were found in 14.6%, 10.5%, 10.2%, 0.3% and 0.5% respectively. Smoking was found in only 10 patients (2.7%).

Conclusions: The prevalence of PsA in Egyptian patients with psoriasis appears to be within the range reported in other studies. Whereas, most of PsA onset was found to precede the psoriasis.

Disclosure of Interest: None declared


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PRELIMINARY DATA OF VACCINATION STATUS, POST VACCINATION IMMUNITY AND LATENT TUBERCULOSIS IN PATIENTS WITH CHRONIC INFLAMMATORY DISEASE IN A RHEUMATOLOGY CONSULTATION IN ST RAFAEL’S HOSPITAL IN BARCELONA

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Background: Chronic inflammatory diseases (Cid) are diseases that require long-term treatments. The vaccination of these patients is essential, but the immune response of these patients to the vaccine is unknown. This is the first report of vaccination in these patients. We assessed the vaccination status of these patients and the immune response to the vaccine.

Methods: All patients with chronic inflammatory diseases were invited to participate in the study. The vaccination status of these patients was assessed by a questionnaire and a blood test.

Results: A total of 121 patients were evaluated. The vaccination status was as follows: 85% of patients were vaccinated against tuberculosis (TB), 79% were vaccinated against hepatitis B (HBV), 62% were vaccinated against hepatitis A (HAV), 55% were vaccinated against influenza, and 48% were vaccinated against pneumonia. The immune response to the vaccine was as follows: 62% of patients had a positive response to the TB vaccine, 81% of patients had a positive response to the HBV vaccine, 72% of patients had a positive response to the HAV vaccine, 59% of patients had a positive response to the influenza vaccine, and 54% of patients had a positive response to the pneumonia vaccine.

Conclusions: The vaccination status of these patients is acceptable, but the immune response to the vaccine is unknown. Further studies are needed to determine the immune response to the vaccine.

Disclosure of Interest: None declared


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ANKYLOSING SPONDYLITIS (AS), PSORIATIC ARTHRITIS, UNDIFFERENTIATED (U) SPONDYLOARTHRITIS (SPA) IN INDIA: RESULTS FROM WHO ILAR COPCORD INDIA PROGRAM STAGE I SURVEY 2000–2010

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Background: The Epidemiology of Rheumatic Diseases in India (ERDI) survey was conducted in 2000–2010 to assess the prevalence and burden of rheumatic diseases in India. The aim of this study was to report the results of the ERDI survey in Spondyloarthritides in India.

Methods: The survey was conducted in 2000–2010 in 11 sites across India, with a total of 5,741 subjects. The survey used a standardized questionnaire and protocol. The data was analyzed using standard software.

Results: The prevalence of AS was 0.2% in India, with a range of 0.1% to 0.3% in different regions. The prevalence of SPA was 0.05% in India, with a range of 0.01% to 0.03% in different regions. The prevalence of PsA was 0.01% in India, with a range of 0.00% to 0.03% in different regions.

Conclusions: The results of the ERDI survey in Spondyloarthritides in India indicate a low prevalence of these diseases in India. Further studies are needed to determine the burden and management of these diseases in India.

Disclosure of Interest: None declared

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SERUM INTERLEUKIN 33, A POSSIBLE NEW MARKER PREDICTING THE DEVELOPMENT OF VASCULITIS IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS

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Background: Systemic lupus erythematosus (SLE) is an autoimmune disease characterised by abnormal production of autoantibodies and proinflammatory cytokines. Although interleukin-33 (IL-33), a novel member of the IL-1 family, has been reported to have proinflammatory effects, the association of IL-33 with SLE has not been fully investigated.

Objectives: To estimate serum levels of IL-33 in Egyptian patients with SLE and to find out any relation between IL-33 serum levels in SLE patients and disease activity in addition to other clinical and laboratory criteria.

Methods: 60 SLE Egyptian patients (53 females and 7 males) diagnosed according to systemic lupus international collaborating clinics (SLICC); new classification criteria 2012 and 20 healthy controls matched for age and sex were included. Patients with diseases suggesting the possibility of increased serum IL-33 were excluded. 27 SLE patients were diagnosed clinically as having vasculitis and this was confirmed by laboratory and imaging studies. Serum IL-33 was measured by sandwich ELISA Kit. Disease activity was assessed using SLE disease activity index (SLEDAI) score.

Results: Using Mann-Whitney U test, median serum level of IL-33 (30.3 pg/ml) was significantly higher in patients with SLE than that of healthy controls (24.80, p<0.003). Using logistic regression analysis, SLE patients with high IL-33 serum levels have 3.8 times higher risk of developing vasculitis (OR 3.8 (1.1–13.6, 95% CI: p=0.01) and 3.2 times higher risk of developing oral ulcers (OR 0.3.2 (1.2–11.7, 95% CI: p=0.033) than those with lower IL-33 serum Levels. No significant correlation was found between serum levels of IL-33 and total SLEDAI score or any of the other clinical or laboratory criteria.

Conclusions: Our findings suggest that IL-33 may be considered as a possible new inflammatory marker predicting the development of vasculitis and/or mucosal ulcers in SLE patients. Neutralisation of IL-33 may hopefully result in a new therapeutic option for these patients. Further studies are warranted to get more conclusive results.

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Disclosure of Interest: None declared


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PREDICTING THE DEVELOPMENT OF VASCULITIS IN PATIENTS WITH CHRONIC INFLAMMATORY DISEASE IN A SURVEY 2000–2010

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ANNKLYLOSING SPONDYLOLISIS (AS), PSORIATIC ARTHRITIS, UNDIFFERENTIATED (U) SPONDYLOARTHRITIS (SPA) IN INDIA: RESULTS FROM WHO ILAR COPCORD INDIA PROGRAM STAGE I SURVEY 2000–2010

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Background: Using a low cost low infrastructure model, the WHO ILAR COPCORD (Community Oriented Program for Control of Rheumatic Diseases) survey has covered several population in Asia and Latin America. The reported prevalence of AS based on large sample surveys was 0.2–0.3 in China and 0.12 in Iran. We used the Bhigwan COPCORD model to complete comprehensive surveys at several urban and rural site in India.

Objectives: To describe the prevalence of SPA in India with a focus on AS Results: 51 741 population (66% rural) in 11 sites all over India was screened using a suitable COPCORD core questionnaire and protocol. Stage I survey was carried out in 3 concurrent overlap phases. House to house visit identified respondents with current/past musculoskeletal pain (last 7 days). Paramedics interviewed respondents to map MSK pain and record patient centric outcome including an Indian version HAQ (Phase 2). Clinical evaluation was carried out by rheumatologists with minimal investigations (Phase 3). The diagnosis was clinical. Survey sites and samples were chosen by convenience. Data was centrally processed and analysed using standard software; significant p<0.05. Data standardised (age-gender) as per; India census 2002 adjusted prevalence reported.