

EULAR COVID-19 Registry

for rheumatologists and other clinicians

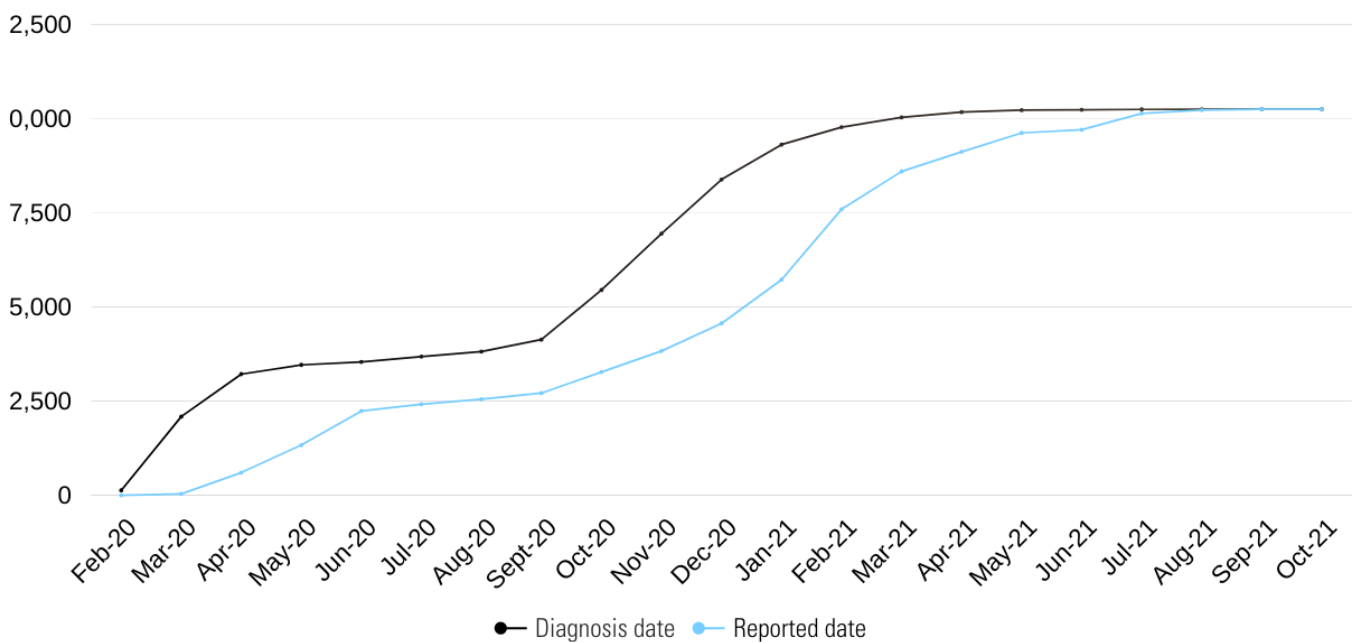
The EULAR - COVID-19 Registry is a European paediatric and adult registry (in collaboration with the Paediatric Rheumatology European Society (PReS)) to monitor and report on outcomes of "Coronavirus Disease 2019" (COVID-19) occurring in patients with rheumatic and musculoskeletal diseases (RMDs).

Weekly reporting - data extract: 01 October 2021

Total number of patients to 01 October 2021: 10,350

To date there have been 10,350 patients reported to the EULAR COVID-19 registry from 38 of countries. There have been 2825 hospitalisations and 559 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 October 2021 (current data extract).

