Prevalence of COVID-19 among patients with rheumatic diseases: the need to await results from large collaborative studies. Response to: 'COVID-19 pneumonia in a large cohort of patients treated with biological and targeted synthetic antirheumatic drugs' by Conticini *et al*

We thank Dr Conticini *et al*[1] for their comment on our previously published paper describing the course of COVID-19 in a cohort of patients treated with biologic and targeted synthetic disease-modifying anti-rheumatic drugs (b/tsDMARDs).[2] The authors commented on the low prevalence of subjects treated with bDMARDs in our cohort of patients affected by COVID-19; however, our paper actually described the course of severe acute respiratory coronavirus-2 (SARS-CoV-2) infection in the cohort of patients attending our biologic clinic rather than the opposite. Nonetheless, assessing the prevalence of COVID-19 in patients treated with b/tsDMARDs was out of the scope of our study.[2] The main message that can be drawn by observational studies on our and other smaller cohorts of patients with rheumatic diseases such as the one reported by Conticini *et al*[1] is that, in our limited series of patients, SARS-CoV-2 infection did not seem to have a worse course or outcome compared with the general population. We have previously highlighted how a high degree of caution should be applied when interpreting these results and when assessing an immunocompromised patient with COVID-19. Large, multicentre, national and international cohorts have been launched to actively recruit patients such as the Italian Society of Rheumatology–sponsored registry (COVID-19-RMD) or the European EULAR-COVID-19 Database.[3] The results from these large cohorts are awaited to properly assess the incidence and prevalence of COVID-19 among rheumatological patients and the clinical implications on this susceptible population. The evaluation of the epidemiology of COVID-19 among patients with rheumatic diseases will need to take into account the potential impact that the use of immunomodulatory drugs may have both on the course of the infection and on the careful preventive behavioural changes that our patients affected by chronic conditions might have adopted to protect themselves during the pandemic. The geographical differences of COVID-19 distribution among different Italian regions and in Europe should also be considered when evaluating the impact of the infection on rheumatological diseases populations.

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