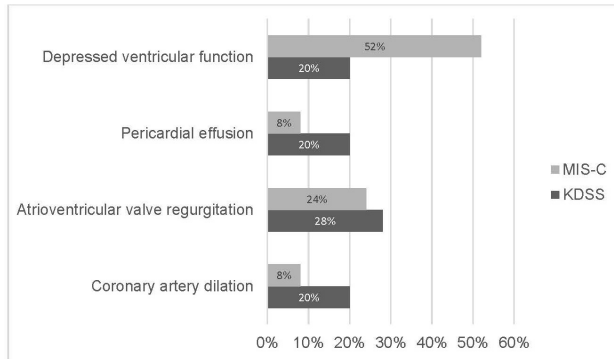


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Session: P-23. COVID-19 Special populations (e.g. pregnant women, children, immunocompromised, etc)

Background. Kawasaki disease (KD) and Multisystem Inflammatory Syndrome in Children (MIS-C) associated with Coronavirus Disease 2019 present similarly with mucocutaneous symptoms and fever. Both syndromes can progress to shock. Successful treatments for MIS-C are largely based on proven KD management. As more patients with MIS-C are treated, protocols are adjusted. Infectious Diseases (ID) specialists are often early consultants in these cases. Understanding differences in how body systems are affected in MIS-C versus KD is essential for management.

Figure 1. Cardiac changes among patients with Kawasaki Disease shock syndrome (KDSS) and Multi-system Inflammatory Syndrome (MIS-C)



Methods. This is a single hospital comparison of 25 cases of MIS-C with mucocutaneous presentation and symptoms of shock and 25 consecutive cases of KD Shock Syndrome (KDSS). Cases were compared for demographics, symptoms, cardiac abnormalities, medical treatments, and cardiac recovery.

Results. Patients with MIS-C develop symptoms of shock including sustained hypotension and tachycardia at 3 times the rate of patients with KD (45% vs 13%; $p < 0.001$). On echocardiogram, left ventricular myocardial dysfunction, assessed by ejection fraction, is more commonly noted in cases of MIS-C than KDSS (fig 1). About half of patients with MIS-C show left ventricular myocardial dysfunction initially with normalization by 6 months post-presentation in the majority (96%).

Conclusion. Cardiac changes and shock events related to KD and MIS-C are thought to be caused by differing inflammatory mediators. By comparing these two syndromes, we can determine ways to manage each optimally. MIS-C often results in left ventricular myocardial dysfunction, which is rarer in KD cases. Fluid resuscitation with multiple fluid boluses followed by inotropes to treat hypotension in cases of MIS-C puts increased strain on the already weakened myocardium. Early intravenous immunoglobulin (IVIG) administration, even in the presence of mild hypotension, can simultaneously provide the patient with additional fluid and decrease the underlying inflammatory process. This prompt treatment might reduce the need for pressor support while protecting the myocardium from further damage. As early consultants in MIS-C, ID providers should be educated regarding the unique cardiac challenges of MIS-C and avoid delay in IVIG treatment and cardiologist and intensivists consultation.

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475. The Utility of Community-Academic Partnerships in Promoting the Equitable Delivery of COVID-19 Vaccines in Black Communities

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Session: P-23. COVID-19 Special populations (e.g. pregnant women, children, immunocompromised, etc)

Background. In the U.S., non-Hispanic Black individuals are disproportionately represented amongst COVID-19 mortalities. The COVID-19 vaccines are poised to change this outcome; however, inequitable access and decades of medical mistreatment have resulted in healthcare mistrust and an associated low uptake within this group. Loma Linda University (LLU) houses the largest mass vaccination site in San Bernardino County (SBC) California; nevertheless, there has been a perpetual low representation of Black vaccinees. To increase the number of Black persons vaccinated, a selected team at LLU leveraged a community-academic partnership model to address vaccine hesitancy and increase access to the COVID-19 vaccines. The objective of this

study was to evaluate the number of Black persons vaccinated in community settings compared to the mass clinic.

