

# EULAR COVID-19 Database

for rheumatologists and other clinicians

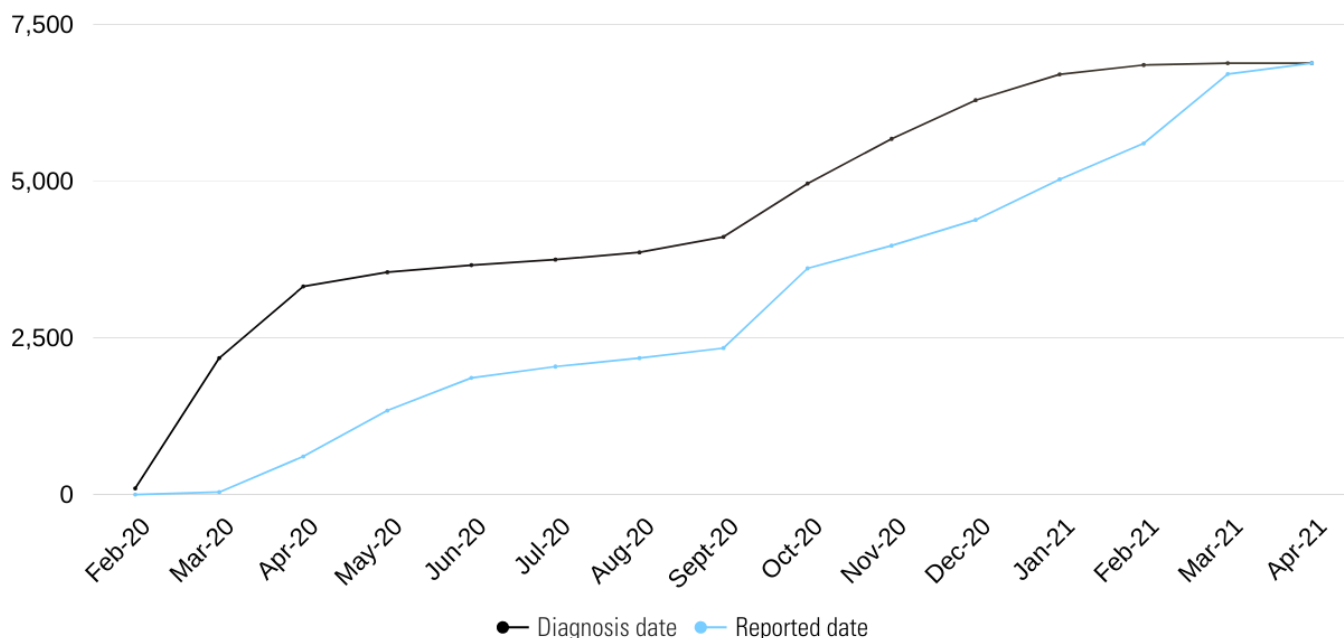
The EULAR - COVID-19 Database is a European paediatric and adult database (in collaboration with the Paediatric Rheumatology European Society (PReS)) to monitor and report on outcomes of "Coronavirus Disease 2019" (COVID-19) occurring in patients with rheumatic and musculoskeletal diseases (RMDs).

Weekly reporting - data extract: 9 April 2021

Total number of patients to 9 April 2021: 6952

To date there have been 6952 patients reported to the EULAR COVID-19 registry from 37 of countries. There have been 2337 hospitalisations and 483 deaths due to COVID-19.

Figure 1: Cumulative number of reports to the database and cumulative cases by date of COVID diagnosis, from February 2020 until 9 April 2021 (current data extract).