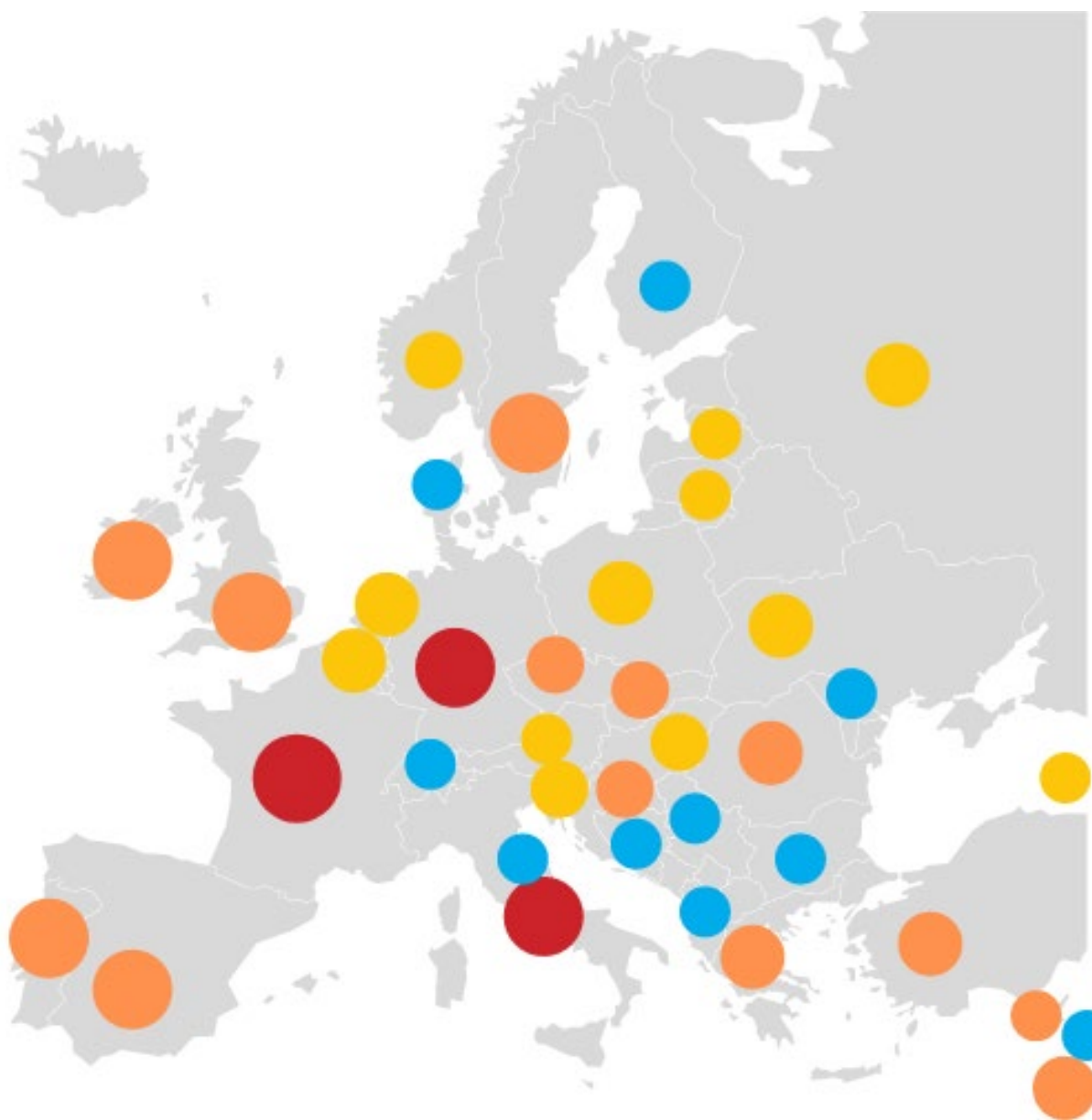


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- ≥ 1000 cases
- < 1000 cases
- < 100 cases
- < 10 cases

Figure 2: Number of cases in each country



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Table 1: Patient Demographics