Methods. LLU developed a tiered approach to increase COVID-19 vaccinations within Black SBC communities. The first tier engaged faith leaders with the academic community in disseminating COVID-19 health information, the second included culturally representative LLU healthcare professionals in the delivery of COVID-19 educational webinars, and the third was to conduct low barrier, remote-site vaccination clinics, within targeted Black communities. Following these efforts, we compared the number of Black individuals vaccinated in the LLU mass clinic to those vaccinated in the community remote-site clinics.

Results. The remote-site COVID-19 vaccination clinics commenced in February 2021. From February 1 until April 30, 2021, 24,808 individuals were vaccinated in the LLU mass clinic with a first dose (Pfizer or Moderna) or single dose (Janssen) of a COVID-19 vaccine, however, only 908 (3.7%) were Black vaccinees. Contrastingly, the LLU remote site clinics vaccinated 1,542 individuals with a first or single dose of a COVID-19 vaccine. Of those vaccinees, 675 (44%) were Black.

Conclusion. The multi-tiered community approach (remote-site vaccination clinics) resulted in a necessary overrepresentation of Black vaccinees, previously underrepresented in the LLU traditional mass vaccination clinic effort (44% vs. 3.7%, respectively). Further research is warranted to examine the key elements to increase vaccinations amongst minoritized groups.

COVID-19 Vaccination Comparisons Between Models

Patients Vaccinated in Mass Vaccination Clinic (Data extracted: 5/24/21; includes first or single dose)		Patients Vaccinated in Mobile Vaccination Community Clinic (Data extracted: 5/24/21; includes first or single dose)		San Bernardino County population's Race/ethnicity data
Black	908 (3.7%)	Black	675 (43.77%)	168,946 (7.8%)
American Indian or Alaskan Native	126 (0.5%)	American Indian or Alaskan Native	4 (0.25%)	7,955 (0.4%)
Native Hawaiian	87 (0.16%)	Native Hawaiian	3 (0.19%)	6,545 (0.3%) "Islander"
Asian	5,895 (23.7%)	Asian	31 (2%)	157,172 (7.2%)
LatinX	6,983 (28.1%)	LatinX	695 (45.07%)	1,186,808 (54.4%)
White	9,092 (36.6%)	White	30 (1.95%)	591,879 (27%)
Other	903(3.6%)	Other	37 (2.39%)	4,572 (0.2%)
Unknown	719 (2.9%)	Unknown	67 (4.3%)	---
Total Number Vaccinated	24,868	Total Number Vaccinated	1,542	2,180,085

This table includes data from the Loma Linda University Mass Vaccination Clinic and the Remote-Site Vaccination Efforts compared to the San Bernardino County Demographics

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476. A Global Survey of Countermeasures Against the COVID-19 Pandemic Among Solid Organ Transplant Centers

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Session: P-23. COVID-19 Special populations (e.g. pregnant women, children, immunocompromised, etc)

Background. Solid organ transplantation (SOT) profoundly impacts vulnerable recipients with chronic end organ diseases. The COVID-19 pandemic disrupted healthcare systems, including organ transplants. We aimed to evaluate the responses of SOT centers to COVID-19 at the beginning of the pandemic around the world.

Methods. We conducted a web-based survey amongst transplant centers, sent to members of The American Society of Transplantation Infectious Diseases Community of Practice Group, between April and May 2020. The survey included basic information of each transplant center (number and types of transplants in 2019), the countermeasures employed against COVID-19 such as timing of postponing of transplantation, and management of outpatient clinics including implementation of telemedicine and screening for in-person visits.

Results. A total of 65 centers from 19 countries responded (Table 1). Regarding the percentage of hospitalized patients with COVID-19 at the time of the survey, 39 (60%) centers reported < 10%, two centers reported > 80%. All centers reduced their services to some extent as shown in Table 2. Centers reported postponing living donor kidney transplant (50/58, 86%), deceased donor kidney transplant (20/57, 35%), living donor liver transplant (32/42, 80%), deceased donor liver transplant (17/41, 41%), lung transplant (20/31, 65%), heart transplant for LVAD (18/33, 55%) and non-LVAD patients (18/33, 55%). In March and April 2020, cancellation of pre- and post-transplant clinics were reported by 36/64 (56%) and 17/65 (26%) centers. Postponing clinic appointments were reported by 56/65 (86%) centers. Most institutions (54/64, 85%)