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POS1187

WILLINGNESS TO GET THE COVID-19 VACCINE AMONG PATIENTS WITH RHEUMATIC DISEASES, HEALTH WORKERS AND GENERAL POPULATION

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Background: As of January 2021 the COVID-19 pandemic has been responsible for more than 2.2 million deaths worldwide (1). Potential vaccines against COVID-19 have been developed swiftly and vaccination programs were started in many countries. Turkey agreed to use inactivated vaccine candidate, 'CoronaVac' produced by Chinese biopharmaceutical company (3). Many of our patients having a rheumatic diseases (RD) call us for permission to get vaccination, while some express their concerns about the efficacy and safety issues.

Objectives: We therefore assessed the willingness to get vaccination among patients with RD compared to health workers and a sample from general population.

Methods: A web-based questionnaire study was conducted in a cross-sectional design in 3 groups of participants: 1. patients with RD, 2. hospital workers and 3. General population. The questionnaire sought socio-demographic variables, COVID-19 related risk factors, willingness to get vaccination, and concerns and thoughts about vaccine. COVID-19 related anxiety (CAS) was also evaluated through the questionnaire.

Results: We studied in total 732 (258 M/ 474 F) patients with RD, 320 (88 M/ 232 F) hospital workers and 763 (258 M/ 505 F) individuals representing general population. Patients with RD were significantly older and less educated and spent less time using social media compared to both control groups (Table 1). CAS scores were similar between the study groups. Of the patients with RD, 29.2% were willing to be vaccinated, 19% were unwilling and 51.8% were undecided. These were similar among the general population (34.6%, 23.3% and 42.1%, respectively), whereas hospital workers were significantly more willing (52.5%, 20.9% and 26.6%, respectively) ($p < 0.0001$). About a third in each group thought that vaccination should be obligatory. The major concerns associated with vaccine were fear from side effects, unknown scientific results and lack of confidence. Being male, older age, working in a hospital and increased anxiety levels were found to be independently associated with willingness.

Conclusion: Only about one third of the patients with RD were willing to get vaccination, which was somewhat similar to that observed among the general population. This could be due to rushed vaccine development as well as negative news on vaccines on the social media. Our study also reveals that, after almost one year after the pandemic, about 95% in all study groups did not express dysfunctional anxiety related with COVID-19.

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Table 1. Socio-demographic and COVID-19 associated variables, anxiety scores and willingness to get vaccination

	Patients with RD (n=732)	Hospital workers (n = 320)	General population (n =763)	P
Male/ Female, n	258/474	88/232	258/505	0.045
Age, mean $\pm$ SD, years	42.8 $\pm$ 11.6	37.0 $\pm$ 10.0	40.8 $\pm$ 12.0	<0.001
Primary/middle school education, n (%)	225 (30.7)	6 (1.9)	28 (3.7)	<0.001
$\leq$ 1 hour daily spent using social media, n (%)	270 (36.9)	100 (31.3)	192 (25.2)	<0.0001
COVID-19 related anxiety, total score, mean $\pm$ SD	1.62 $\pm$ 3.03	1.81 $\pm$ 2.64	1.55 $\pm$ 2.71	0.389
COVID-19 related anxiety, cut off value of $\geq$ 9, n (%)	36 (5.1)	13 (4.2)	29 (4.0)	0.626
COVID-19 diagnosis in the participant (n %)				<0.0001
Yes	104 (14.2)	69 (21.6)	70 (9.2)	
No	617 (84.3)	248 (77.5)	687 (90.0)	
Unsure	11 (1.5)	3 (0.9)	6 (0.8)	
COVID-19 diagnosis among the household or close friends, n (%)				<0.0001
Yes	460 (62.8)	244 (76.3)	435 (57.0)	
No	254 (34.7)	76 (23.8)	317 (41.5)	
Unsure	18 (2.5)	0	11 (1.4)	
Presence of any comorbid disease, n (%)	304 (41.5)	67 (20.9)	181 (23.7)	<0.0001
History of psychiatric disorder, n (%)	177 (24.2)	51 (15.9)	110 (14.4)	<0.0001
Willingness to get vaccination (n %)				<0.0001
Yes	214 (29.2)	168 (52.5)	264 (34.6)	
No	139 (19.0)	67 (20.9)	178 (23.3)	
Unsure	379 (51.8)	85 (26.6)	321 (42.1)	
Do you think that vaccination should be obligatory? n (%)				0.003
Yes	216 (29.5)	113 (35.3)	207 (27.1)	
No	277 (37.8)	136 (42.5)	331 (43.4)	
Unsure	239 (32.7)	71 (22.2)	225 (29.5)	

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POS1188

COVID-19 IN PATIENTS WITH RHEUMATIC DISEASES: COMPARISON OF DATA FROM THE ARGENTINE REGISTRY (SAR-COVID), WITH THE LATIN AMERICAN AND GLOBAL REGISTRY (GLOBAL RHEUMATOLOGY ALLIANCE)

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Background: SARS CoV-2 infection has recently burst onto the global scene, and the knowledge of the course of this infection in patients with rheumatic diseases receiving immunomodulatory treatment is still insufficient. The Argentine Society of Rheumatology (SAR) designed a national registry called SAR-COVID in order to get to assess our reality.

