

EULAR COVID-19 Database

for rheumatologists and other clinicians

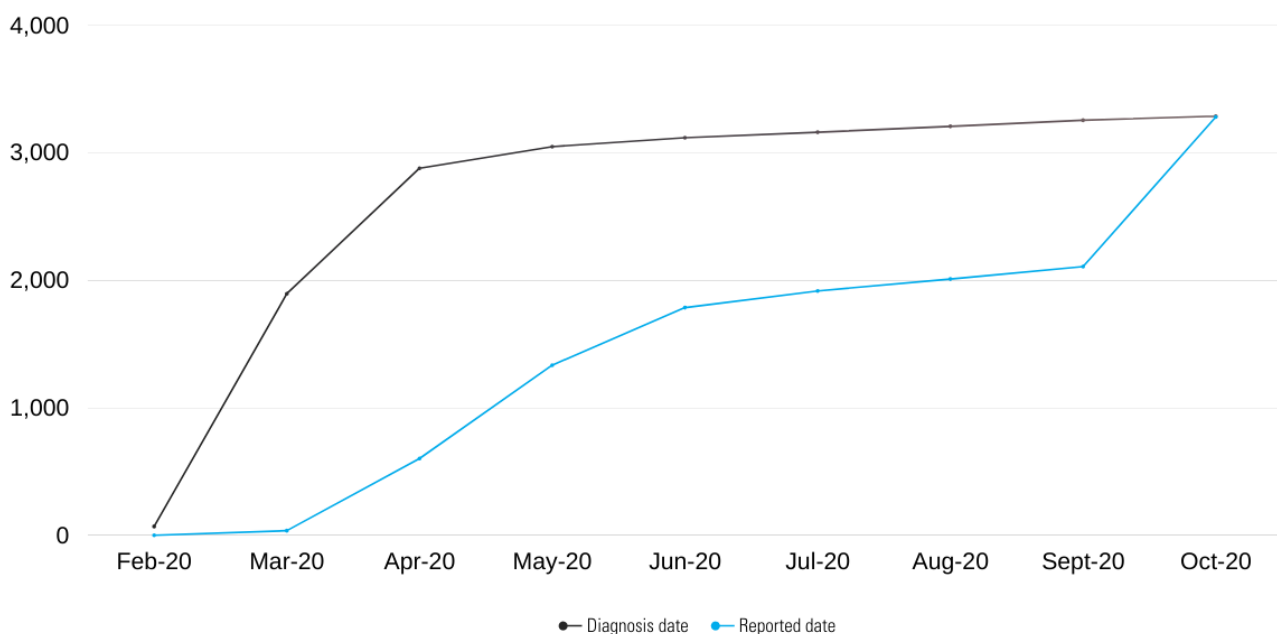
The EULAR - COVID-19 Database is a European paediatric and adult database (in collaboration with the Paediatric Rheumatology European Society (PReS)) to monitor and report on outcomes of "Coronavirus Disease 2019" (COVID-19) occurring in patients with rheumatic and musculoskeletal diseases (RMDs).

Monthly reporting - data extract: 3rd November 2020

Total number of patients to 3rd November 2020: 3318

To date there have been 3318 patients reported to the EULAR COVID-19 registry from 33 countries. There have been 1566 hospitalisations and 348 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 3rd November 2020 (current data extract).

