

SHEA Spring 2021 Abstracts

Presentation Type:

Oral Presentation - Top Oral Award

Subject Category: COVID-19

Impact of a Black Physician Panel Discussion on Coronavirus Disease 2019 (COVID-19) Health Education

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Background: Coronavirus disease 19 (COVID-19) has infected >26 million Americans with >400,000 deaths. Both Pfizer and Moderna vaccines against severe acute respiratory coronavirus 2 (SARS-CoV-2) have demonstrated 95% efficacy; yet there has been growing vaccination hesitancy, especially within communities of color. To achieve herd immunity and quell the spread of SARS-CoV-2, several strategies need to be deployed. This community-based demonstration project highlights the impact of a panel of black physicians' ability to increase vaccination intent within a social media campaign targeted toward a black audience, namely a live question-and-answer (Q&A) event on SARS-CoV-2 vaccines. **Methods:** The social media campaign included a flyer featuring the headshots and titles of 11 black physicians. The flyer showcased a live Q&A event via Zoom video conference software. Attendees were requested to preregister with their name, e-mail address, and country of origin. **Results:** The live Q&A event was attended by 251 viewers. Geographic distribution was predominantly within the United States (~88%), but a few attendees were from the United Kingdom (~11%) and Canada (<1%), Puerto Rico (<1%), and Paraguay (<1%). One hundred twenty-eight questions and comments were received from attendees. Audience questions were categorized, with predominant topics as follows: Vaccine Safety, Medical Mistrust, Vaccine Safety in Pregnancy, Vaccine Efficacy, and Vaccine Development. The top five poll results revealed: 31% of audience members were not planning to vaccinate or were not sure about vaccination, but after the event are now planning to vaccinate; 93% believed their knowledge of the COVID-19 vaccines had increased; 95% believed it was important that the information was presented by Black health experts; 90% reported that they trusted the information presented; and 96% rated the session as "good or excellent". **Conclusion:** Our social media project is an example of one strategy healthcare professionals can utilize to positively influence local and global communities in the mitigation of the COVID-19 pandemic. Results of this project evaluation showed that viewers responded favorably, reporting increases in vaccine acceptance and knowledge. Most respondents also affirmed the importance of having black experts involved in communicating this information. COVID-19 has disproportionately affected black communities as a result of health inequities and institutionalized racism.¹ The event amplifies the importance of utilizing social-media-based interventions and increasing black healthcare representation to aid infection control. 1. Jones C. Why Racism, Not Race, Is a Risk Factor for Dying of COVID-19. *Scientific American* June 12, 2020.

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Oral Presentation - Top Oral Award

Subject Category: COVID-19

Coronavirus Disease 2019 (COVID-19) Admission Screening at a Tertiary-Care Center, Iowa 2020

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Background: Hospitalized patients may unknowingly carry severe acute respiratory coronavirus virus 2 (SARS-CoV-2), even if they are admitted for other reasons. Because SARS-CoV-2 may remain positive by reverse-transcriptase polymerase chain reaction (RT-PCR) for months after infection, patients with a positive result may not necessarily be infectious. We aimed to determine the frequency of SARS-CoV-2 infections in patients admitted for reasons unrelated to coronavirus disease 2019 (COVID-19). **Methods:** The University of Iowa Hospitals and Clinics is an 811-bed tertiary-care center. We use a nasopharyngeal SARS-CoV-2 RT-PCR to screen admitted patients without signs or symptoms compatible with COVID-19. Patients with positive tests undergo a repeat test to assess cycle threshold (Ct) value kinetics. We reviewed records for patients with positive RT-PCR screening admitted during July–October 2020. We used a combination of history, serologies, and RT-PCR Ct values to assess and qualify likelihood of infectiousness: (1) likely infectious, if Ct values were <29, or (2) likely not infectious, if 1 or both samples had Cts <30 with or without a positive SARS-CoV-2 antinucleocapsid IgG/IgM test or history of a positive result in the past 90 days. Contact tracing was only conducted for patients likely to be infectious. We describe the isolation duration and contact tracing data. **Results:** In total, 6,447 patients were tested on hospital admission for any reason (persons under investigation or admitted for reasons other than COVID-19). Of these, 240 (4%) had positive results, but 65 (27%) of these were admitted for reasons other than COVID-19. In total, 55 patients had Ct values available and were included in this analysis. The median age was 56 years (range, 0–91), 28 (51%) were male, and 12 (5%) were children. The most frequent admission syndromes were neurological (36%), gastrointestinal (16%), and trauma (16%). Our assessment revealed 23 likely infections (42%; 14 definite, 9 possible) and 32 cases likely not infectious (58%). The mean Ct for patients who were likely infectious was 22; it was 34 for patients who were likely not infectious. Mean duration of in-hospital isolation was 6 days for those who were likely infectious and 2 days for those who were likely not infectious. We detected 8 individuals (1 healthcare worker and 7 patients) who were exposed to a likely infectious patient. **Conclusions:** SARS-CoV-2 infection in patients hospitalized for other reasons was infrequent. An assessment of the likelihood of infectiousness including history, RT-PCR Cts, and serology may help prioritize patients in need of isolation and contact investigations.

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Subject Category: Long-Term Care

Infection Hospitalization Trends Among US Home Healthcare Patients, 2013–2018

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Background: Infections are a frequent cause of hospital (re)admissions for older adults receiving home health care (HHC) in the United States. However, previous investigators have likely underestimated the prevalence of infections leading to hospitalization due to limitations of identifying infections using Outcome and Assessment Information Set (OASIS), the standardized assessment tool mandated for all Medicare-certified HHC