

EULAR COVID-19 Database

for rheumatologists and other clinicians

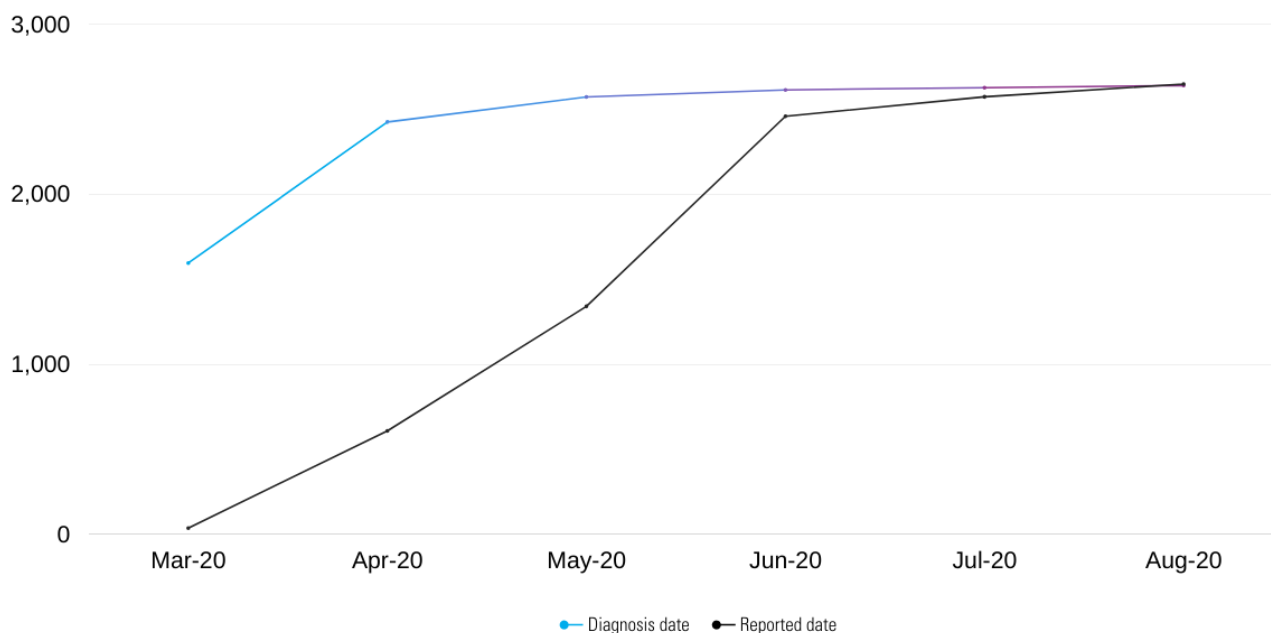
The EULAR - COVID-19 Database is a European paediatric and adult database (in collaboration with the Paediatric Rheumatology European Society (PReS)) to monitor and report on outcomes of "Coronavirus Disease 2019" (COVID-19) occurring in patients with rheumatic and musculoskeletal diseases (RMDs).

Data extract: 14th September 2020

Total number of patients to 14th September 2020: 2671

To date there have been 2671 patients reported to the EULAR COVID-19 registry from 32 countries. There have been 1285 hospitalisations and 294 deaths due to COVID-19.

Figure 1: Cumulative number of reports to the database (bar chart) and line showing cumulative cases by date of COVID diagnosis, from March until 14th September 2020 (current data extract).

