

EULAR COVID-19 Registry

for rheumatologists and other clinicians

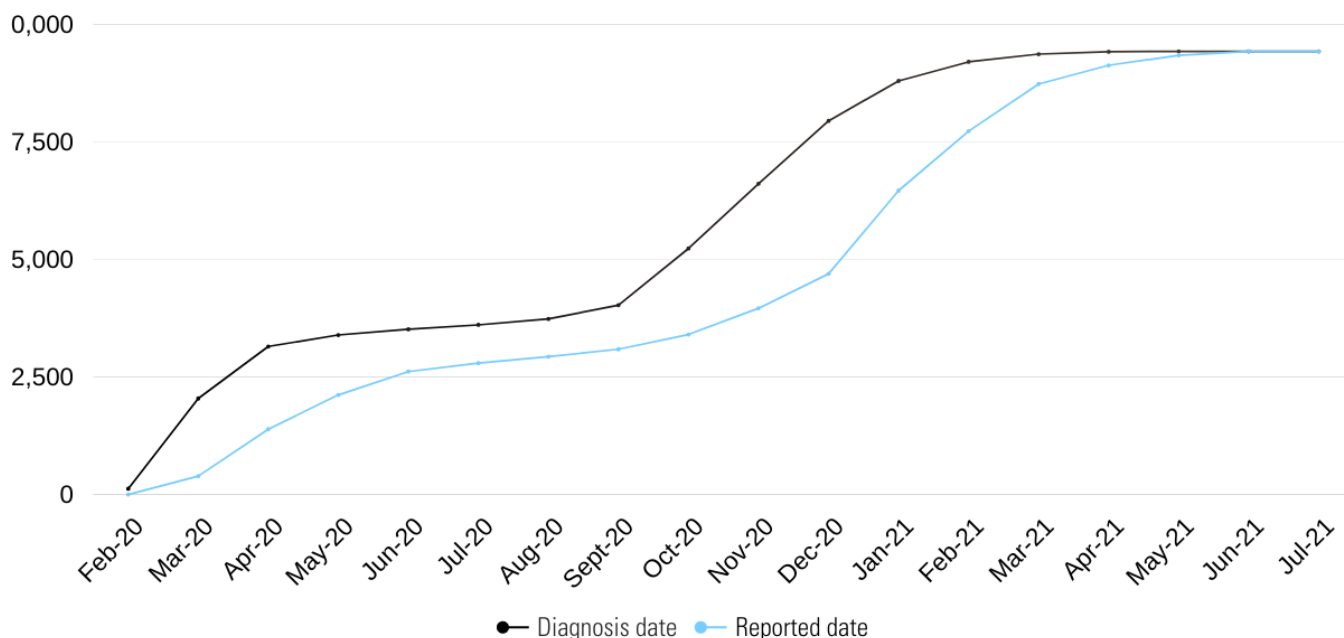
The EULAR - COVID-19 Registry is a European paediatric and adult registry (in collaboration with the Paediatric Rheumatology European Society (PReS)) to monitor and report on outcomes of "Coronavirus Disease 2019" (COVID-19) occurring in patients with rheumatic and musculoskeletal diseases (RMDs).

Monthly reporting - data extract: 01 July 2021

Total number of patients to 01 July 2021: 9502

To date there have been 9502 patients reported to the EULAR COVID-19 registry from 38 of countries. There have been 2704 hospitalisations and 538 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 01 July 2021 (current data extract).

