Results: Twenty five patients (male-14) with a mean age of 6.22 ± 4.25 years and a mean body mass index of $16.21 \pm 3.36 \text{ kg/m}^2$ were enrolled on the study. Average length of hospital stay was 8.12 ± 5.76 days. Associated comorbidities were present in 4 of our patients (16%). Figure 1 shows the frequency of clinical features in our study patients. Table 1 shows the clinical, laboratory, imaging findings, disease course and outcomes.

Twenty patients (80%) had severe illness requiring intensive care. Fourteen patients (56%) required inotropic support, 8 patients (32%) required supplemental oxygen, 5 patients (20%) required mechanical ventilation and 2 patients (8%) expired. A total of 23 patients (92%) received pulse steroids followed by oral/iv steroids, 22 patients (88%) received IVIG (2g/kg) and 3 patients (12%) required anticoagulation.

Conclusion: Our MIS-C cohort had varied clinical manifestations ranging from the mild cutaneous and gastrointestinal symptoms to fatal multiorgan dysfunctions. In contrast to western cohorts, our study cohort had higher number of patients from younger age group and lower BMI.

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POS1263

COVID-19 FROM THE PATIENTS'S PERSPECTIVE: PRELIMINARY RESULTS OF ONLINE SURVEY

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Background: Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), also known as COVID-19, is now in the spotlight of the medical community. Obtaining the most complete data on COVID-19 in the rheumatic diseases (RD) is an urgent task, and the data received directly from patients seems to be extremely important.

Objectives: To study the factors, associated with the possibility of COVID-19 in patients with RDs.

Methods: We conduct COVID-19 Russian rheumatology patient experience survey to create a registry of "Patient's Opinion on Covid-19 in Rheumatic Diseases (POPCORD)". This ongoing project is based on the data collected directly from Russian-speaking patients with different RDs who fill out a special questionnaire via the <https://revmo-covid.ru/>. The questionnaire was developed by the national patient organization – Russian Rheumatology Association "Nadezhda" in collaboration with Moscow regional rheumatology center and department of rheumatology of Moscow Regional Research and clinical institute n.a. M.F. Vladimirovsky (MONIKI). The anonymous questionnaire includes information on whether the patient had COVID-19, as well as information on rheumatic disease, its treatment, and information on social distancing and compliance with other anti-epidemic measures.

Results: At the moment, 1050 patients (92% from Russia, 8% from other countries) completed the survey, including residents of 74 regions of Russia, most of them from Moscow (20%), Moscow region (8%) and St. Petersburg (8%). In total, there were 93% females, with mean age 40.28 ± 11.26 (M $\pm$ SD, median 38 [32;48]), BMI 24.52 ± 5.38 (median 23.42 [21;27]), disease duration 7.91 ± 8.46 (median 5.00 [2;11]). The main diagnoses reported: rheumatoid arthritis (49%), ankylosing spondylitis (14%), systemic lupus erythematosus (13%), psoriatic arthritis (6%), Sjogren's disease (5%), systemic sclerosis (3%), other (10%). 344 (31.8%) patients reported COVID-19 or suspected SARS-CoV-2 viral pneumonia. Relatives or physicians reported 3 cases of death related to COVID-19. The most important results of the survey presented in Table 1.

Table 1. Main results of the patients survey, n=1050.

Item	Results (n, %)		p, chi-square
	No COVID-19/ pneumonia reported (n=716)	COVID-19/ pneumonia (n=334)	
Smoking status			0,003
• Current smoker	118, 16,5%	25, 7,5%	
• Never smoke	359, 50,1%	199, 59,6%	
• Quit smoking	239, 33,4%	110, 32,9%	
Vaccination during last 3 years against Influenza, Pneumococcus and others			0,265
• No	531, 74,2%	236, 70,7%	
• Yes	185, 25,8%	98, 29,3%	
Social distancing			0,003
• I avoid crowds and large gatherings of people	412, 57,5%	172, 51,5%	
• Self-isolation	219, 30,6%	96, 28,7%	
• No social distancing	85, 11,9%	66, 19,9%	
Hygiene			0,031
• wearing a mask, hand washing/using a sanitizer, gloves etc.	705, 98,5%	321, 96,1%	
• nothing	11, 1,5%	13, 3,9%	
Withdrawal of anti-rheumatic medication last weeks for fear of infection			<0,001
• Yes	124, 17,3%	104, 31,1%	
• No	592, 82,7%	230, 68,9%	
Possible contacts with COVID-19 infected persons			<0,001
• Yes	203, 28,4%	205, 61,4%	
• No	299, 41,8%	65, 19,5%	
• Don't know	214, 29,9%	64, 19,1%	