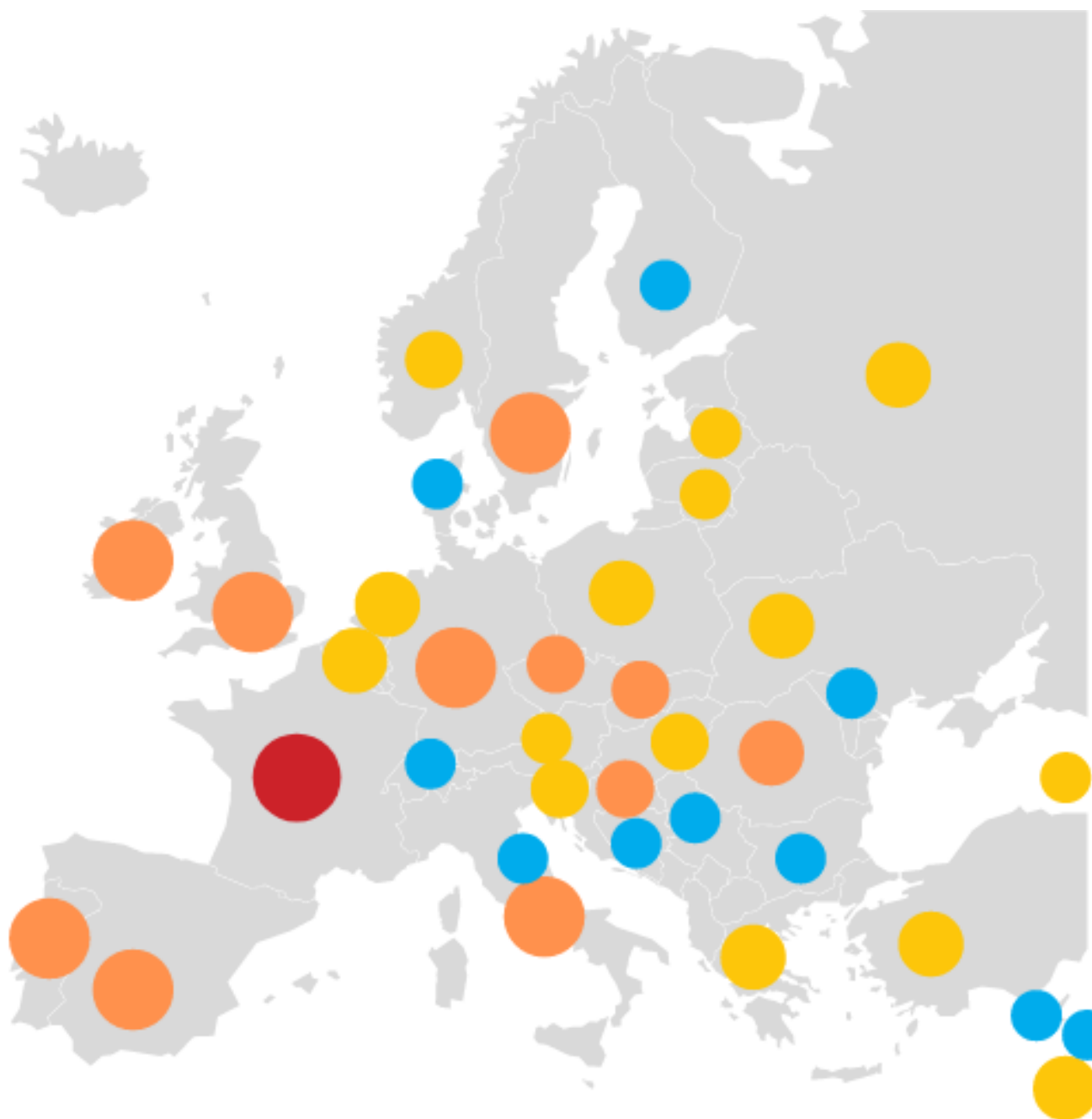


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- $\geq 1000$  cases
- $< 1000$  cases
- $< 100$  cases
- $< 10$  cases

Figure 2: Number of cases in each country



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Table 1: Patient Demographics

