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, chi$^2$ 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 = 0.6311). 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 Latinamerican and Global registry. However, no statistically significant differences were observed in terms of mortality.
non-attendance reduced in 2020 to 6.5% from 10.9% in 2019 (OR 0.57 [95% CI 0.44-0.74]; p<0.001), however the odds of discharging a patient from care were significantly lower in 2020 (3.9% vs 6%); OR 0.64 [95% CI 0.46-0.89]; p=0.008), although there was no significance when patients who failed to attend were excluded. Amongst patients seen via telemedicine in 2020, a subsequent F2F appointment was required in 9.4%. The predictors of needing a F2F review were being a new patient (OR 6.28 [95% CI 4.10-9.64]; p<0.001), not having a prior rheumatological diagnosis (OR 18.43 [95% CI: 2.35-144.63]; p=0.006), or having a diagnosis of IA (OR 2.85 [95% CI: 1.40-5.80]; p=0.004) or connective tissue disease (OR 3.22 [95% CI: 1.19-9.32]; p=0.031).

Conclusion: Most patients in the 2020 cohort were seen via telemedicine. Telemedicine use during the COVID-19 pandemic was associated with reduced clinic non-attendance, but with diagnostic delay, reduced likelihood of changing existing immunosuppressive therapy, earlier requirement for review, and lower likelihood of discharge. While the effects of telemedicine cannot be differentiated from changes in practice related to other aspects of the pandemic, they suggest that telemedicine may have a negative impact on the timeliness of management of rheumatology patients.

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### POS1190
**EXPECTATIONS AND POTENTIAL CONCERNS OF PATIENTS WITH AUTOIMMUNE AND RHEUMATIC DISEASES REGARDING VACCINATION AGAINST SARS-COV-2 (COVID-19): THE WORLDWIDE ONLINE VAXICOV STUDY**

R. Felten1, M. Dubois2, M. F. Ugarte-Gil2, J. Fort1, L. Pijnenburg1, A. Chaudier1, L. Kawka1, C. Costecalde1, H. Bergier1, E. Chatelut1, R. M. Javier1, C. Sordet1, E. J. Gottenberg1, J. Sibilla1, Y. Fuentes-Silva3, L. Arnault1,1Hôpitaux Universitaires de Strasbourg, Service de Rhumatologie, Strasbourg, France; 2Universidad Cientifica del Sur, Hospital Nacional Guillermo Almenara Irigoyen, School of Medicine and Rheumatology Department, Lima, Peru; 3Complejo Hospitalario Universitario Ruiz y Paz, Universidad de Oriente, Ciudad Bolivar, Venezuela (Bolivarian Republic)

**Background:** Vaccination is an important and effective tool to prevent infections in the general population as well as in patients with systemic autoimmune or inflammatory rheumatic diseases (AIIRDs) who may be at increased risk of serious infection. While the global race for vaccines against COVID-19 has already lead to first authorizations and vaccinations in some countries, multiple questions arise for access and provisions as well as for the acceptance of vaccine policies by immunocompromised patients.

**Objectives:** We conducted an international survey about expectations and potential concerns regarding SARS-CoV-2 vaccine in patients with AIIRDs and healthcare professionals.

**Methods:** The online study consisted of 57 questions which addressed determinants associated with SARS-CoV-2 vaccine willingness. Dissemination was ensured through social media and patient associations between December 12 and December 21, 2020.

**Results:** The study included 1266 patients with AIIRDs and 265 healthcare professionals from 56 countries. SARS-CoV-2 vaccine willingness was reported by 54.2% of AIIRD patients (uncertainty in 32.2% and unwillingness in 13.6%) and 74.0% of healthcare professionals. In patients, the willingness to get vaccinated increased significantly with age (p<0.0001) and was strongly associated with the fear to be infected by SARS-CoV-2 (p<0.0001) or to develop severe COVID19 (<0.0001) but not with presence of additional comorbidities (p=0.71) or immunocompromised status (p=0.94). The most trusted healthcare professional regarding the recommendation to get vaccinated against COVID-19 was their specialist (rheumatologist, internist, etc.) for 69.9%. Vaccine unwillingness was low (7.9%) among healthcare professionals and willingness was significantly increased in those who had been vaccinated against influenza in the last 3 years (p=0.01).

**Conclusion:** Data from this study are crucial to understand the main expectations and concerns regarding SARS-CoV-2 vaccination in patients with AIIRDs and healthcare workers and allow the identification of valuable strategies to increase vaccine coverage in those populations.

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