

EULAR COVID-19 Database

for rheumatologists and other clinicians

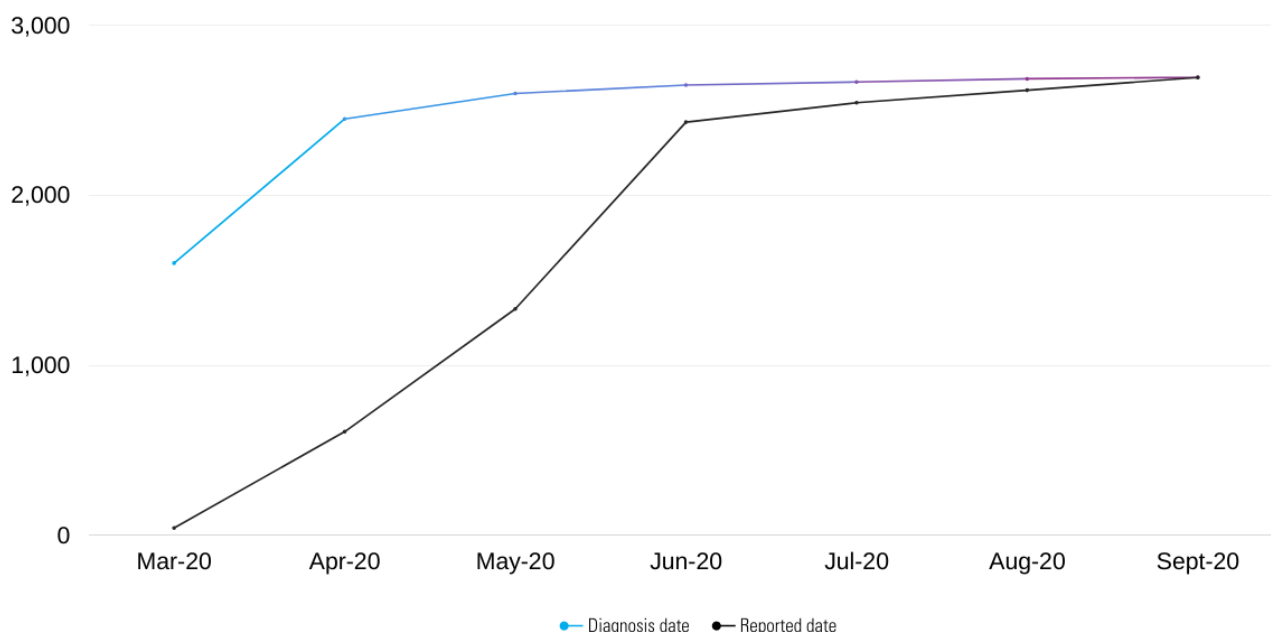
The EULAR - COVID-19 Database is a European paediatric and adult database (in collaboration with the Paediatric Rheumatology European Society (PReS)) to monitor and report on outcomes of “Coronavirus Disease 2019” (COVID-19) occurring in patients with rheumatic and musculoskeletal diseases (RMDs).

Monthly reporting - data extract: 1st October 2020

Total number of patients to 1st October 2020: 2727

To date there have been 2727 patients reported to the EULAR COVID-19 registry from 32 countries. There have been 1300 hospitalisations and 294 deaths due to COVID-19.

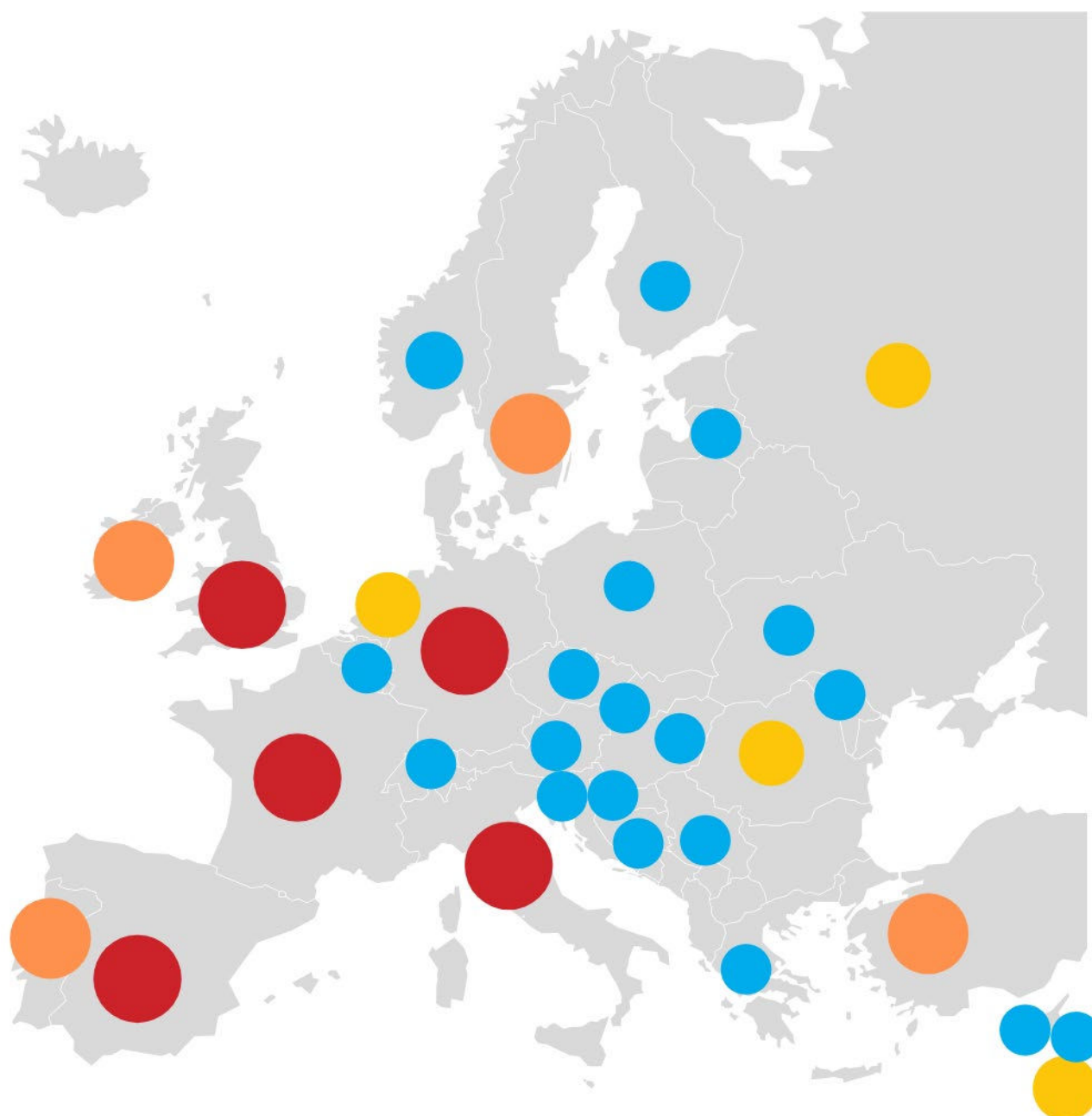
Figure 1: Cumulative number of reports to the database and cumulative cases by date of COVID diagnosis, from March until 1st October 2020 (current data extract).



