Methods: We analyzed data based on the preliminary results of the patients registry from the ongoing project "Patient's Opinion on Covid-19 in Rheumatic Diseases (POPCORD)". The registry contains data collected directly from Russian-speaking patients with different RD who completed a special questionnaire, located on the website <https://revmo-covid.ru/>. The questionnaire includes information on whether the patient had COVID-19 and related information, as well as information on rheumatic disease and its treatment.

Results: 1050 patients (92% from Russian Federation, 8% from other locations) completed the survey - 93% females, mean age 40,28±11,26 (M±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]). Diagnoses reported: rheumatoid arthritis (49%), ankylosing spondylitis (14%), systemic lupus erythematosus (13%), psoriatic arthritis (6%), Sjogren's disease (5%), systemic sclerosis (3%), other (10%). 51% of respondents indicated concomitant conditions: arterial hypertension (19%), obesity (15%), kidney disease (11%), cardiovascular disease (7%), liver disease (6%), IBD (5%), other lung diseases, including ILD (5%). 96% of patients reported constant intake of antirheumatic drugs: steroids (37%), NSAIDs (46%), hydroxychloroquine (22%), csDMARDs (66%), bDMARDs (17%), tsDMARDs (2%). 344 (31,8%) patients reported COVID-19 or suspected SARS-CoV2 viral pneumonia, 282 (84,4%) were treated as outpatients, 52 (15,6%) were hospitalized. Relatives or physicians reported 3 cases of death related to COVID-19 (0,9% of total mortality, 5,8% of in-hospital mortality). Table 1 contains odds ratios for the main factors, related to hospitalization, based on the results of the survey. Analysis of the survey participants' parameters (patients' characteristics, treatments etc.) did not reveal any significant variables, related to increased risk of hospitalization. No increased risk related to any groups of anti-rheumatic drugs or any particular medications was found either. Risk of hospitalization was significantly lower in patients with ankylosing spondylitis.

Table 1. Factors, related to hospitalization due to COVID-19 in patients with RD.

Factor	OR [95% CI]	p
Age ≥50 y.o.	2,12 [1,14;3,94]	0,99
Age ≥65 y.o.	9,04 [2,10;38,98]	1,00
Female	1,73 [0,70;4,25]	0,92
Body mass index ≥35	2,09 [0,71;6,10]	0,88
Current smoking	0,47 [0,11;2,06]	0,24
Smoking in the past	1,43 [0,83;2,48]	0,92
Diagnosis of ankylosing spondylitis	0,25 [0,06;1,05]	0,02
Comorbid conditions:		
• Diabetes mellitus	3,39 [1,07;10,77]	0,99
• Cardiovascular disease	1,91 [0,72;5,08]	0,94
• Asthma	5,42 [1,07;27,61]	0,99
• COPD	0,42 [0,05;3,26]	0,34
• Kidney disease	1,57 [0,71;3,50]	0,91
• Liver disease	0,90 [0,26;3,18]	0,57
• Neurological disorders	5,42 [0,75;39,36]	0,99
• No concomitant conditions	0,70 [0,40;1,25]	0,14
Therapy:		
• Oral steroids	1,37 [0,82;2,29]	0,91
• NSAIDs	1,12 [0,67;1,87]	0,72
• Traditional DMARDs	1,39 [0,89;2,17]	0,94
• Biologic DMARDs	1,15 [0,55;2,43]	0,72
• Targeted synthetic DMARDs (JAK-inhibitors, apremilast)	3,25 [0,75;14,03]	0,97
Level of concern about COVID-19:		
• Low level / no concern about COVID-19	0,57 [0,28;1,17]	0,08
• Medium level of concern	0,60 [0,28;1,28]	0,12
• High level of concern	1,69 [1,03;2,76]	0,99

Conclusion: Survey of patients with RD did not show significantly increased risk for hospitalization due to COVID-19 in relation with specific diagnosis, any anti-rheumatic medications, as well as comorbid conditions and main patient characteristics. Diagnosis of ankylosing spondylitis related to significantly lower risk of hospitalization.