		All patients
Total number		10350
Gender N (%)	Female	6922 (67%)
	Male	3423 (33%)
	Other / Unknown	5 (<1%)
Age	Median (IQR)	55 (43 - 66)
	Range (min to max)	2 to 102
Age categories (years) N (%) <i>Note: 8 patients are missing age data.</i>	<18	421 (4%)
	18-40	1749 (17%)
	41-60	4407 (43%)
	61-more	3765 (36%)
Country N (%)	Albania	6 (<1%)
	Austria	18 (<1%)
	Belgium	59 (1%)
	Bosnia and Herzegovina	2 (<1%)
	Bulgaria	1 (<1%)
	Croatia	266 (3%)
	Czech Republic	177 (2%)
	Cyprus	4 (<1%)
	Denmark	2 (<1%)
	Finland	2 (<1%)
	France	2029 (20%)
	Georgia	18 (<1%)
	Germany	2342 (23%)
	Greece	175 (2%)
	Hungary	66 (1%)
	Israel	120 (1%)
	Italy	1202 (12%)
	Latvia	93 (1%)
	Lebanon	2 (<1%)
	Lithuania	43 (<1%)
Moldova	1 (<1%)	
Netherlands	61 (1%)	
Norway	12 (<1%)	
Poland	32 (<1%)	

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Portugal	428 (4%)
Republic of Ireland	217 (2%)
Romania	154 (1%)
Russia	15 (<1%)
San Marino	6 (<1%)
Serbia	1 (<1%)
Slovak Republic	655 (6%)
Slovenia	51 (<1%)
Spain	330 (3%)
Sweden	387 (4%)
Switzerland	324 (3%)
Turkey	112 (1%)
Ukraine	18 (<1%)
United Kingdom	919 (9%)

Table 2: Disease information

		All Patients
Rheumatology Diagnosis N (%)	Rheumatoid Arthritis (RA)	3897 (38%)
	Spondyloarthritis (including Axial spondyloarthritis, ankylosing spondylitis, other spondyloarthritis, reactive arthritis)	1618 (16%)
	Psoriatic arthritis	1389 (13%)
	Systemic Lupus Erythematosus	611 (6%)
	Systemic sclerosis	319 (3%)
	Polymyalgia rheumatic	275 (3%)
	Sjogrens syndrome	270 (3%)
	ANCA-associated vasculitis (e.g., GPA, EGPA)	214 (2%)
	Juvenile idiopathic arthritis (polyarthritis)	188 (2%)
	Other inflammatory arthritis	171 (2%)
	Inflammatory myopathy (e.g. dermatomyositis, polymyositis)	170 (2%)
	Giant cell arteritis	165 (2%)
	Autoinflammatory syndrome (including TRAPS, CAPS, FMF)	157 (2%)
	Juvenile idiopathic arthritis (oligoarthritis)	124 (1%)
	Gout	122 (1%)
	Undifferentiated connective tissue disease	111 (1%)
	Other vasculitis including Kawasaki disease	108 (1%)
	Behcets	91 (1%)
	Mixed connective tissue disease	80 (1%)
	Sarcoidosis	68 (1%)

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Anti-phospholipid antibody syndrome	60 (1%)
Ocular inflammation	48 (<1%)
Systemic juvenile idiopathic arthritis	34 (<1%)
IgG4-related disease	13 (<1%)
Localised scleroderma (morphea)	9 (<1%)
Chronic recurrent multifocal osteomyelitis	5 (<1%)
Inclusion body myositis (IBM)	2 (<1%)

Comorbidities	None stated*	4396 (36%)
N (%)	Lung disease (includes ILD, COPD, asthma, other lung disease)	1316 (13%)
<i>*Includes 649 where no records were ticked</i>	Diabetes	960 (9%)
	Hypertension	2933 (28%)
	Cardiovascular disease	1061 (10%)
	Obesity (BMI ≥30)	1445 (14%)

Required Hospitalisation	Yes	2825 (27%)
N (%)	No	5771 (56%)
	Missing	1754 (17%)

Top symptoms reported	Fever	5883 (57%)
N (%)	Cough	5374 (52%)
	Fatigue	3732 (36%)
	Shortness of breath	3179 (31%)
	Anosmia	3094 (30%)
	Dysgeusia	2997 (29%)

DMARDs at time of COVID	Any DMARD	8340 (81%)
N (%)	<i>csDMARDs</i>	<i>5553 (54%)</i>
	<i>bDMARDs</i>	<i>4192 (41%)</i>
	<i>tsDMARDs</i>	<i>429 (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.