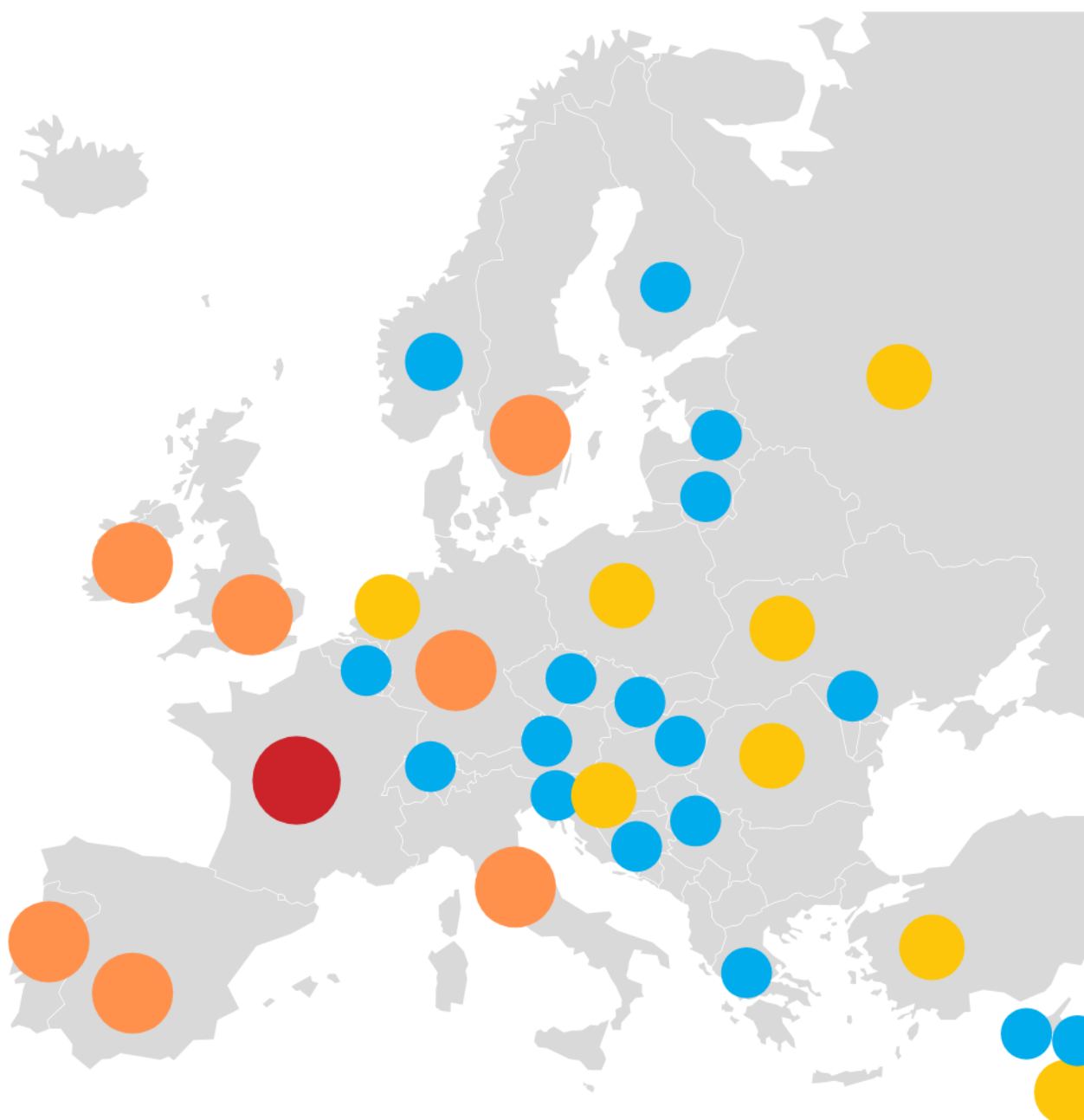


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Figure 2: Number of cases in each country

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



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Table 1: Patient Demographics