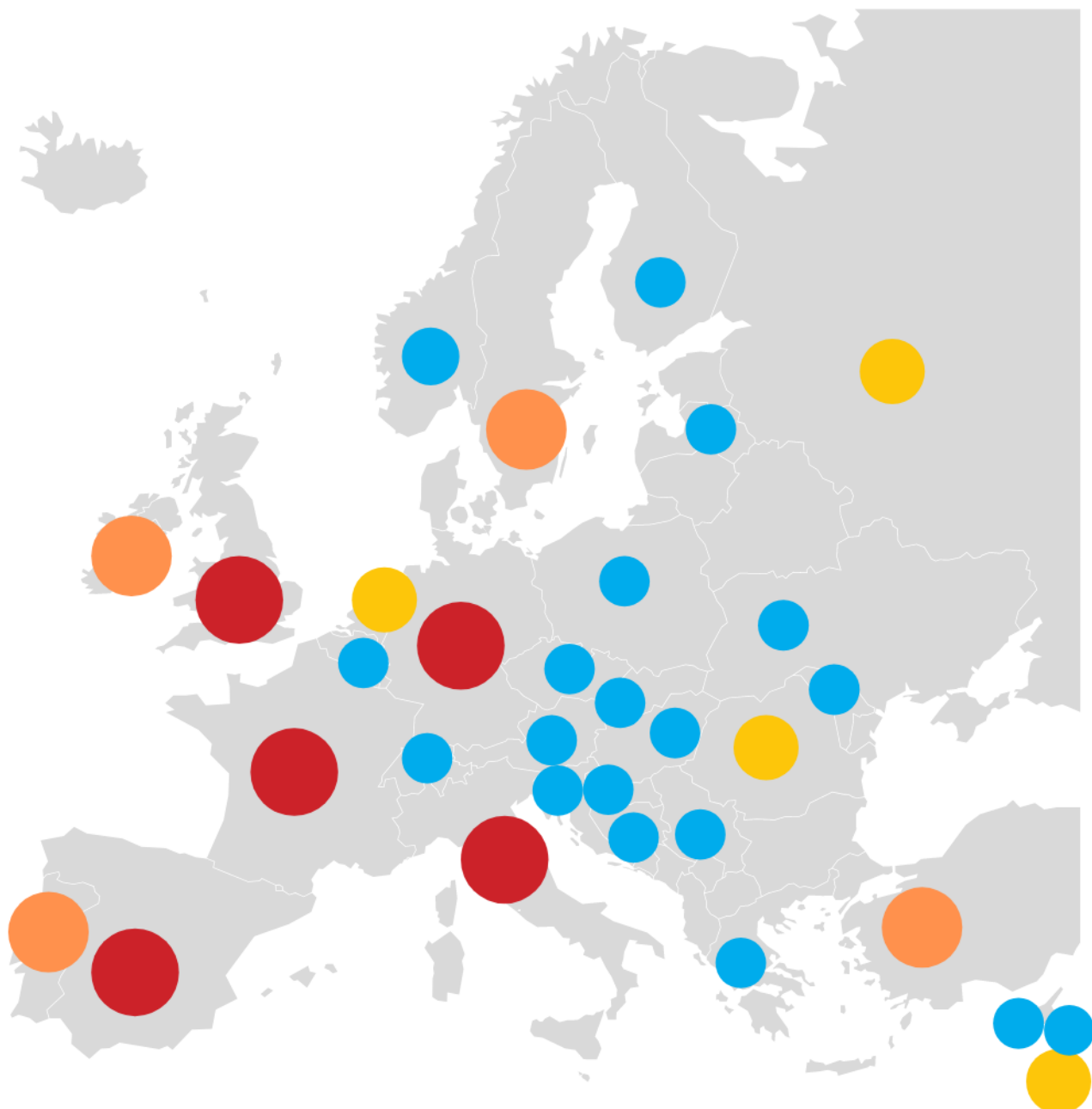


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Figure 2: Number of cases in each country

- ≥ 200 cases
- < 200 cases
- < 50 cases
- < 10 cases



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Table 1: Patient Demographics