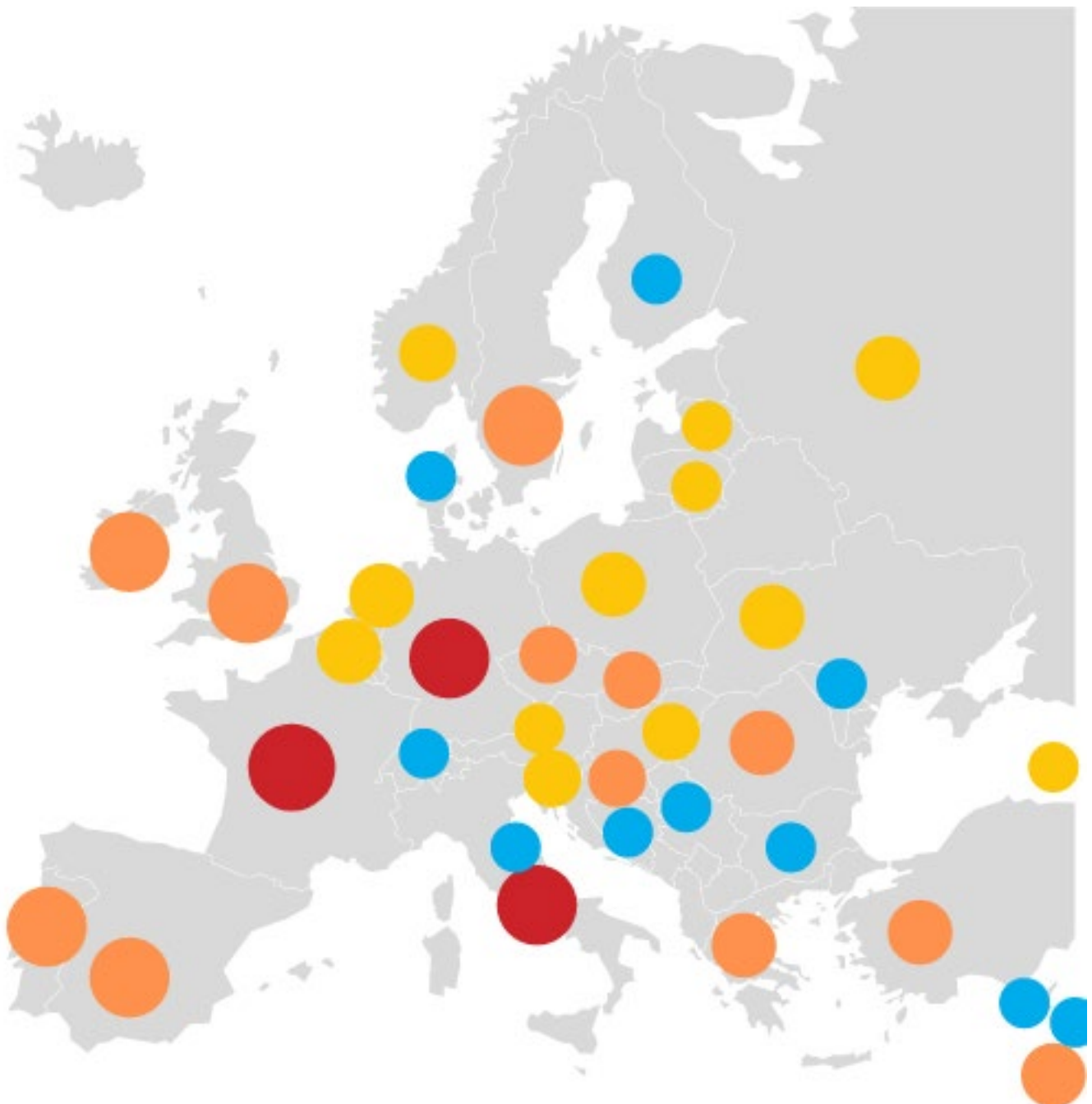


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- ≥ 1000 cases
- < 1000 cases
- < 100 cases
- < 10 cases

Figure 2: Number of cases in each country



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Table 1: Patient Demographics

