

# EULAR COVID-19 Registry

for rheumatologists and other clinicians

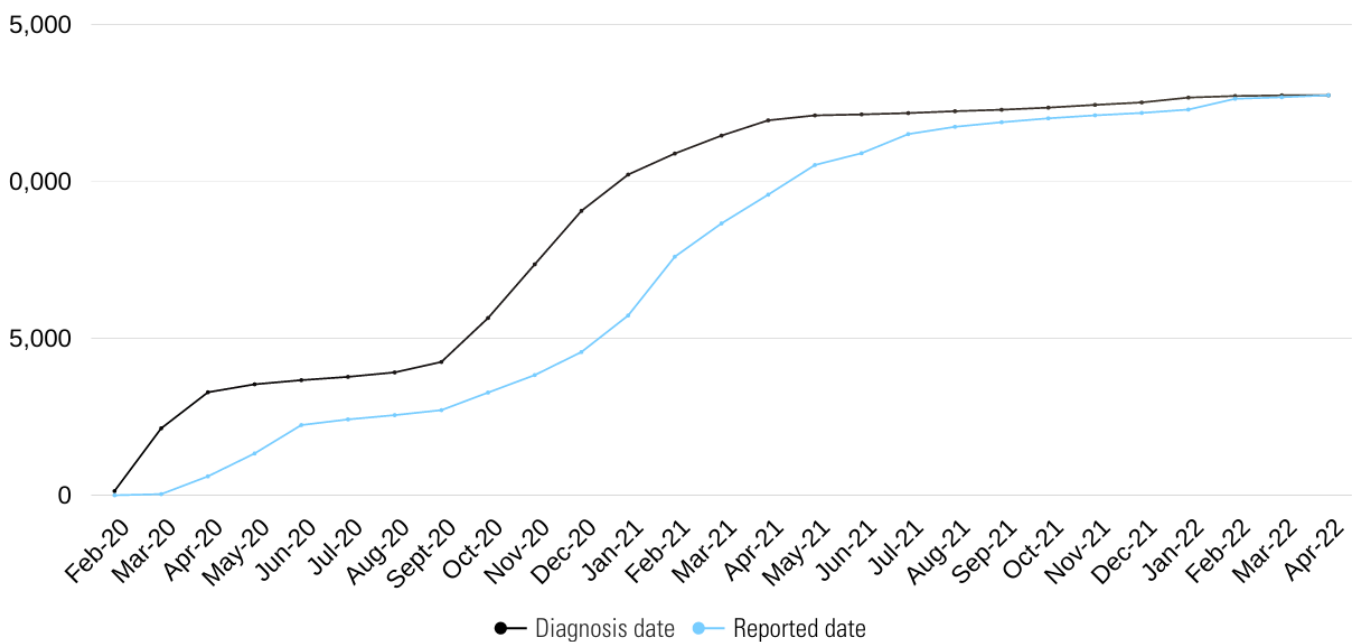
The EULAR - COVID-19 Registry is a European paediatric and adult registry (in collaboration with the Paediatric Rheumatology European Society (PReS)) to monitor and report on outcomes of "Coronavirus Disease 2019" (COVID-19) occurring in patients with rheumatic and musculoskeletal diseases (RMDs).

Weekly reporting - data extract: 28 April 2022

Total number of patients to 28 April 2022: 12,861

To date there have been 12,861 patients reported to the EULAR COVID-19 registry from 38 of countries. There have been 3233 hospitalisations and 601 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 28 April 2022 (current data extract).

