

was no increased risk of hospitalisation between different DMARDs (53% on methotrexate required admission vs 50% on hydroxychloroquine). 71% of patients on steroids required admission. The overall study cohort had a 49% hospital admission rate. Similar risk factors were identified for persistence of symptoms > 90; 27% of black patients vs 5% of caucasian and 24% of patients with > 2 co-morbidities vs 10% of patients with < 2 co-morbidities. Age did not follow the same trend as hospitalisation; 10% of patients age  $\geq$  52 vs 20% of patients < 52 had symptoms > 90. 15% on methotrexate had a recovery time > 90 vs 7% on hydroxychloroquine and 14% on steroids. The overall cohort had a 17% rate of patients having symptoms > 90. Mortality rate within the cohort was 5% (2 patients).

#### Conclusion

A case-series of 43 patients with rheumatic diseases and COVID-19 was conducted. The risk factors for hospitalisation, mortality and persistence >90 were similar to other studies. Most significantly the findings show a correlation between black ethnicity and increased risk of all mortality, hospitalisation and symptoms > 90. There was no difference in hospitalisation and different DMARDs.

#### Disclosure

**J. Pilcher:** None. **G. Yanni:** None. **P. Lutalo:** None. **L. Pollard:** None.

#### **P071 A CASE SERIES OF RHEUMATIC DISEASE PATIENTS DIAGNOSED WITH COVID-19 FEB 2020 TO MARCH 2021 AT THE HOSPITAL THAT REPORTED LONDON'S INDEX CASE OF COVID-19**

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#### Background/Aims

The aim of this study is to describe demographics features and outcomes of patients with rheumatic diseases diagnosed with COVID-19 in a single hospital.

#### Methods

Patients with rheumatic diseases and COVID-19 were identified via rheumatology outpatient and inpatient hospital admissions between February 2020 and March 2021. Data was collected retrospectively using the electronic medical records system and in-person and telephone consultations. The data was entered into the COVID-19 Global Rheumatology Alliance (GRA) Registry. Data collected included age, gender, ethnicity, smoker status, rheumatic disease, co-morbidities, drug history and vaccine status. Patient outcome was recorded as mortality, recovered (including days to recovery) or symptoms persisting over 90 days (>90). Requirement for hospital admission was also recorded. Comparison was made to the published GRA Registry data.

#### Results

Forty-three patients were identified; 33 Female (77%), 10 (23%) male. Median age 52. 22 Caucasian, 12 Black, 3 mixed race, 2 Asian, 2 Hispanic and 5 unknown. Rheumatoid arthritis (14 patients; 33%) was the most common disease. Other diagnoses included psoriatic arthritis (6; 14%), systemic lupus erythematosus (4; 9%), Sjogrens syndrome (4; 9%) and ankylosing spondylitis (4; 9%). The most common disease modifying antirheumatic drug (DMARD) was methotrexate (35%) followed by hydroxychloroquine (33%). Eight patients were taking steroids (19%). Factors associated with hospitalisation were older age (57% age  $\geq$  52 vs 40% < 52), multiple co-morbidities (71%  $\geq$  2 co-morbidities vs 35% < 2 co-morbidities) and black ethnicity (75% black vs 26% of caucasian). These risk factors for morbidity are similar to the UK background population and published COVID-19 GRA data. There