Conclusion: According to patient-reported data, lack of adherence to social distancing and hygienic measures, higher possibility of contacts with infected persons, as well as withdrawal of anti-rheumatic medication for fear of infection and smoking status were the factors, significantly associated with the possibility of COVID-19/viral pneumonia in patients with rheumatic diseases.

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POS1264

IMMUNE-MEDIATED DISEASES (IMID) AND CORONAVIRUS DISEASE 2019 (COVID-19): RESULTS FROM AN OBSERVATIONAL RETROSPECTIVE MULTICENTER STUDY

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Background: The novel coronavirus emerged in 2019 in Wuhan has caused a global pandemic of coronavirus disease (COVID-19). Immune-mediated diseases (IMID), as inflammatory arthritis or inflammatory bowel disease (IBD), have some special implications due to their pathogenesis and treatments. Some treatments employed in IMID are now being used in the treatment of severe COVID-19. There still exists controversy about IMID behavior and its complications.^{1,2}

Objectives: To assess COVID-19 severity in IMID patients and its prognosis predictors.

Methods: An observational retrospective multicenter study was performed in two Spanish Hospitals (Clinical University Hospital in Santiago de Compostela

and Gregorio Maran Hospital). Patients were selected if they were diagnosed of an IMID (rheumatoid arthritis, psoriatic arthritis, espondyloarthritis, ulcerative colitis and Crohn's disease) and had COVID-19 infection between February and April 2020.

Demographic, clinical, analytical and treatment data were collected. Logistic regression was used to evaluate potential predictors.

Stata 15.1 was used to perform statistical analysis.

Results: 91 patients were recruited. 55 suffered from a rheumatic disease and 36 suffer IBD. Baseline characteristics are shown in Table 1.

Univariable analysis reached age, comorbidity, female gender, flu vaccine, arthropathy, basal classical synthetic anti-rheumatic drugs (csDMARD), pneumonia and basal C-reactive protein (CRP) as potential predictors of non-severe (absence of death, respiratory insufficiency, intensive care unit admission or sepsis) COVID-19 disease ($p < 0.2$). After multivariable analysis, only female gender (OR 4.60 [CI95% 1.00, 21.2] $p=0.050$), lower age (OR 0.94 [CI95% 0.88, 1.00] $p=0.042$) and lower basal levels of CRP (OR 0.87 [CI95% 0.77, 0.97] $p=0.010$) were predictors for non-severe disease ($p < 0.005$).

Mean time of healing (symptoms solved in outpatient and hospital discharge in admitted) from COVID-19 was 13.8 days (SD 16.3). Univariable analysis showed arthropathy, COVID-19 symptomatic and basal glucocorticoids (GC) dose as potential predictors of higher time-to-healing from COVID-19 disease ($p < 0.2$). After multivariable analysis, only lower GC basal dose predicts higher time-to-healing (OR -1.83 [CI95% -2.81, -0.84] $p=0.001$).

11 patients deceased because of COVID-19. Univariable analysis reached age, basal csDMARD, pneumonia and basal CRP as potential predictors of COVID-19 mortality ($p < 0.2$). After multivariable analysis, only higher age was a predictor for mortality (OR 1.14 [CI95% 1.04, 1.25] $p=0.006$).

Conclusion: IMID patients showed similar predictors of mortality than general population involving COVID-19. Immune-modulating agents did not seem to overshadow the prognosis of COVID-19 infection. Female gender, lower age and lower basal CRP could select a cohort of "good" prognosis patients with mild COVID-19 disease as well higher age points out the worst prognosis. Even that, each case should be individualized.

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Table 1. baseline characteristics between non-severe and severe COVID-19 patients.

