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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Results: Black patients were the most represented race (74%) in our study. 399 patients were admitted with COVID-19 in April 2020. In Black patients, 306 were admitted (76.02%) compared to 79 White patients (19.79%). There were also significant differences on the basis of race between both the number of “typical” symptoms (Black=2.925 + 2.067, White=2.367 + 2.014, p=0.0330) and the more general “collapsed” categories of atypical symptoms (Black=1.036 + 0.765, White=0.823 + 0.844, p=0.026), but not concerning the number of atypical symptoms more specifically associated with COVID-19 (Black=0.428 + 0.770, White=0.468 + 0.749, p=0.589). This is concordant with our association rule mining results, which indicated that in Black patients, fever was frequently associated with myalgias, cough, and shortness of breath (lift=1.897).

Conclusion: While evaluating the racial distribution of COVID-19 as it pertained to symptoms, Black patients were statistically more affected by COVID-19 in North Louisiana. Blacks make up 38% of the region’s population but were 74% of the region’s COVID-19 cases. This was not observed in South Louisiana. Additionally, Black patients were more likely to be admitted than their White counterparts and were likely to have both more typical and atypical symptoms at presentation. Further investigation into the corresponding factors such as issues like weight, comorbid conditions, and genetic polymorphisms for ACE-I tropism should be explored to illuminate the proposed racial selection that SARS2-COVID-19 demonstrates for those of African descent.

**COVID-19 Pandemic Did Not Exacerbate Racial Disparity in Incidence of Emergency Department Visits For Asthma Exacerbations**

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Study Objectives: Racial disparities between White and minority (non-White) asthmatics in the United States have long been documented before the COVID-19 pandemic. During the COVID-19 pandemic, minorities were also found to disproportionately bear the burden of COVID-19-related severe outcomes. The pandemic hastened the adoption of several health care system and societal changes, including expansion of telemedicine via video or phone visits, mask usage, social distancing, and remote work and schooling. These could be seen as protective to asthmatics via decreased exposure to respiratory pathogens, and increased provider access. However, it is unclear how the pandemic affected racial disparities for asthmatics. In this study, we employ the Epic Corporation’s Aggregate Data Program (ADP) to examine how the pandemic affected emergency department (ED) utilization between White and minority asthmatics.

Methods: Epic’s ADP General Asthma Data Set collects national level data across all Epic customers and reports asthma prevalence, cumulative incidence of asthma exacerbation ED visits, and proportion of ED visits that comprise asthma exacerbations. This de-identified aggregate data is broken down by race, ethnicity, age groups, sex, and location (ie, state). We examined data from January 1, 2017 to February 1, 2021. We defined the start of the pandemic as March 11, 2020, when the World Health Organization officially declared a pandemic. We determined the monthly incidence of asthma ED visits for non-White and White asthmatics separately, and then calculated the risk ratio by dividing incidence for pandemic ED visits by the pre-pandemic as March 11, 2020, when the World Health Organization officially declared a pandemic. We determined the monthly incidence of asthma ED visits for non-White and White asthmatics separately, and then calculated the risk ratio by dividing incidence for pandemic ED visits by the pre-pandemic risk ratio.

Conclusion: Our study demonstrates that during the pandemic, known racial disparities in asthma ED utilization (ie, risk ratio between minority and White asthmatics) did not worsen. In fact, the pandemic reversed a marginally positive trend pre-pandemic, although this trend appeared to begin normalizing. It is possible that any one of the changes during the pandemic caused this shift in trend, but the limitations of our dataset prevent further investigation. More research is needed to investigate the factors underlying this trend change to learn how we may address racial disparities going forward.
Conclusions: In this single-center study, there was no effect of the COVID-19 lockdown orders on PATs. However, after adjusting for confounders and seasonality, we did identify a considerable seasonal effect and an overall downward trend in PATs over time. These findings do not address the appropriateness of the transfer but whether in-person evaluation may be amenable to telehealth or other potential means. Generalizability of this single center study should be examined in other settings along with reasons for the potential downward trend.

81 Use of Adhesive Tape to Facilitate Optimal Mask Positioning and Use in the Emergency Department: A Randomized Controlled Trial
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Study Objective: We hypothesize that placing a piece of surgical tape at the bridge of the nose over the mask, creating a physical deterrent to mask removal, will improve proper mask use among emergency department (ED) patients.

Methods: 123 patients were enrolled in a randomized controlled trial at Eskenazi Hospital from April 2020 until October 2020. We permitted participants to either use their own mask (due to low resources institutionally) or we provided a surgical/cloth mask (early on relied on donated cloth masks for patients). Participants were randomized to a control (no tape over the mask/nose) or to the intervention (placing tape over the bridge of the nose of the face mask). The primary outcome of this study is the frequency at which participants correctly wear their masks in the intervention and control groups at 60 minutes into their ED visit.

Results: At 60–minutes in the no-tape control group, 31.1% participants were incorrectly wearing the masks, compared to 100% of the intervention group correctly wearing their masks. Subjects who were observed wearing their masks incorrectly (91.1%) exhibited some combination of either their mask removed or their nose and/or mouth exposed.

Conclusions: Applying a piece of tape to the bridge of the nose affords a simple, low-cost, low-risk solution that improved the rate of proper mask usage to 100%.

82 Heparinase-Native Thromboelastometry Detects Hypercoagulability in COVID-19 Disease
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Study Objective: COVID-19 disease is associated with elevated risk of thrombosis, but lab assessment of hypercoagulability of fibrinolysis using conventional clotting assays is challenging. Rotational thromboelastometry (ROTEM) can detect subtle changes in clotting activity and has been used to demonstrate longitudinal coagulopathy in COVID over time. However, typical ROTEM channels including EXTEM and INTEM are affected by anticoagulant use. Un-activated native ROTEM with addition of heparinase (NaHEPTEM) should be a more accurate marker given the multiple anticoagulant protocols in use during COVID-19 treatment. Our aim is to describe coagulopathy in COVID using NaHEPTEM longitudinally in a group of patients.

Methods: This multi-center prospective cohort study was conducted during the initial COVID-19 disease surge in New York City at an urban hospital system with large infected population. Adult (>18y) patients admitted with new oxygen requirement secondary to COVID-19 disease were recruited either in the emergency department or inpatient floors within 24 hours of admission. Blood samples were collected for ROTEM processing at enrollment then every 72 hours for 21 days unless discharged or deceased. The main study outcome included NaHEPTEM values for clotting time (CT), clot formation time (CFT), maximal clot firmness (MCF) and maximal lysis (ML). Additional data was collected on conventional clotting assays and inflammatory markers, disease severity, and mortality.

Results: There were 39 patients with ROTEM results included in the data analysis (mean age, 66.65 years; female, 50.0%; Admission SOFA score mean was 3.88. Mortality occurred in 10/39 (25.6%) of patients and ICU admission in 13/39 (33.8%). Therapeutic anticoagulation was initiated in 28/39 (71.7%) of patients as inpatients, with the rest receiving prophylactic subcutaneous heparin. ROTEM results were grouped into three-day blocks for analysis using day of enrollment as day 0. NaHEPTEM CT median values were within manufacturer reference range at all time points. CFT median values were below reference range until the period of days 9-11 since admission. MCF median values also were below reference range until days 9-11. ML median values were highest for admission NaHEPTEM tests (4% lysis) but no values were outside the manufacturer reference range of 15% lysis. None of the admission NaHEPTEM values were significantly associated with mortality.