		All patients
Total number		3318
Gender	Female	2142 (65%)
N (%)	Male	1172 (35%)
	Other / Unknown	4 (<1%)
Age	Median (IQR)	57 (46 - 70)
	Range (min to max)	3 to 98
Age categories (years)	<18	77 (2%)
N (%)	18-40	475 (14%)
	41-60	1323 (40%)
	61-more	1443 (43%)
Country	Austria	4 (<1%)
N (%)	Belgium	4 (<1%)
	Bosnia and Herzegovina	2 (<1%)
	Croatia	11 (<1%)
	Czech Republic	15 (<1%)
	Cyprus	4 (<1%)
	Finland	2 (<1%)
	France	1209 (36%)
	Germany	252 (8%)
	Greece	4 (<1%)
	Hungary	3 (<1%)
	Israel	12 (<1%)
	Italy	375 (11%)
	Latvia	2 (<1%)
	Lebanon	1 (<1%)
	Lithuania	1 (<1%)
	Moldova	1 (<1%)
	Netherlands	34 (1%)
	Norway	5 (<1%)
	Poland	24 (1%)
	Portugal	121 (4%)
	Republic of Ireland	115 (3%)
	Romania	13 (<1%)
	Russia	14 (<1%)
	Serbia	1 (<1%)
	Slovak Republic	2 (<1%)
	Slovenia	4 (<1%)
	Spain	272 (8%)
	Sweden	155 (5%)
	Switzerland	4 (<1%)

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Turkey	79 (2%)
Ukraine	10 (<1%)
United Kingdom	563 (17%)

Table 2: Disease information

		All Patients
Rheumatology Diagnosis	Rheumatoid Arthritis (RA)	1166 (35%)
N (%)	Spondyloarthritis (including Axial spondyloarthritis, ankylosing spondylitis, other spondyloarthritis, reactive arthritis)	480 (14%)
	Psoriatic arthritis	419 (13%)
	Systemic Lupus Erythematosus	229 (7%)
	Systemic sclerosis	118 (4%)
	Polymyalgia rheumatic	113 (3%)
	Sjogrens syndrome	96 (3%)
	Other inflammatory arthritis	80 (2%)
	Giant cell arteritis	76 (2%)
	Gout	75 (2%)
	ANCA-associated vasculitis (e.g., GPA, EGPA)	65 (2%)
	Inflammatory myopathy (e.g. dermatomyositis, polymyositis)	63 (2%)
	Other vasculitis including Kawasaki disease	50 (2%)
	Autoinflammatory syndrome (including TRAPS, CAPS, FMF)	49 (1%)
	Juvenile idiopathic arthritis (polyarthritis)	43 (1%)
	Undifferentiated connective tissue disease	39 (1%)
	Sarcoidosis	36 (1%)
	Behcets	30 (1%)
	Juvenile idiopathic arthritis (oligoarthritis)	25 (1%)
	Anti-phospholipid antibody syndrome	25 (1%)
	Ocular inflammation	19 (1%)
	Mixed connective tissue disease	19 (1%)
	Systemic juvenile idiopathic arthritis	18 (1%)
	IgG4-related disease	7 (<1%)
	Chronic recurrent multifocal osteomyelitis	2 (<1%)
	Inclusion body myositis (IBM)	None
	Localised scleroderma (morphea)	None
Comorbidities	None stated	954 (29%)
N (%)	Lung disease (includes ILD, COPD, asthma, other lung disease)	577 (17%)
<i>Note: 106 patients are missing comorbidity data</i>	Diabetes	377 (11%)
	Hypertension	1060 (32%)
	Cardiovascular disease	434 (13%)
	Obesity (BMI ≥30)	478 (14%)

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Required Hospitalisation N (%)	Yes	1566 (47%)
	No	972 (29%)
	Missing	780 (24%)
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Top 5 symptoms reported N (%)	Fever	2291 (69%)
	Cough	2056 (62%)
	Shortness of breath	1450 (44%)
	Diarrhoea, vomiting	792 (24%)
	Anosmia	731 (22%)
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DMARDs at time of COVID N (%)	Any DMARD	2595 (78%)
	<i>csDMARDs</i>	1833 (55%)
	<i>bDMARDs</i>	1247 (38%)
	<i>tsDMARDs</i>	91 (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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