Table 1.

Table 1. Epidemiological and clinical characteristics		
VARIABLE		**n (%)**
Baseline		
Female n (%)		98 (45)
Age (mean ± SD)		59.92 ± 16.20
Hypertension n (%)		73 (33)
Diabetes Mellitus n (%)		26 (12)
During follow-up		
Hypertension 6 months after diagnosis [n=218] n (%)		198 (68)
Diabetes Mellitus 6 months after diagnosis [n=215] n (%)		61 (28)
Smoking n (%)	Absent Former smoker Smoker	127 (58) 56 (25) 37 (17)
Dyslipidemia [n=219] n (%)		162 (74)
Sedentary lifestyle [n=205] n (%)		158 (77)
Body mass index [n=166] (mean ± SD)		27.57 ± 5.5
Atherosclerosis [		
At the end of following		
Hypertension n (%)		179 (82)
Diabetes Mellitus n (%)		74 (34)
Chronic Kidney Disease stages 3/4/5 [n=219] n (%)		71 (32)/24 (11)/51 (23)
AAV characteristics		
AAV subtype n (%)	MPA GPA EGPA	123 (56) 67 (30) 30 (14)
ANCA positivity n (%)	anti-MPO anti-PR NegativeANCA	154 (70) 63 (29) 3 (1)
BVAS at baseline (Mean index ± SD)		7.72 ± 3.01
Renal involvement n (%)		185 (84)
Creatinine <125µmol / >125 µmol/l n (%)		64 (29) / 156 (71)
Cardiovascular involvement n (%)		69 (31)
Organ system involvement during evolution of the disease n (%)		
Mucous membrane/eyes n (%)		40 (18)
Ear nose throat n (%)		78 (36)
Lung n (%)		122 (56)
Cutaneous n (%)		52 (24)
Gastro-intestinal n (%)		21 (10)
Cardiovascular n (%)		88 (40)
Kidney n (%)		195 (89)
Nervous system n (%)		49 (22)
Treatment during disease evolution		
Accumulated dose of corticosteroids (g) (mean ± SD)		16 ± 13
Azathioprine n (%)		93 (42)
Mycophenolate Mofetil n (%)		92 (42)
Methotrexate n (%)		25 (11)
Cyclophosphamid n (%)		175 (80)
Rituximab n (%)		58 (26)
Others immunosuppressants or biological n (%)		32 (15)
Relapses x±σ		0.72 ± 1.17
VDI (mean ± SD)		6.40 ± 3.23
Total number of patients n		220

MO180 **REACTOGENICITY OF MRNA-1273 VACCINE IN PATIENTS ON HAEMODIALYSIS**

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BACKGROUND AND AIMS: mRNA-1273 vaccine (previously known as vaccine Moderna) has shown 94.1% efficacy at preventing COVID-19 illness in the general population. Vaccine-related adverse events (AEs) were usually mild or moderate in intensity and resolved within a few days. Nevertheless, the fear of developing AEs led some patients on haemodialysis to deny vaccination or additional booster doses. No studies have been conducted to evaluate the reactogenicity of the mRNA-1273 vaccine in dialysis patients. To inform public health and clinical practice, we investigated the safety of the mRNA-1273 vaccine in a cohort of patients on haemodialysis.

METHOD: We conducted a retrospective analysis of in-centre haemodialysis patients without a prior COVID-19 diagnosis who underwent mRNA-1273 vaccine from 1 March to 30 April 2021. mRNA-1273 vaccine was performed in all patients without signs of ongoing infection or COVID-19 who provided written consent from 24 March to 30 April 2021.

AEs occurring after the first and the second doses were collected and classified as local or systemic.