		All patients
Total number		9502
Gender N (%)	Female	6363 (67%)
	Male	3134 (33%)
	Other / Unknown	5 (<1%)
Age	Median (IQR)	55 (43 - 66)
	Range (min to max)	2 to 98
Age categories (years) N (%) <i>Note: 8 patients are missing age data.</i>	<18	385 (4%)
	18-40	1574 (17%)
	41-60	4027 (42%)
	61-more	3508 (37%)
Country N (%)	Albania	6 (<1%)
	Austria	18 (<1%)
	Belgium	57 (1%)
	Bosnia and Herzegovina	2 (<1%)
	Bulgaria	1 (<1%)
	Croatia	215 (2%)
	Czech Republic	175 (2%)
	Cyprus	4 (<1%)
	Denmark	2 (<1%)
	Finland	2 (<1%)
	France	1697 (18%)
	Georgia	18 (<1%)
	Germany	2342 (25%)
	Greece	136 (1%)
	Hungary	66 (1%)
	Israel	117 (1%)
	Italy	1202 (13%)
	Latvia	53 (1%)
	Lebanon	2 (<1%)
	Lithuania	43 (<1%)
Moldova	1 (<1%)	
Netherlands	61 (1%)	
Norway	11 (<1%)	
Poland	32 (<1%)	

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Portugal	412 (4%)
Republic of Ireland	211 (2%)
Romania	154 (2%)
Russia	15 (<1%)
San Marino	6 (<1%)
Serbia	1 (<1%)
Slovak Republic	640 (7%)
Slovenia	48 (1%)
Spain	323 (3%)
Sweden	387 (4%)
Switzerland	7 (<1%)
Turkey	107 (1%)
Ukraine	18 (<1%)
United Kingdom	910 (10%)

Table 2: Disease information

		All Patients
Rheumatology Diagnosis N (%)	Rheumatoid Arthritis (RA)	3613 (38%)
	Spondyloarthritis (including Axial spondyloarthritis, ankylosing spondylitis, other spondyloarthritis, reactive arthritis)	1404 (15%)
	Psoriatic arthritis	1283 (14%)
	Systemic Lupus Erythematosus	565 (6%)
	Systemic sclerosis	304 (3%)
	Polymyalgia rheumatic	265 (3%)
	Sjogrens syndrome	247 (3%)
	ANCA-associated vasculitis (e.g., GPA, EGPA)	204 (2%)
	Juvenile idiopathic arthritis (polyarthritis)	165 (2%)
	Inflammatory myopathy (e.g. dermatomyositis, polymyositis)	158 (2%)
	Giant cell arteritis	156 (2%)
	Autoinflammatory syndrome (including TRAPS, CAPS, FMF)	146 (2%)
	Other inflammatory arthritis	143 (2%)
	Gout	121 (1%)
	Juvenile idiopathic arthritis (oligoarthritis)	116 (1%)
	Undifferentiated connective tissue disease	109 (1%)
	Other vasculitis including Kawasaki disease	104 (1%)
	Behcets	86 (1%)
	Mixed connective tissue disease	77 (1%)
	Anti-phospholipid antibody syndrome	57 (1%)
Sarcoidosis	52 (1%)	
Ocular inflammation	48 (1%)	

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Systemic juvenile idiopathic arthritis	32 (<1%)
IgG4-related disease	13 (<1%)
Localised scleroderma (morphea)	7 (<1%)
Chronic recurrent multifocal osteomyelitis	4 (<1%)
Inclusion body myositis (IBM)	2 (<1%)

Comorbidities	None stated	3517 (37%)
N (%)	Lung disease (includes ILD, COPD, asthma, other lung disease)	1243 (13%)
<i>Note: 373 patients are missing comorbidity data</i>	Diabetes	914 (10%)
	Hypertension	2784 (29%)
	Cardiovascular disease	1027 (11%)
	Obesity (BMI \geq 30)	1357 (14%)

Required Hospitalisation	Yes	2704 (28%)
N (%)	No	5474 (58%)
	Missing	1324 (14%)

Top symptoms reported	Fever	5509 (58%)
N (%)	Cough	5023 (53%)
	Fatigue	3518 (37%)
	Shortness of breath	2994 (32%)
	Anosmia	2827 (30%)
	Dysgeusia	2728 (29%)

DMARDs at time of COVID	Any DMARD	7658 (81%)
N (%)	<i>csDMARDs</i>	<i>5166 (54%)</i>
	<i>bDMARDs</i>	<i>3763 (40%)</i>
	<i>tsDMARDs</i>	<i>374 (4%)</i>

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.