

EULAR COVID-19 Database

for rheumatologists and other clinicians

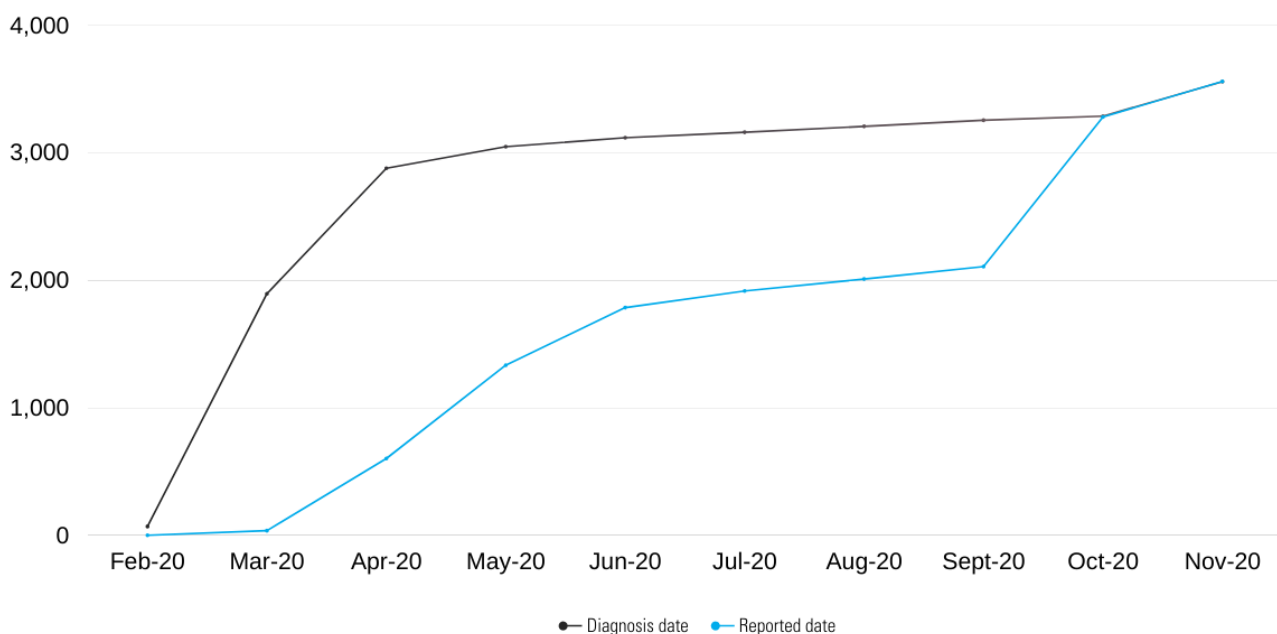
The EULAR - COVID-19 Database is a European paediatric and adult database (in collaboration with the Paediatric Rheumatology European Society (PReS)) to monitor and report on outcomes of “Coronavirus Disease 2019” (COVID-19) occurring in patients with rheumatic and musculoskeletal diseases (RMDs).

Monthly reporting - data extract: 1st December 2020

Total number of patients to 1st December 2020: 3590

To date there have been 3590 patients reported to the EULAR COVID-19 registry from 34 of countries. There have been 1638 hospitalisations and 360 deaths due to COVID-19.

Figure 1: Cumulative number of reports to the database and cumulative cases by date of COVID diagnosis, from March until 1st December 2020 (current data extract).

