibrillation, n (%)| 5 (3.4)              | 15 (10.1)    | 0.407   |
| High flow, n (%)          | 15 (10.3)            | 39 (26.4)    | 0.296   |
| Intubation, n (%)         | 6 (4.1)              | 41 (27.7)    | <0.001  |
| Remdesivir, n (%)         | 8 (5.4)              | 32 (21.6)    | 0.039   |
| Mortality, n (%)          | 2 (1.4)              | 34 (23.4)    | <0.001  |

**Conclusion.** There was an association with increased EAT thickness and increased mortality. These findings suggest that EAT thickness can be used as a prognostic factor and as a risk factor for increased mortality in patients with COVID-19.

**Disclosures.** All Authors: No reported disclosures

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### Figure 1: Scatter Plot of Length of Stay by EAT Thickness

The scatter plot illustrates the relationship between EAT thickness and length of stay (LOS) for patients with COVID-19. A positive correlation is observed, indicating that increased EAT thickness is associated with longer hospital stays.

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359. Clinical implications of SARS-CoV-2 PCR presumptive positive results

Takuya Yamamoto, MD; Masako Mizusawa, MD, PhD; University of Missouri-Kansas City, Kansas City, Missouri

**Session:** P-15. COVID-19 Diagnostics

**Background.** Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) reverse transcriptase polymerase chain reaction (RT-PCR) test is a cornerstone of diagnostic work-up for COVID-19. However, what the presumptive positive results mean clinically and whether they should be treated in the same way as the positive results are unknown.

**Methods.** We conducted a retrospective review of electronic health records for patients who had the presumptive positive results by Xpert Xpress SARS-CoV-2 (Cepheid, Sunnyvale, CA) or Cobas SARS-CoV-2 (Roche Molecular Systems, Branchburg, NJ) or Cobas SARS-CoV-2 (Roche Molecular Systems, Branchburg, NJ). Sixty-five patients who tested positive were included. The mean age of the patients was 67.4 years (SD 15.0) and 56% were male. A total of 253 presumptive positive results were reported for 243 patients.

**Results.** All patients with presumptive positive results were treated in the same way as the positive results are unknown.

**Conclusion.** Symptomatic COVID-19 patients who presented with presumptive positive results by Xpert Xpress SARS-CoV-2 or Cobas SARS-CoV-2 had generally mild disease and rarely required hospitalization for COVID-19.

**Disclosures.** All Authors: No reported disclosures

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360. Evaluation of Cycle Threshold Values in Patients with Symptomatic COVID-19 Infection

Danielle Dixon, DO; Julieta Madrid-Morales, MD; Jose Cadena-Zuluaga, MD; Christopher R. Frei, PharmD, FCCP, BCPS; University of Texas Health, San Antonio, San Antonio, Texas; University of Texas Health Science Center at San Antonio, Texas, USA; San Antonio, Texas; 1University of Texas health and science center San Antonio, Audie L. Murphy VA Medical Center, San Antonio, Texas; 2University of Texas at Austin College of Pharmacy/UT Health San Antonio, San Antonio, Texas

**Session:** P-15. COVID-19 Diagnostics

**Background.** One of the tests used to identify COVID-19 infections is the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) reverse transcriptase quantitative polymerase chain reaction (RT-qPCR) test. There is a measure known as the cycle threshold (Ct) value, which provides the upper bound of viral load. It has been proposed that the Ct value could help with clinical decisions regarding duration of isolation. We hypothesize that Ct values will correlate with symptom duration in a population of veterans with COVID-19 infection.

**Methods.** We reviewed the records of patients presenting to the emergency department (ED) or admitted to Audie L. Murphy VA Medical Center in San Antonio, Texas with positive SARS-CoV-2 PCR tests. We looked at patients who received multiple SARS-CoV-2 RT-qPCR tests. We compared date of onset of symptoms and cycle threshold values from their initial test to another test ordered after 7, 10, and 20 days from symptom onset. We recorded the Ct value for the N2 and E genes. Patients were classified into mild, severe and critical based on Center for Disease Control and Prevention (CDC) criteria. A Ct value of >30 as threshold for transmissible disease was used based on previously published studies.

**Results.** We identified 49 patients with more than two SARS-CoV-2 RT-qPCR tests. Patients with mild disease with tests less than or equal to ten days from symptom onset (n=10) had a mean Ct value 23.2 (±5.6) and 26.0 (±5.8) for the E and N2 genes. Patients with mild disease with tests greater than ten days from symptom onset (n=4) had mean Ct values of 26.0 (±6.5) and 27.8 (±6.8). When we stratified the patient population by disease severity, patients with severe and critical disease with tests less than ten days from symptom onset (n=24) had mean Ct values of 20.1 (±7.3) and 23.4 (±5.7). Patients with severe and critical disease greater than twenty days (n=6) had Ct values of 29.0 (±5.5) and 31.1 (±5.4).

**Conclusion.** We found that Ct values increased with longer symptom duration. We currently use the CDC criteria to discontinue isolation at ten days for mild disease and twenty days for severe and critical disease. The findings of this study suggest that our current practice for duration of isolation correlates with increasing Ct values near or above the threshold for transmissible disease.

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361. Aseptic Meningitis Associated to SARS Cov2 Infection and MIS-C: Pediatric Presentation of Covid-19

Mónica J. Olguín Quintero, MD; SERGIO RENE BONILLA PELLEGRINI, MD; RODOLFO N. IJÍNEZ JUÁREZ, PhD; María Citlalli Casillas Casillas, MD; 1Hospital Infantil de México Federico Gómez, Ciudad de México, Distrito Federal, Mexico; 2Hospital Infantil de México, Ciudad de México, Distrito Federal, Mexico; 1Hospital Español, Miguel Hidalgo, Distrito Federal, Mexico

**Session:** P-15. COVID-19 Diagnostics

**Background.** Novel SARS CoV2 may target the central nervous system and several neurological symptoms have been reported in patients with Coronavirus disease (COVID-19). Mucocutaneous and inflammatory symptoms are important in pediatric population associated to immune dysregulation. There are few reports of clinical manifestations in children and less frequently the isolation and affection of Central Nervous System.

**Methods.** A previously healthy four months female infant with familiar contact to SARS-CoV2 four weeks ago. Start with fever of 104°F, vomiting, maculopapular rash on the anterior thorax and upper extremities involving the palms and soles associated with edema. On physical examination, irritable, bulging anterior fontanelle, non-purulent bilateral conjunctival injection, cheilitis and rash was confirmed.

**Results.** Laboratory findings: thrombocytopenia, elevated D-Dimer, fibrinogen, PCT, CRP, ferritin and ESR with hypoalbuminemia. MIS-C is integrated with cutaneous, gastrointestinal and neurological affections. Empirically ceftriaxone, vancomycin and acyclovir are started due to suspicion of meningococcalpsis. RT-PCR