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POS1267

CLINICAL COURSE OF NEW SARS-COV-2 INFECTION IN CHILDREN WITH RHEUMATIC DISEASES: RETROSPECTIVE STUDY OF SINGLE PEDIATRIC RHEUMATOLOGY CENTER

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Background: About one year ago at the beginning of the new SARS-CoV-2 infection pandemic, it was expected, that rheumatic disease (RD) and immuno-suppressive therapy could predispose to a more severe course of the Covid-19 infection. At that time, it was unspeakable how this infection would occur in children with RB in compare to adults. Now it's time to draw preliminary conclusions.

Objectives: to analyze all features of COVID19 infection in children with RD

Methods: The retrospective single center study of all patients with pediatric RD who had the COVID19 infection up to the end of January 2021. It was analyzed all variety of clinical manifestations, changing in therapy at the time of COVID-19 and after it, the dynamics of the RD and consequences of the new viral disease.

Results: The study included 66 patients under the age of 18 with various RS, including autoimmune disease (AIDs). The diagnostic distribution, sex ratio, age and previous therapy present in the Table 1. There were patients treated with DMARDs (methotrexate -47, hydroxychloroquine -3, mycophenolate mofetil -2, colchicine -1), NSAID monotherapy -6, systemic steroids -10; 29 patients received Biologics, including combination with methotrexate. None of our patients had a severe course of the COVID-19, none of 66 patients was hospitalized for emergency indications in the intensive care unit or in other specialized departments. The diagnosis of Covid-19 infection was based on different evidences: positive PCR in 15 (23%) cases, high levels of immunoglobulins G and M - in 64 (97%) and 7 (11%) respectively, viral pneumonia was confirmed by CT in 2 (10%) cases. A manifest clinical picture presented just in 21 (32 %) of patients, the others were carried the disease asymptotically. Among the clinical manifestations of SARS-CoV-2 that were observed in our patients were the following: fever, as the most frequent symptom - 19 (90%), rhinitis - 12 (57%), anosmia - 10 (48%), sore throat - 3 (14%), arthralgia/myalgia in 4 (19%), rash - 1 (5%) case, cough - 4 (19%) cases. It is important to note that until July 2020, only 4 patients were registered, and in the next 6 months – 62. The treatment against Covid-19 in our patients with clinical symptoms included: NSAID monotherapy -4 (19%), Systemic steroids -2 (10%), Hydroxychloroquine -2(10%), Antibiotics-5 (24%).

Table 1. Clinical characteristics of children with RD according to presence of symptoms of Covid-19

Parameter	Covid-19 symptomatic course (n=21)	Covid-19 asymptomatic course (n=45)	p-values
Sex ratio (F/M)	9/12	30/15	ns
Duration of RD (Me. Years)	4 (2;6)	4 (2;7)	ns
Age	15 (13; 17)	11 (8;13.5)	<0,001
(years)			
<10 yrs	1	19	<0,05
>10 yrs	20	26	<0,001
Covid-19 evidences			
IgG Covid-19 +	19	45	ns
IgM Covid-19 +	3	4	ns
PCR Covid-19 +	11	0	ns
Diagnosis of RD			
JIA non-systemic	14	31	ns
sJIA	1	3	ns
SLE	4	1	ns
JDM	1	1	ns
Scleroderma		6	ns
AIDs (CAPS, FMF, FOP)	1	3	ns
Previous therapy			
NSAID monotherapy	3	6	ns
DMARDs	16	33	ns
Systemic steroids	4	7	ns
TNF-inhibitors	5	12	ns
Abatacept	1	3	ns
IL6-inhibitors (Tocilizumab, Sarilumab)	0	2	ns
JAK-kinase inhibitors	1	2	ns
Worsening/flare of RD after Covid-19 infection	5	0	p<0,05

Conclusion: Our study suggests that the presence of RD and immunosuppression therapy does not lead to an increased frequency or severe course of Covid-19 infection in children. The final conclusion will be drawn as the data accumulates.

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POS1268

COVID-19 VACCINE HESITANCY AMONG RHEUMATOLOGY PATIENTS RECEIVING INFLUENZA VACCINE

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