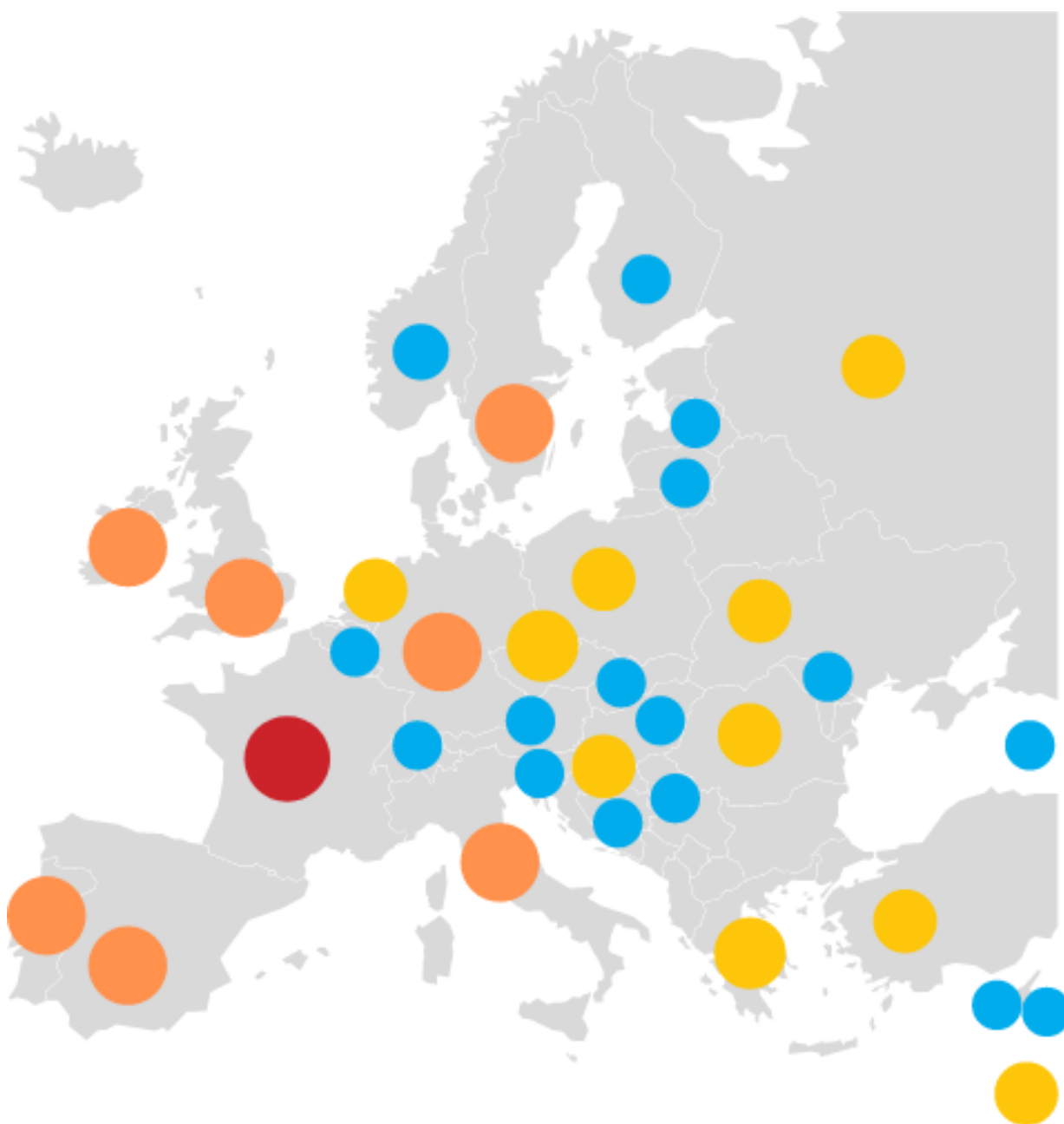


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Figure 2: Number of cases in each country

- ≥ 1000 cases
- < 1000 cases
- < 100 cases
- < 10 cases



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Table 1: Patient Demographics

