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%; $p = 0.6311$). 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 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

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: 1.11-9.32]; $p = 0.031$).

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

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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-2-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 ($p < 0.0001$) 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 ($p = 0.01$).

Subject groups	Patients	Healthcare professionals
N	1266	265
Age (years), median [IQR25-75]	50 [40-61]	40 [32.5-53]
Female, n (%)	1141 (90.1%)	150 (56.6%)
Male, n (%)	115 (9.9%)	115 (43.4%)
Country, n (%)		
France	320 (25.3%)	159 (60%)
UK	345 (27.3%)	4 (1.5%)
Chile	123 (9.7%)	4 (1.5%)
USA	114 (9.0%)	7 (2.6%)
Venezuela	43 (3.4%)	26 (9.8%)
Spain	57 (4.5%)	3 (1.1%)
Mexico	53 (4.2%)	3 (1.1%)
Argentina	45 (3.6%)	8 (3.0%)
Other*	166 (13.1%)	51 (19.2%)
Rheumatic diagnosis, n (%)		
Systemic lupus erythematosus	492 (38.9%)	-
Spondyloarthritis	176 (13.9%)	-
Rheumatoid arthritis	160 (12.6%)	-
Giant cell arteritis / Polymyalgia rheumatica	144 (11.4%)	-
Primary anti-phospholipid syndrome	64 (5.1%)	-
Inflammatory myositis	62 (4.9%)	-
Relapsing polychondritis	45 (3.6%)	-
Other**	123 (9.7%)	-
-Health professionals, n (%)		
Doctor	-	265 (76.6%)
Nurse (or equivalent)	-	23 (8.7%)
Nursing assistant	-	11 (4.2%)
Other***	-	28 (10.6%)
Associated comorbidities, n (%)		
Diabetes	69 (5.5%)	6 (2.3%)
Hypertension	267 (21.1%)	24 (9.1%)
Myocardial infarction, stroke, transient stroke	60 (4.7%)	1 (0.4%)
Respiratory disease (asthma, chronic bronchitis, emphysema, etc.)	169 (13.3%)	13 (4.9%)
Renal failure	47 (3.7%)	1 (0.4%)
Obesity (BMI > 30)	228 (18.0%)	18 (6.8%)
At least one associated comorbidity, n (%)	588 (46.4%)	50 (18.9%)
Smoker, n (%)		
Current	128 (10.2%)	22 (8.3%)
Past	411 (32.7%)	51 (19.2%)
Never	719 (57.1%)	192 (72.5%)
Use of oral glucocorticoids, n (%)	551 (56.1%)	3 (1.1%)
Immunocompromised[§], n (%)	770 (60.8%)	0
On a 0 to 10 scale, median [IQR25-75]	8 (6-10)	5 (3-8)
	9 (7-10)	5 (1-8)
-Afraid to get infected by SARS-CoV-2		
-Afraid to get a severe COVID-19		
Willing to get vaccinated (Yes / uncertain / No), %	54.2 / 32.2 / 13.6	74.0 / 18.1 / 7.9
Vaccine hesitancy, n (%)	357 (28.2%)	59 (22.3%)

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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