		All patients
Total number		6952
Gender N (%)	Female	4551 (65%)
	Male	2397 (34%)
	Other / Unknown	4 (<1%)
Age	Median (IQR)	55 (43 - 67)
	Range (min to max)	2 to 98
Age categories (years) N (%)	<18	334 (5%)
	18-40	1173 (17%)
	41-60	2849 (41%)
	61-more	2596 (37%)
Country N (%)	Austria	16 (<1%)
	Belgium	50 (1%)
	Bosnia and Herzegovina	2 (<1%)
	Bulgaria	1 (<1%)
	Croatia	145 (2%)
	Czech Republic	142 (2%)
	Cyprus	4 (<1%)
	Denmark	2 (<1%)
	Finland	2 (<1%)
	France	2035 (29%)
	Georgia	15 (<1%)
	Germany	814 (12%)
	Greece	36 (1%)
	Hungary	53 (1%)
	Israel	80 (1%)
	Italy	442 (6%)
	Latvia	47 (1%)
	Lebanon	1 (<1%)
	Lithuania	43 (1%)
	Moldova	1 (<1%)
Netherlands	61 (1%)	
Norway	10 (<1%)	
Poland	30 (<1%)	
Portugal	322 (5%)	

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Republic of Ireland	183 (3%)
Romania	130 (2%)
Russia	15 (<1%)
San Marino	6 (<1%)
Serbia	1 (<1%)
Slovak Republic	491 (7%)
Slovenia	42 (1%)
Spain	322 (5%)
Sweden	387 (6%)
Switzerland	7 (<1%)
Turkey	97 (1%)
Ukraine	18 (<1%)
United Kingdom	899 (13%)

Table 2: Disease information

		All Patients
Rheumatology Diagnosis N (%)	Rheumatoid Arthritis (RA)	2568 (37%)
	Spondyloarthritis (including Axial spondyloarthritis, ankylosing spondylitis, other spondyloarthritis, reactive arthritis)	1097 (16%)
	Psoriatic arthritis	840 (12%)
	Systemic Lupus Erythematosus	419 (6%)
	Systemic sclerosis	209 (3%)
	Polymyalgia rheumatic	181 (3%)
	Sjogrens syndrome	179 (3%)
	Juvenile idiopathic arthritis (polyarthritis)	155 (2%)
	Autoinflammatory syndrome (including TRAPS, CAPS, FMF)	146 (2%)
	ANCA-associated vasculitis (e.g., GPA, EGPA)	137 (2%)
	Other inflammatory arthritis	136 (2%)
	Inflammatory myopathy (e.g. dermatomyositis, polymyositis)	133 (2%)
	Giant cell arteritis	119 (2%)
	Gout	103 (1%)
	Juvenile idiopathic arthritis (oligoarthritis)	91 (1%)
	Other vasculitis including Kawasaki disease	82 (1%)
	Undifferentiated connective tissue disease	65 (1%)
	Behcets	59 (1%)
	Sarcoidosis	58 (1%)
	Mixed connective tissue disease	50 (1%)
Anti-phospholipid antibody syndrome	46 (1%)	
Ocular inflammation	44 (1%)	
Systemic juvenile idiopathic arthritis	29 (<1%)	

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IgG4-related disease	12 (<1%)
Localised scleroderma (morphea)	5 (<1%)
Chronic recurrent multifocal osteomyelitis	4 (<1%)
Inclusion body myositis (IBM)	2 (<1%)

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<b>Comorbidities</b> N (%) <i>Note: 357 patients are missing comorbidity data</i>	None stated	2473 (36%)
	Lung disease (includes ILD, COPD, asthma, other lung disease)	982 (14%)
	Diabetes	
	Hypertension	682 (10%)
	Cardiovascular disease	1952 (28%)
	Obesity (BMI $\geq 30$ )	730 (11%) 933 (13%)

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<b>Required Hospitalisation</b> N (%)	Yes	2337 (34%)
	No	3831 (55%)
	Missing	784 (11%)

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<b>Top symptoms reported</b> N (%)	Fever	4232 (61%)
	Cough	3797 (55%)
	Shortness of breath	2402 (35%)
	Fatigue	1937 (28%)
	Anosmia	1884 (27%)
	Dysgeusia	1808 (26%)

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<b>DMARDs at time of COVID</b> N (%)	Any DMARD	5561 (80%)
	<i>csDMARDs</i>	3757 (54%)
	<i>bDMARDs</i>	2811 (40%)
	<i>tsDMARDs</i>	221 (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.