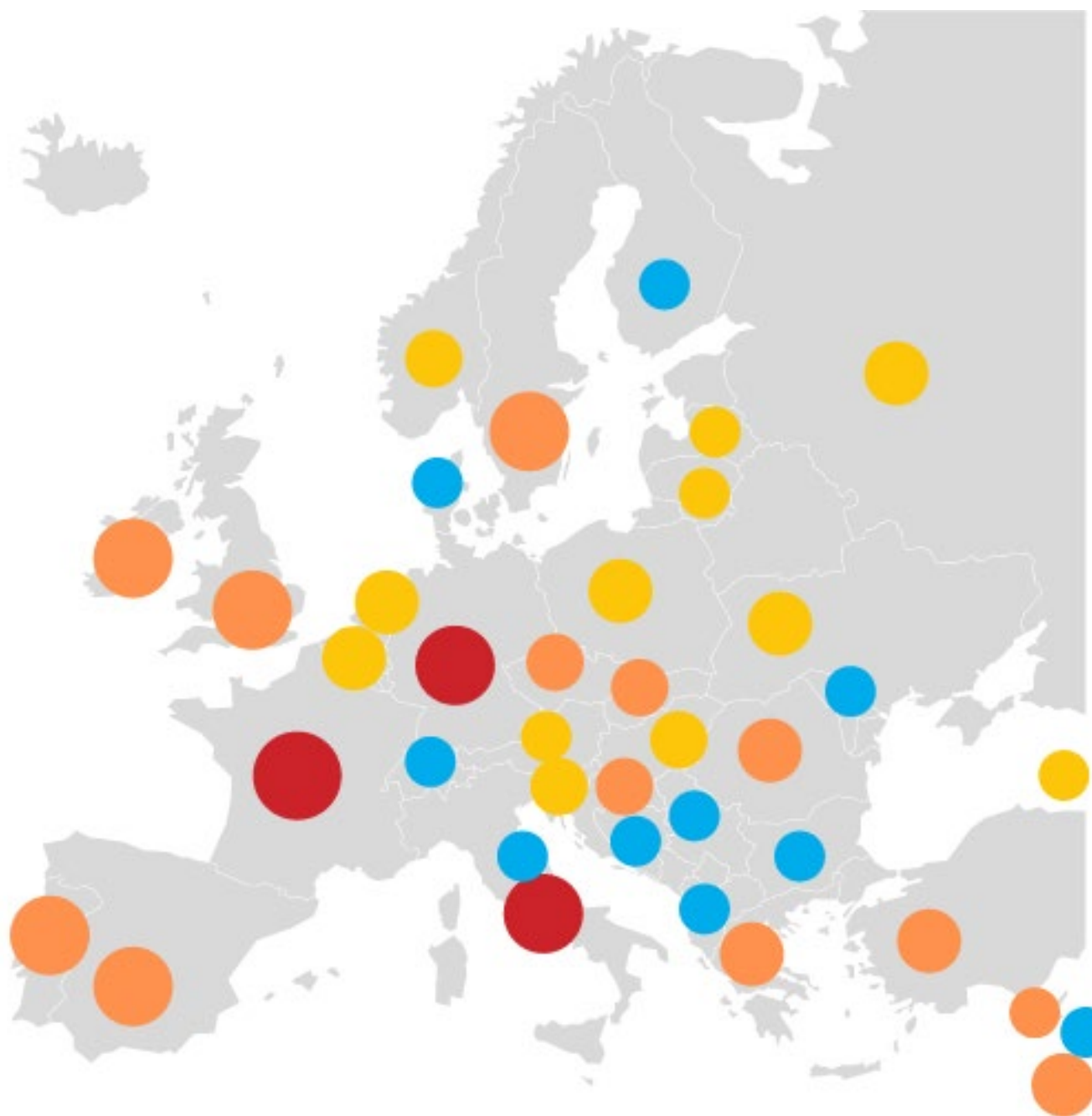


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- $\geq 1000$  cases
- $< 1000$  cases
- $< 100$  cases
- $< 10$  cases

Figure 2: Number of cases in each country



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Table 1: Patient Demographics

