support the safety of different COVID-19 vaccines in pts with ARD. This information can help fight vaccine hesitancy in this population.

**Conclusion:** Our data indicated that COVID-19 vaccines are well tolerated by pts with ARD. We did not observe any serious AE, but the number of pts included in our study is too low to draw conclusions about rare serious events. Additionally, our data suggest that COVID-19 vaccinations do not seem to trigger autoimmune disease flares, which is in accordance with data from previous small studies.

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**AB1139**

**SARS-COV2- INFECTION AFTER VACCINATION AGAINST COVID-19 IN PATIENTS WITH RHEUMATIC DISORDERS IN A REAL LIFE SETTING OF A RHEUMATOLOGICAL OUTPATIENT CENTER**

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**Background:** Coronavirus SARS-CoV-2 and its associated disease COVID-19 have become a worldwide pandemic since its first case in 12/2019. Since approval of the first vaccines against COVID-19 in Europe in 12/2020 a large vaccination campaign was started. Our patients with inflammatory diseases (ID) were given priority for early vaccination. This study describes the infection and vaccination status in our rheumatological outpatient center, which serves as the main vaccination center in Düsseldorf. All of our patients used the possibility and got vaccinated. Until now, there is few knowledge about the efficacy and safety of vaccination in patients with rheumatic disorders. There are some reports of less vaccination response in patients with ID. First reports of those patients with rheumatological disorder and infection with SARS-CoV2 are available (1,2). Nevertheless, there is few knowledge about SARS-CoV2-infection in patients with ID after vaccination against COVID-19, yet.

**Objectives:** The aim of our study was to evaluate, how many patients got infected with SARS-CoV2 after vaccination against COVID-19 and the course of the disease.

**Methods:** All consecutive patients of the routine follow up visits from 07/2021 to 01/2022 in our rheumatological outpatient center were questioned for SARS-CoV2-infection. In case of infection, they were questioned for vaccination status and the course of the disease.

**Results:** N=1206 patients could be evaluated. N=1183/1206 (98.1%) vaccinations were documented. N=12/1183 (1%) patients got infected with SARS-CoV2 after at least 2 doses of vaccination against COVID-19. N=1/12 (8.3%) patient got infected after 3 doses of vaccination. N=3/12 (25%) received 2 doses Vaxzevria (AstraZeneca), n=2/12 (16.7%) patients 1st dose Vaxzevria, 2nd dose Comirnaty (Biontech), n=7 (58.3%) patients two doses Comirnaty. In n=8/12 (66.7%) patients antibody levels were available. N=7/8 (87.5%) patients developed high antibody levels after 2 vaccinations. N=1/8 (12.5%) patient developed any antibodies against SARS-CoV2 after 2 doses of Comirnaty, measured >4 months after 2nd vaccination dose. This patient was treated with Abatacept. This patient came down with COVID-19 5 months after complete vaccination and died after long-standing highly intensive care. All other patients developed a mild to moderate course of COVID-19, without need of hospitalizing.

**Conclusion:** There is a very high number of patients (98.1%), who got vaccinated in a real life setting of our rheumatological outpatient center. We have seen only a low number of SARS-CoV2-infections (1%). Most patients developed high antibody levels after vaccination and fortunately had a mild to moderate course of COVID-19 in case of SARS-CoV2-infection, independently from the different vaccination agents. Nevertheless, 1 patient came down with COVID-19 5 months after complete vaccination and died after long-standing highly intensive care. This patient did not develop any antibodies after vaccination. In conclusion, vaccination seems to be effective in patients with rheumatological disorders. However, we must be aware of the small group of patients without antibody development, since they are at risk to have a fatal course. Yet, antibody testing is not recommend in routine clinical care by official recommendations, largely because it is still unknown which level of antibodies predicts protection (3). The booster campaign and 3rd vaccinations will change the current state again, but a revaluation and further studies will be necessary.

**REFERENCES:**

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**AB1140**

**IMPACT OF COVID-19 NEWS SOURCES ON RHEUMATOID ARTHRITIS PATIENTS’ LIFESTYLE AND THEIR DISEASE ACTIVITY FROM NINJA 2020 COHORT STUDY**

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**Background:** One of the problems with the COVID-19 epidemic is infodemic. Insufficient and inaccurate information can be confusing and hinder treatment. In Japan, tabloid TV show might be an easily accessible source of information, but its reliability is low and it has a harmful effect on patients’ mental status and lifestyle. There are no reports to examine what is the source of COVID-19 news for patients with rheumatoid arthritis and how these information affect patients’ daily lives and disease activity. By using NinJa, Japanese largest database of rheumatoid arthritis, it may be possible to examine them in detail.

**Objectives:** To investigate the impact of the COVID—19 news sources on rheumatoid arthritis patients’ lifestyle and their disease activity using NinJa 2020 cohort study.

**Methods:** At the timing of collection of patients’ data of NinJa2020, questionnaire about their lifestyle and news source of COVID-19 was given. Questionnaire includes questions about frequency of scheduled visit, going out and exercise, weakness and news source.

**Results:** 6877 patients out of 15553 patients answered questionnaire. Most patients did not change the interval of scheduled visit. The frequency of hospital visits was “unchanged” in 85.8%, “longer” in 13.6%, and “shortened” in 0.6%. The chances of going out were “unchanged” at 14.4%, “significantly decreased” at 57.5%, “slightly decreased” at 27.8%, and “increased” at 0.3%. 42.6% answered that the amount of exercise did not change, 30.2% answered that it decreased considerably, 26.1% answered that it decreased a little, and 1.1% answered that it increased. Regarding muscular strength and physical strength, 46.0% answered “no change”, 19.9% answered “significantly dropped”, 33.5% answered “slightly dropped”, and 0.6% answered “increased”. The media used as information sources are “newspaper (86.4%)”, “tabloid show (54.5%)”, “family, acquaintances and friends (43.7%)”, and “official web of Ministry of Health, Labor and Welfare and academic societies (9.4. %)” . Respondents often referred to multiple media and 30.6% of them listed three sources (Figure 1). There was a positive correlation between the decrease in frequency of going out and the number of information sources, and a negative correlation between age and the number of information sources. We also found a negative correlation with age for muscle weakness. No correlation was found between the number of information sources and SDAI, CDAI, HAQ-DI, EQ-SD, HADS (A), HADS (D).

**Figure 1.**

**Conclusion:** The more sources of information, the less chance of going out. About 80% of the patients refrained from going out, the opportunity for exercise decreased in more than 50% of the patients, and the decrease in physical fitness was also noticed in nearly 50% of the patients. Newspapers, tabloid shows, and acquaintances were the most common sources of medical information, and relatively few patients used official sources. He provision of accurate information about COVID-19 was important to avoid infodemic. From this questionnaire, more practical information delivery system was required in Japan.

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