Objectives: To identify the particular characteristics of patients with rheumatic diseases and COVID-19 in Argentina (SAR-COVID Registry), and to compare them with the data reported at the Latin American and Global level (Global International Alliance Rheum-COVID Registry).

Methods: A national, multicenter, prospective and observational registry was carried out. Patients older than 18 years, with a diagnosis of rheumatic disease and SARS-CoV-2 infection by PCR or serology, were included between August 13, 2020 and January 17, 2021. Demographic data, underlying rheumatic disease (activity of the disease, current treatment), comorbidities, clinical-laboratory characteristics of the SARS-CoV-2 infection, as well as received treatments (pharmacological, oxygen therapy / ventilatory support) and outcomes (hospitalization, mortality) were recorded. The characteristics of the

included patients were compared with the data reported at the Latin American and global level. Descriptive statistics were performed. Comparisons between groups were made using ANOVA, chi2 or Fisher's test, according to the type of variable.

Results: Four hundred sixty-five patients from Argentina, 74 patients from Latin America and 583 from the rest of the world were included, mostly women (79.6%, 73% and 71% respectively), with a mean age of 50.2 (SD 15.3), 53.5 (DE 15.6) and 55.8 (15.5), years respectively. The most frequent rheumatic diseases in the three groups were rheumatoid arthritis (43.9%, 35%, and 39%) and systemic lupus erythematosus (16.1%, 22%, and 14%) (Table 1).

In Argentina, fewer patients received specific pharmacological treatment for COVID-19 (40.9%, 68% and 43% respectively, $p < 0.0001$), and there was a lower requirement of NIMV / IMV (Non-Invasive Mechanical Ventilation/Invasive Mechanical Ventilation) than in the rest of Latin America and the world (10.5% vs 31% vs 13%, $p < 0.0001$).

Hospitalization was lower in Argentina than in the rest of Latin America (37.4% vs 61% $p = 0.0002$) and of the world (37.4% vs 45% $p = 0.0123$), and mortality was numerically lower in Argentina, but without statistically significant differences between the three groups (6.9%, 12% and 11%; $p = 0.0631$). Most of the patients, (86.9%) did not present any complications in Argentina, with a statistically significant difference with the rest of the groups (62% and 77%, $p < 0.0001$) (Graph 1).

Conclusion: The patients with rheumatic diseases and SARS-CoV-2 infection reported in this argentinian registry received less specific pharmacological treatment for COVID-19, presented fewer complications and required less ventilatory support, than those reported in the Latinoamerican and Global registry. However, no statistically significant differences were observed in terms of mortality.

Graph 1. Main outcomes and evolution of patients with rheumatic disease and COVID-19.

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POS1189

THE IMPACT OF TELEMEDICINE AND COVID-19 ON A TERTIARY RHEUMATOLOGY SERVICE: A RETROSPECTIVE AUDIT

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Background: Telemedicine was widely utilised to complement face-to-face (F2F) care in 2020 during the COVID-19 pandemic, but the impact of this on patient care is poorly understood.

Objectives: To investigate the impact of telemedicine during COVID-19 on outpatient rheumatology services.

Methods: We retrospectively audited patient electronic medical records from rheumatology outpatient clinics in an urban tertiary rheumatology centre between April-May 2020 (telemedicine cohort) and April-May 2019 (comparator cohort). Differences in age, sex, primary diagnosis, medications, and proportion of new/review appointments were assessed using Mann-Whitney U and Chi-square tests. Univariate analysis was used to estimate associations between telemedicine usage and the ability to assign a diagnosis in patients without a prior rheumatological diagnosis, the frequency of changes to immunosuppression, subsequent F2F review, planned admissions or procedures, follow-up phone calls, and time to next appointment.

Results: 3,040 outpatient appointments were audited: 1,443 from 2019 and 1,597 from 2020. There was no statistically significant difference in the age, sex, proportion of new/review appointments, or frequency of immunosuppression use between the cohorts. Inflammatory arthritis (IA) was a more common diagnosis in the 2020 cohort (35.1% vs 31%, $p = 0.024$). 96.7% ($n = 1,444$) of patients seen in the 2020 cohort were reviewed via telemedicine. In patients without an existing rheumatological diagnosis, the odds of making a diagnosis at the appointment were significantly lower in 2020 (28.6% vs 57.4%; OR 0.30 [95% CI 0.16-0.53]; $p < 0.001$). Clinicians were also less likely to change immunosuppressive therapy in 2020 (22.6% vs 27.4%; OR 0.78 [95% CI 0.65-0.92]; $p = 0.004$). This was mostly driven by less de-escalation in therapy (10% vs 12.6%; OR 0.75 [95% CI 0.59-0.95]; $p = 0.019$) as there was no statistically significant difference in the escalation or switching of immunosuppressive therapies. There was no significant difference in frequency of follow-up phone calls, however, patients seen in 2020 required earlier follow-up appointments ($p < 0.001$). There was also no difference in unplanned rheumatological presentations but significantly fewer planned admissions and procedures in 2020 (1% vs 2.6%, $p = 0.002$). Appointment