		All patients
Total number		2671
Gender	Female	1716 (64%)
N (%)	Male	951 (36%)
	Other / Unknown	4 (<1%)
Age	Median (IQR)	58 (47 - 70)
	Range (min to max)	4 to 98
Age categories (years)	<18	37 (1%)
N (%)	18-40	367 (14%)
<i>Note: 4 patients are missing age data</i>	41-60	1073 (40%)
	61-more	1190 (45%)
Country	Austria	3 (<1%)
N (%)	Belgium	4 (<1%)
	Bosnia and Herzegovina	2 (<1%)
	Croatia	8 (<1%)
	Czech Republic	7 (<1%)
	Cyprus	3 (<1%)
	Finland	2 (<1%)
	France	810 (30%)
	Germany	236 (9%)
	Greece	3 (<1%)
	Hungary	1 (<1%)
	Israel	10 (<1%)
	Italy	375 (14%)
	Latvia	2 (<1%)
	Lebanon	1 (<1%)
	Moldova	1 (<1%)
	Netherlands	32 (1%)
	Norway	4 (<1%)
	Poland	5 (<1%)
	Portugal	63 (2%)
	Republic of Ireland	106 (4%)
	Romania	10 (<1%)
	Russia	14 (1%)
	Serbia	1 (<1%)
	Slovak Republic	1 (<1%)
	Slovenia	3 (<1%)
	Spain	260 (10%)

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Sweden	96 (4%)
Switzerland	4 (<1%)
Turkey	70 (3%)
Ukraine	4 (<1%)
United Kingdom	530 (20%)

Table 2: Disease information

		All Patients
Rheumatology Diagnosis N (%)	Rheumatoid Arthritis (RA)	976 (37%)
	Spondyloarthritis (including Axial spondyloarthritis, ankylosing spondylitis, other spondyloarthritis, reactive arthritis)	379 (14%)
	Psoriatic arthritis	351 (13%)
	Systemic Lupus Erythematosus	169 (6%)
	Systemic sclerosis	92 (3%)
	Polymyalgia rheumatic	92 (3%)
	Sjogrens syndrome	76 (3%)
	Gout	67 (3%)
	Other inflammatory arthritis	67 (3%)
	Giant cell arteritis	63 (2%)
	ANCA-associated vasculitis (e.g., GPA, EGPA)	53 (2%)
	Inflammatory myopathy (e.g. dermatomyositis, polymyositis)	48 (2%)
	Other vasculitis including Kawasaki disease	40 (1%)
	Autoinflammatory syndrome (including TRAPS, CAPS, FMF)	32 (1%)
	Undifferentiated connective tissue disease	32 (1%)
	Juvenile idiopathic arthritis (polyarthritis)	29 (1%)
	Behcets	28 (1%)
	Sarcoidosis	25 (1%)
	Anti-phospholipid antibody syndrome	23 (1%)
	Mixed connective tissue disease	16 (1%)
	Ocular inflammation	14 (1%)
	Juvenile idiopathic arthritis (oligoarthritis)	13 (<1%)
	Systemic juvenile idiopathic arthritis	8 (<1%)
	IgG4-related disease	7 (<1%)
	Chronic recurrent multifocal osteomyelitis	None
	Inclusion body myositis (IBM)	None
	Localised scleroderma (morphea)	None
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Comorbidities N (%)	None stated	758 (28%)
	Lung disease (includes ILD, COPD, asthma, other lung disease)	488 (18%)
	Diabetes	307 (11%)
<i>Note: 106 patients are missing comorbidity data</i>	Hypertension	875 (33%)

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	Cardiovascular disease	356 (13%)
	Obesity (BMI \geq 30)	382 (14%)
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Required Hospitalisation N (%)	Yes	1285 (48%)
	No	804 (30%)
	Missing	582 (22%)
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Top 5 symptoms reported N (%)	Fever	1878 (70%)
	Cough	1713 (64%)
	Shortness of breath	1219 (46%)
	Diarrhoea, vomiting	650 (24%)
	Fatigue	607 (23%)
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DMARDs at time of COVID N (%)	Any DMARD	2111 (79%)
	<i>csDMARDs</i>	1495 (56%)
	<i>bDMARDs</i>	1016 (38%)
	<i>tsDMARDs</i>	73 (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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