

SARS-CoV-2 at a medical facility were categorized into a SARS-CoV-2 group. The difference in lifestyle is compared using multiple regression and inverse probability weighing. In addition, the change in exercise habits, body mass index (BMI), and status of overweight (BMI>25kg/m²) were compared between the first questionnaire and the later ones. Risk factors of losing exercise habits or developing overweight were analyzed using multiple regression.

Results: Diagnosis of SARS-CoV-2 was negatively correlated with crowd avoidance, mask wearing, hand washing behavior. On the contrary, the diagnosis was positively correlated with some behaviors that appear as preventive actions against the infection, such as changing clothes frequently, sanitizing belongings, and remote working. Regarding exercise habit and overweight, people with high income and elderly females showed higher risk of decreased exercise days. The proportion of overweight was increased from 22.2% to 26.6% in males and from 9.3% to 10.8% in females. Middle-aged males, elderly females, males who experienced SARS-CoV-2 infection were at higher risks of developing overweight.

Conclusion: It is important to conduct an evidence-based intervention on people's behaviors and to avoid excessive intervention that is less effective so that people can minimize indirect harm such as exhaustion, economic loss, and other chronic health impacts. Our findings suggest that high-risk groups of COVID-19 infection and immobility and/or overweight are quite different. Further research may enable us to establish more effective interventions for each group.

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Mass Vaccination for All: Increasing Inclusivity of Point of Dispensing Plans in New Orleans.

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Introduction: In January 2021, the State of Louisiana approved COVID-19 vaccine distribution to elderly and immunocompromised persons. From annual hurricane planning assessments, the city of New Orleans recognized medical and transportation barriers would prevent some eligible residents from accessing vaccines at public point of dispensing (POD) sites. A new vaccine distribution system was needed for homebound individuals and their caregivers. By February, the city developed and implemented a homebound vaccination plan under the direction of New Orleans Emergency Medical Services (NOEMS) and the New Orleans Health Department. This presentation will review this vaccine distribution model and the opportunities and challenges identified in maintaining this model for future medical POD interventions.

Method: The City of New Orleans, along with news outlets and service providers, instructed homebound residents and

caregivers to self-identify their need for a homebound vaccine by calling 311 and adding their name to a centralized waitlist. NOEMS/NOHD staff would schedule appointments based on resident and provider availability and geography of their home residence. Two 2-person teams were deployed simultaneously to provide ten doses within a five-hour time frame to minimize waste. Each deployment team included one city employee with an EMS certification and one volunteer, along with a cooler, ancillary supplies, registration form, and educational sheet to complete the appointment.

Results: 350 homebound residents and caregivers were vaccinated with the COVID-19 vaccine from February 2021 to January 2022. Vaccine doses were rarely wasted due to the availability of a centralized city-wide vaccine request list.

Conclusion: The COVID-19 pandemic exposed gaps in mass dispensing plans and procedures. This local plan, created in haste to meet community need, became a model practice for other Parishes within the State of Louisiana and nationwide. This distribution modality needs to be maintained and tested, in addition to traditional POD sites, to be utilized in future dispensing events.

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Border Measures Taken in Japan Against COVID-19 (Focusing on the Response to the Large Number of People Entering Japan when the Omicron Variant Emerged)

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Introduction: Various COVID-19 countermeasures were taken at Japan border control policy, especially, the return mission of Japanese nationals from Wuhan and the response to the Diamond Princess are considered to be cases that have stood out worldwide attention.

On the other hand, in response to the variants after December 2020, strict measures were taken, such as testing all those who entered Japan, quarantining those who tested positive, and requiring those who entered from certain regions to wait at some hotels even if they tested negative.

Method: Report the response of quarantine in Japan.

Results: In particular, for the Omicron variant in December 2021, the government took measures such as limiting the total number of people entering Japan, securing a maximum of over 20,000 rooms in a very short period of time, and providing domestic air transportation when necessary. The results of measures will be reported in this study.

Conclusion: Various countermeasures taken as border control against COVID-19 in Japan were reported.

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