		All patients
Total number		3590
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Gender N (%)	Female	2338 (65%)
	Male	1248 (35%)
	Other / Unknown	4 (<1%)
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Age	Median (IQR)	57 (46 - 69)
	Range (min to max)	3 to 98
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Age categories (years) N (%)	<18	82 (2%)
	18-40	530 (15%)
	41-60	1455 (41%)
	61-more	1523 (42%)
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Country N (%)	Austria	7 (<1%)
	Belgium	5 (<1%)
	Bosnia and Herzegovina	2 (<1%)
	Croatia	35 (1%)
	Czech Republic	38 (1%)
	Cyprus	4 (<1%)
	Finland	2 (<1%)
	France	1209 (34%)
	Georgia	3 (<1%)
	Germany	252 (7%)
	Greece	11 (<1%)
	Hungary	6 (<1%)
	Israel	13 (<1%)
	Italy	442 (12%)
	Latvia	4 (<1%)
	Lebanon	1 (<1%)
	Lithuania	1 (<1%)
	Moldova	1 (<1%)
	Netherlands	47 (1%)
	Norway	6 (<1%)
Poland	25 (1%)	
Portugal	158 (4%)	
Republic of Ireland	121 (3%)	
Romania	18 (1%)	
Russia	15 (<1%)	
Serbia	1 (<1%)	

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Slovak Republic	3 (<1%)
Slovenia	5 (<1%)
Spain	277 (8%)
Sweden	155 (4%)
Switzerland	6 (<1%)
Turkey	87 (2%)
Ukraine	11 (<1%)
United Kingdom	619 (17%)

Table 2: Disease information

Rheumatology Diagnosis N (%)	All Patients
Rheumatoid Arthritis (RA)	1266 (35%)
Spondyloarthritis (including Axial spondyloarthritis, ankylosing spondylitis, other spondyloarthritis, reactive arthritis)	526 (15%)
Psoriatic arthritis	451 (13%)
Systemic Lupus Erythematosus	250 (7%)
Systemic sclerosis	131 (4%)
Polymyalgia rheumatic	118 (3%)
Sjogrens syndrome	101 (3%)
Other inflammatory arthritis	93 (3%)
Giant cell arteritis	77 (2%)
Gout	75 (2%)
ANCA-associated vasculitis (e.g., GPA, EGPA)	73 (2%)
Inflammatory myopathy (e.g. dermatomyositis, polymyositis)	71 (2%)
Other vasculitis including Kawasaki disease	53 (1%)
Autoinflammatory syndrome (including TRAPS, CAPS, FMF)	51 (1%)
Undifferentiated connective tissue disease	44 (1%)
Juvenile idiopathic arthritis (polyarthritis)	44 (1%)
Sarcoidosis	38 (1%)
Behcets	32 (1%)
Juvenile idiopathic arthritis (oligoarthritis)	29 (1%)
Anti-phospholipid antibody syndrome	28 (1%)
Mixed connective tissue disease	23 (1%)
Ocular inflammation	21 (1%)
Systemic juvenile idiopathic arthritis	19 (1%)
IgG4-related disease	8 (<1%)
Chronic recurrent multifocal osteomyelitis	2 (<1%)
Localised scleroderma (morphea)	1 (<1%)
Inclusion body myositis (IBM)	None

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Comorbidities N (%) <i>Note: 172 patients are missing comorbidity data</i>	None stated	1063 (30%)
	Lung disease (includes ILD, COPD, asthma, other lung disease)	625 (17%)
	Diabetes	396 (11%)
	Hypertension	1127 (31%)
	Cardiovascular disease	456 (13%)
	Obesity (BMI \geq 30)	515 (14%)

Required Hospitalisation N (%)	Yes	1638 (46%)
	No	1168 (33%)
	Missing	784 (22%)

Top symptoms reported N (%)	Fever	2453 (68%)
	Cough	2177 (61%)
	Shortness of breath	1532 (43%)
	Diarrhoea, vomiting	853 (24%)
	Fatigue	836 (23%)
	Anosmia	831 (23%)

DMARDs at time of COVID N (%)	Any DMARD	2824 (79%)
	csDMARDs	2003 (56%)
	bDMARDs	1350 (38%)
	tsDMARDs	98 (3%)

Disclaimer

The EULAR COVID-19 Database is based on doctors voluntarily reporting cases, meaning that patients included do not necessarily represent the majority of patients with RMDs and COVID-19, but those who their doctors reported data to the database. Additionally, this database does not account for non-covid19 patients. Therefore, results cannot be directly extrapolated to the entire population of patients with RMDs and COVID-19 and should be interpreted cautiously. For research purposes and proper considerations, this data requires adequate analysis, further adjustments and stratifications.

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