list ed (mainly with bDMARDs and tsDMARDs), followed by influenza. Common non-viral causes of infection were candida and viruses species.

Variable or absent reporting was noted for opportunistic infections (e.g. tuberculosis and fungi) and certain high-prevalence viruses e.g. Epstein-Barr.

Conclusion: The SmPC literature reports differences in infection risk, by site and pathogens, between immunomodulatory drugs. The findings can be used to visualise differences and aid treatment decisions. However, some of the patterns we have shown lack face-validity to clinicians familiar with real-world safety data. The data fail to capture risk of rare infections, are likely skewed by trial selection criteria, varying number of trials per drug and quirks of individual study-reporting methodologies. The findings highlight the need for robust post-marketing pharmacovigilance studies.

REFERENCES:

AB0650
SCREENING TESTS FOR LATENT TUBERCULOSIS OF CANDIDATES TO BIOLOGIC THERAPY: DATA FROM THE TUNISIAN BINAR REGISTRY

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Background: The screening and treatment of latent tuberculosis infection (LTBI) is required before starting biologic therapy. Tuberculin skin test (TST) and interferon γ gamma release assay (IGRA) are the two commonly used tests.

Objectives: The aim of our study was to analyze data from the Biological National Registry BINAR between 2016 and 2020 in order to compare the diagnostic value of TST and IGRA tests.

Methods: We collected data of patients diagnosed with LTBI (having had a TST and/or IGRA before receiving any biotherapy) from the BINAR registry (a Tunisian registry of patients with inflammatory rheumatic diseases under biologic therapy since less than two years from the inclusion date).

Results: From a total of 298 patients included in our study, 199 patients (66.8%) were screened by TST and 159 patients were screened (53.4%) by IGRA. Thirty-four patients (11.4%) had a positive TST and 27 patients (9.1%) had a positive IGRA test.

Conclusion: Our results show that the predictive diagnostic value for these two tests is the same. It would be more interesting to practice one of those tests prior to biotherapy.

Disclosure of Interests: None declared.

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AB0651
CASE-REPORT: ORGANIZING PNEUMONIA IN A PREGNANT WOMAN WITH RHEUMATOID ARTHRITIS DURING COVID-19 PANDEMIC

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Conclusion: Case-report: Organizing pneumonia in a pregnant woman with rheumatoid arthritis during Covid-19 pandemic

Disclosure of Interests: None declared.

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Case description
A 39-year-old moroccan woman, gravida 4, para 1, was admitted during COVID-19 pandemic at 30 weeks’ gestation to maternity hospital with a 1-week history of cough, dyspnea and fever. Her medical history included rheumatoid arthritis and gestational diabetes. She was treated with 5mg of prednisolone daily for her RA. Blood sample showed white blood cell count and C reactive protein at a level of 6860/mm3 and 42mg/L respectively. Chest CT performed at her admission revealed diffuse irregular nodular condensations associated with ground glass infiltrates and a right lower lobe parenchymal consolidation with airbronchogram in favor of superinfection. Given circumstances, she was tested twice for SARS-Cov-2 48 hours apart by PCR on nasopharyngeal sample and results came back negative. She was treated empirically with ceftriaxone and azithromycin during the first week and described an improvement in her clinical condition but symptoms reappeared 4 days after stopping treatment. During the 2 following months, until the delivery, the patient remained subpyretic with a nonproductive cough and moderate dyspnea. 5 days after the delivery, due...