		All patients
Total number		12861
Gender N (%)	Female	8628 (67%)
	Male	4228 (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	463 (4%)
	18-40	2191 (17%)
	41-60	5508 (43%)
	61-more	4691 (36%)
Country N (%)	Albania	6 (<1%)
	Austria	18 (<1%)
	Belgium	64 (1%)
	Bosnia and Herzegovina	2 (<1%)
	Bulgaria	1 (<1%)
	Croatia	422 (3%)
	Czech Republic	177 (2%)
	Cyprus	4 (<1%)
	Denmark	2 (<1%)
	Finland	2 (<1%)
	France	2029 (16%)
	Georgia	18 (<1%)
	Germany	3322 (26%)
	Greece	253 (2%)
	Hungary	67 (1%)
	Israel	166 (1%)
	Italy	1749 (14%)
	Latvia	126 (1%)
	Lebanon	2 (<1%)
	Lithuania	43 (<1%)
Moldova	1 (<1%)	
Netherlands	62 (<1%)	
Norway	14 (<1%)	
Poland	32 (<1%)	

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Portugal	583 (5%)
Republic of Ireland	237 (2%)
Romania	155 (1%)
Russia	15 (<1%)
San Marino	6 (<1%)
Serbia	1 (<1%)
Slovak Republic	759 (6%)
Slovenia	94 (1%)
Spain	333 (3%)
Sweden	673 (5%)
Switzerland	324 (3%)
Turkey	133 (1%)
Ukraine	18 (<1%)
United Kingdom	948 (7%)

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Table 2: Disease information

		All Patients
Rheumatology Diagnosis N (%)	Rheumatoid Arthritis (RA)	4886 (38%)
	Spondyloarthritis (including Axial spondyloarthritis, ankylosing spondylitis, other spondyloarthritis, reactive arthritis)	2001 (16%)
	Psoriatic arthritis	1790 (14%)
	Systemic Lupus Erythematosus	762 (6%)
	Systemic sclerosis	380 (3%)
	Sjogrens syndrome	354 (3%)
	Polymyalgia rheumatic	336 (3%)
	ANCA-associated vasculitis (e.g., GPA, EGPA)	281 (2%)
	Juvenile idiopathic arthritis (polyarthritis)	205 (2%)
	Other inflammatory arthritis	202 (2%)
	Giant cell arteritis	198 (2%)
	Inflammatory myopathy (e.g. dermatomyositis, polymyositis)	194 (2%)
	Autoinflammatory syndrome (including TRAPS, CAPS, FMF)	167 (1%)
	Undifferentiated connective tissue disease	147 (1%)
	Juvenile idiopathic arthritis (oligoarthritis)	145 (1%)
	Gout	133 (1%)
	Other vasculitis including Kawasaki disease	132 (1%)
	Behcets	118 (1%)
	Mixed connective tissue disease	104 (1%)
	Anti-phospholipid antibody syndrome	84 (1%)

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Sarcoidosis	74 (1%)
Ocular inflammation	52 (<1%)
Systemic juvenile idiopathic arthritis	42 (<1%)
IgG4-related disease	14 (<1%)
Localised scleroderma (morphea)	11 (<1%)
Chronic recurrent multifocal osteomyelitis	6 (<1%)
Inclusion body myositis (IBM)	2 (<1%)

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<b>Comorbidities</b>	None stated*	5376 (42%)
N (%)	Lung disease (includes ILD, COPD, asthma, other lung disease)	1568 (12%)
<i>*Includes 1085 where no records were ticked</i>	Diabetes	1192 (9%)
	Hypertension	3713 (29%)
	Cardiovascular disease	1322 (10%)
	Obesity (BMI ≥30)	1836 (14%)

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<b>Required Hospitalisation</b>	Yes	3233 (25%)
N (%)	No	7856 (61%)
	Missing	1772 (14%)

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<b>Top symptoms reported</b>	Fever	7253 (56%)
N (%)	Cough	6612 (51%)
	Fatigue	5119 (40%)
	Anosmia	3933 (31%)
	Shortness of breath	3876 (30%)
	Dysgeusia	3812 (29%)

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<b>DMARDs at time of COVID</b>	Any DMARD	10348 (80%)
N (%)	<i>csDMARDs</i>	<i>6951 (54%)</i>
	<i>bDMARDs</i>	<i>5111 (40%)</i>
	<i>tsDMARDs</i>	<i>530 (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.