RESULTS: Overall, 126 patients on chronic maintenance dialysis were vaccinated with two doses of mRNA-1273 vaccine. Mean age was 68 (IQR, 54.7–76) years and 53.6% of patients were aged ≥65 years (Table 1). AEs occurred in 57.9% and 61.9% of patients after the first dose and second dose, respectively. The most common AEs were injection-site pain (61.9%), erythema (4.8%), itching (4.8%), swelling (16.7%), axillary swelling/tenderness (2.4%), fever (17.5%) headache (7.9%), fatigue (23.8%), myalgia (17.5%), arthralgia (12.7%), dyspnoea (2.4%), nausea/vomiting (7.1%), diarrhoea (5.6%), shivers (4%) and vertigo (1.6%).

The rates of local AEs were similar after the first and second doses ($P = .8$), whereas systemic AEs occurred more frequently after the second dose ($P = .001$). Fever ($P = .03$), fatigue ($P = .02$) and nausea/vomiting ($P = .03$) were significantly more frequent after the second dose of the vaccine (Figure 1). Analysis of the data detected statistically significant differences in duration of axillary swelling/tenderness ($P = .07$) and diarrhoea ($P = .02$) between the first and second. In both cases, these symptoms lasted longer after the second dose of the vaccine. There were no age-related differences in the rate of AEs between older (≥65 years) and younger participants (18–64 years). Lastly, we noted a lower rate of AEs in hemodialysis patients after the first dose (57.9% versus 84.2%) and second doses (61.9% versus 88.6%) compared to the general population.

CONCLUSION: RNA-1273 vaccine was associated with the development of transient AEs after the first (57.9%) and second doses (61.9%) in patients on haemodialysis. Systemic AEs were more common after the second dose than the first dose of vaccine. The duration of AEs lasted for a few days, without any apparent consequences. These data confirm the safety of the RNA-1273 vaccine in haemodialysis patients and support the promotion of COVID-19 vaccination in hesitant patients.

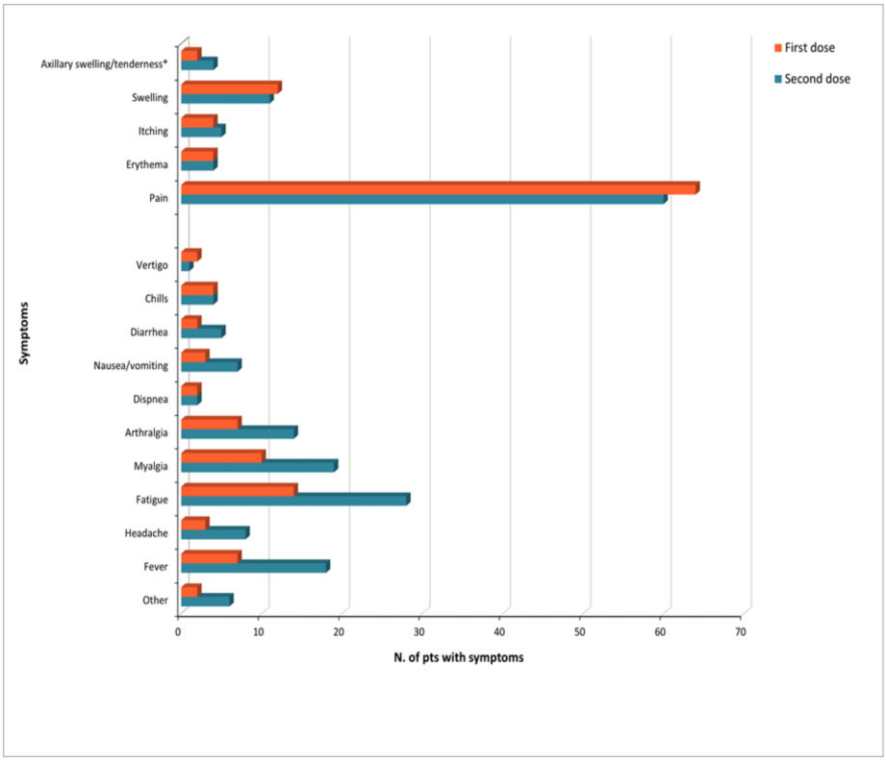

FIGURE 1: Number of patients who experienced AEs after the two doses.