Variables	Non-severe (67)	Severe (24)	p-value
Age, mean (SD)	56.8 (14.6)	70.2 (13.7)	0.000
Female, n (%)	38 (63.3)	10 (41.7)	0.070
HLA-B27 +, n (%)	9 (17.7)	2 (10.0)	0.423
Disease evolution (years), median (IQR)	12.5 (5;24)	14 (9;20)	0.891
Comorbidity, n (%)	35 (59.3)	21 (87.5)	0.013
Flu vaccine, n (%)	51 (85.0)	23 (95.8)	0.166
Basal GC, n (%)	18 (30.0)	12 (50.0)	0.084
csDMARD, n (%)	32 (47.8)	16 (66.7)	0.111
b/tsDMARD, n (%)	35 (52.2)	11 (45.8)	0.590
COVID-19 symptoms, n (%)	55 (93.2)	24 (100)	0.191
Pneumonia, n (%)	31 (51.7)	21 (87.5)	0.002
Admission, n (%)	30 (50.0)	23 (95.8)	0.000
CRP, median (IQR)	3.5 (2;9)	10.0 (3;20)	0.005

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POS1265

CHALLENGES OF EGYPTIAN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS DURING COVID-19 PANDEMIC

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Background: Coronavirus disease 2019 (COVID-19) pandemic in Egypt is part of worldwide COVID-19 pandemic caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)[1]. The current COVID-19 pandemic has contributed to substantial deterioration to healthcare systems worldwide [2]. Systemic lupus erythematosus (SLE) patients may have several barriers as medications access during the pandemic.

Objectives: The aim of this study was to assess the tremendous challenges faced by the Egyptian SLE patients during COVID-19 pandemic either in the drug shortage, hospitalization or COVID-19 infection through a questionnaire-based study.

Methods: This questionnaire-based study was carried out on 200 patients with SLE from Egypt. The questionnaire provided covered socioeconomic status, lupus disease data, knowledge about COVID-19 infection and medical and family history of COVID-19 infection.

Results: The mean age of the participants was 30.1 years (with SD 8.4). Among the participants, 180 (90 %) were females and 172 (86%) were from urban areas. Corticosteroids and mycophenolate mofetil and antimalarials were the most used medications (87%, 87% and 70 % respectively). 140/200 (70 %) of the participants reported difficulty in obtaining medications during COVID-19 pandemic particularly antimalarials (60%). Lupus disease activity was affected by the drug shortage in half of the participants. Twenty-eight (14%) patients lost their jobs while 26 patients (13%) reported that their work was severely impacted by the crisis. Among the precautions taken for prophylaxis against infection wearing protective masks (74%) and using disinfectants of the hands several times per day (67%) were the most reported measures. Forty patients (20%) had to stop or reduce taking NSAIDs to guard against COVID-19 infection while 10 patients (5%) had to start taking antimalarials as a prophylaxis. Among 34 patients (17%) who needed hospitalization, 26 (76%) were mainly due to lupus activity and 24 (71%) of them found difficulty on hospital admission because of COVID-19 pandemics. About 40 % of the participants reported that they had at least one close relative had confirmed COVID-19 infection. In addition, thirty-two patients (16%) had confirmed COVID-19 infection. Most of them became clinically free after treatment. However, about half of them had lupus flare and had to change the medications used for treatment of lupus.

Figure 1 shows the differences between males and females in response to the questionnaire. 58.6% of females versus 20 % of males would use telemedicine for remote contact with the rheumatologist. Most of females were more keen than males to wear the masks (76.7% versus 50 % respectively).

Conclusion: The current COVID-19 pandemic has negative impact on the healthcare provided to SLE patients in Egypt. Patients with SLE faced shortage their medications especially antimalarials.

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Figure 1. The frequency of the response to questionnaire in Egyptian lupus patients by gender

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POS1266

COVID-19 IN PATIENTS WITH RHEUMATIC DISEASES: SURVEY-BASED ASSESSMENT OF THE RISK OF HOSPITALIZATION

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Background: Prognosis of the need for in-hospital treatment in patients suffered with COVID-19 is crucial to optimize the use of medical resources. Risk factors of hospitalization due to COVID-19 are not sufficiently studied in patients with rheumatic diseases (RD).

Objectives: To reveal factors associated with the risk of hospitalization of patients with RD due to SARS-CoV-2 (COVID-19) infection.