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Figure 2: Number of cases in each country



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Table 1: Patient Demographics

		All patients
Total number		2727
Gender N (%)	Female	1753 (64%)
	Male	970 (36%)
	Other / Unknown	4 (<1%)
Age	Median (IQR)	58 (47 - 70)
	Range (min to max)	3 to 98
Age categories (years) N (%) <i>Note: 4 patients are missing age data</i>	<18	46 (2%)
	18-40	374 (14%)
	41-60	1094 (40%)
	61-more	1209 (44%)
Country N (%)	Austria	3 (<1%)
	Belgium	4 (<1%)
	Bosnia and Herzegovina	2 (<1%)
	Croatia	9 (<1%)
	Czech Republic	8 (<1%)
	Cyprus	3 (<1%)
	Finland	2 (<1%)
	France	810 (30%)
	Germany	236 (9%)
	Greece	3 (<1%)
	Hungary	1 (<1%)
	Israel	11 (<1%)
	Italy	375 (14%)
	Latvia	2 (<1%)
	Lebanon	1 (<1%)
	Moldova	1 (<1%)
	Netherlands	33 (1%)
	Norway	4 (<1%)
	Poland	5 (<1%)
	Portugal	88 (3%)
	Republic of Ireland	109 (4%)
	Romania	10 (<1%)
	Russia	14 (1%)
	Serbia	1 (<1%)
	Slovak Republic	1 (<1%)
	Slovenia	4 (<1%)
	Spain	269 (10%)
	Sweden	96 (4%)
	Switzerland	4 (<1%)
	Turkey	72 (3%)

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Ukraine	5 (<1%)
United Kingdom	541 (20%)

Table 2: Disease information

		All Patients
Rheumatology Diagnosis N (%)	Rheumatoid Arthritis (RA)	987 (36%)
	Spondyloarthritis (including Axial spondyloarthritis, ankylosing spondylitis, other spondyloarthritis, reactive arthritis)	391 (14%)
	Psoriatic arthritis	357 (13%)
	Systemic Lupus Erythematosus	174 (6%)
	Systemic sclerosis	95 (3%)
	Polymyalgia rheumatic	92 (3%)
	Sjogrens syndrome	78 (3%)
	Other inflammatory arthritis	69 (3%)
	Gout	68 (2%)
	Giant cell arteritis	65 (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%)
	Undifferentiated connective tissue disease	33 (1%)
	Autoinflammatory syndrome (including TRAPS, CAPS, FMF)	33 (1%)
	Juvenile idiopathic arthritis (polyarthritis)	30 (1%)
	Behcets	28 (1%)
	Sarcoidosis	26 (1%)
	Anti-phospholipid antibody syndrome	23 (1%)
	Ocular inflammation	18 (1%)
	Juvenile idiopathic arthritis (oligoarthritis)	17 (1%)
	Mixed connective tissue disease	17 (1%)
	Systemic juvenile idiopathic arthritis	9 (<1%)
	IgG4-related disease	7 (<1%)
	Chronic recurrent multifocal osteomyelitis	1 (<1%)
	Inclusion body myositis (IBM)	None
	Localised scleroderma (morphea)	None
Comorbidities N (%)	None stated	783 (29%)
	Lung disease (includes ILD, COPD, asthma, other lung disease)	494 (18%)
	Diabetes	312 (11%)
	Hypertension	891 (33%)
	Cardiovascular disease	363 (13%)
	Obesity (BMI ≥30)	386 (14%)
<i>Note: 106 patients are missing comorbidity data</i>		
Required Hospitalisation	Yes	1300 (48%)

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N (%)	No	845 (31%)
	Missing	582 (21%)
Top 5 symptoms reported	Fever	1905 (70%)
N (%)	Cough	1738 (64%)
	Shortness of breath	1234 (45%)
	Diarrhoea, vomiting	662 (24%)
	Fatigue	625 (23%)
DMARDs at time of COVID	Any DMARD	2152 (79%)
N (%)	<i>csDMARDs</i>	1527 (56%)
	<i>bDMARDs</i>	1036 (38%)
	<i>tsDMARDs</i>	74 (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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