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thromboembolic disease, we hypothesized that the number of ED patients with CVTs increased after the arrival of COVID-19 in the New York City area in early March 2020.

Methods: Retrospective cohort design. EDs of 28 hospitals within 150 miles of New York City. Hospitals were teaching or non-teaching, rural, suburban, or urban. Annual ED volumes were from 12,000 to 122,000. The database we had available included consecutive patients seen by ED physicians from March through November in 2019 and 2020. We tallied the number of patients diagnosed with CVTs using International Classification of Disease (version 10) codes.

Results: The database contained a total of 1,975,352 visits, 1,161,080 in 2019 and 814,252 in 2020 (a 30% decrease from 2019 to 2020). In 2019 six patients were diagnosed with CVT and in 2020, three patients. For these CVT patients, the median age [interquartile range] was 44 [36-50] and 78% were female.

Conclusion: Contrary to our hypothesis, we found that after the arrival of COVID-19 in our area, visits for CVTs did not increase. We speculate that total ED visits decreased in 2020 because of public health mandates and fear of contracting COVID-19. The decrease in visits for CVTs that we found may have been due to the overall decrease in ED visits. Another factor may have been that ED testing was reduced to move patients out of the ED expeditiously, to lower the risk of exposing personnel and other patients to infection.

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

Rodriguez Rosa A, Aftal S, Dotswala A, McCalment L, Yang J, Smith G, Cvek U, Kilgore P, Clifford E, Corneliou C/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%). Mortality rate 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 comorbid 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, hypocapnia, 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 K, 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, Hammode E, Iams 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 Arizon 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).