Table 1. Demographic and clinical characteristics of haemodialysis patients who underwent RNA-1273 vaccine administration

Basal characteristics	All patients (n = 126)
Age (year)	68 (54.7–6)
(range)	19–92
≥ 65 years	71 (56.3)
Males, n (%)	71 (56.31)
Ethnic origin, n. (%)	
Caucasian	110 (87.3)
African	15 (11.9)
Hispanic	1 (0.8)
Etiology of ESRD, n. (%)	
Nephrosclerosis	54 (42.9)
Glomerulonephritis	26 (20.6)
Diabetes	14 (11.1)
ADPKD	4 (3.2)
Nephrotoxic	4 (3.2)
Pyelonephritis	4 (3.2)
Interstitial	3 (2.4)
HIVAN	2 (1.6)
Others	10 (7.9)
NA	5 (4)
HD treatment schedule, n (%)	
3 times per week	115 (91.2)
2 times per week	7 (5.5)
4 times per week	4 (3.1)
Infectious disease, n. (%)	
HBV	3 (2.3)
HCV	3 (2.3)
HIV	2 (1.5)
Time elapsed from the first to the second dose of vaccine, day	28 (28–28)
Follow-up, day	68 (66–70)

ESRD, end-stage renal disease; HBV, hepatitis B virus; HCV, hepatitis C virus.

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CLINICAL CHARACTERISTICS AND SHORT-TERM OUTCOMES OF HEMODIALYSIS PATIENTS WITH SARS-COV-2 INFECTION: THE EXPERIENCE OF A COVID NEPHROLOGY UNIT

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BACKGROUND AND AIMS: SARS-CoV-2 pandemic is pressuring healthcare systems worldwide. Disease outcomes in certain subgroups of patients, such as nephropathic patients, are still scarce. Patients with chronic kidney disease (CKD) and on haemodialysis (HD) are at risk of a more severe disease course and worst outcomes. Here, we aimed to describe the characteristics and outcomes of CKD and HD patients with SARS-CoV-2 infection, admitted to the Covid Nephrology Unit in the first three pandemic waves, analysing mortality rate and risk factors for mortality in this subgroup of patients.

METHOD: A Covid Nephrology Unit was organized in March 2020 to manage the high number of CKD and HD patients with SARS-CoV-2 infection. Several 'spoke' units were also set to manage HD asymptomatic patients (Hi Hotel and 'Villa Luce' Dialysis Center) or with mild symptoms ('Miulli Hospital'-Acquaviva delle Fonti and 'Fallacara Hospital'—Triggiano). Clinical and laboratory data in several timepoints were collected using electronic medical records. Primary outcome was to assess the mortality rate. Moreover, we analysed the trend of inflammatory markers in the first 7 days after hospital admission between survivors and non-survivors; finally, risk factors for mortality were analysed by logistic regression.

RESULTS: From March 2020 to May 2021, a total of 221 patients were admitted to the Covid Nephrology Unit; among these, 112 patients on chronic haemodialysis, 21 with acute kidney injury (AKI), 58 with CKD, 24 kidney transplant recipients and 6 patients on peritoneal dialysis (PD). Median age was 71 years (IQR 62.5–80), while male gender predominated (61.5%). Main comorbidities were arterial hypertension (81%), diabetes mellitus (41.8%) and cardiovascular disease (CVD, 60.6%). At admission, 13.2% of patients required non-invasive ventilatory (NIV) support (CPAP, BiPAP) and about 60% presented interstitial pneumonia at CT scan. A total of 80 patients (36.1%) died during hospital stay with a medium length of stay of 15.8 days. In the first 7 days, 29 patients presented respiratory failure requiring transfer to ICU. Conversely, 100 patients were discharged at home, while 48 patients were transferred to the spoke units (39 patients at Miulli and Fallacara Hospitals, 9 patients at Hi Hotel). Compared to survivors, patients who died were older (median age