

PANLAR 2022 - Abstract Submission

COVID-19

PANLAR2022-ABS-1235

Safety And Efficacy Of Vaccines For Sars-Cov-2 In Patients With Rheumatic And Immune-Mediated Inflammatory Diseases: Data From The Argentinean Registry Sar-Covac

Carolina A Isnardi^{1,2}, Emilce E Schneeberger², Karen Roberts¹, Rosana Quintana¹, Jennifer Kreimer³, Cristina Echeverria³, Paula C Luna³, Belen Virasoro¹, Ida E Exeni⁴, Nora Kogan⁴ on behalf of SAR-CoVAC Registry, M de los Angeles Correa⁴ on behalf of SAR-CoVAC Registry, Dora Pereira⁴, Marcos D Zelaya⁴, Yohana S Tissera⁴, Cecilia Pisoni⁴, María Soledad Gálvez Elkin⁴, Carla G Alonso⁴, Karina Kogo⁴, Micaela Cosatti⁴, Lucila García⁴, Cinthya Retamozo⁴, María de los Angeles Severina⁴, Romina Nieto⁴, Marcos Rosemffet⁴, Eduardo Mussano⁴, Ana Bertoli⁴, María C De la Vega⁴, Verónica Savio⁴, Vanesa Cosentino⁴, Brian M Roldán⁴, Hernán Maldonado Ficco⁴, Pablo Maid⁴, Claudia Calle Montoro⁴, Lorena S Fernandez⁴, María L Leguizamon⁴, Andrea B Gómez Vara⁴, María Agustina Alfaro⁴, Margarita Landi⁴, Natalia Herscovich⁴, Carla Maldini⁴, Carla E Matellan⁴, Edson Velozo⁴, Pamela Giorgis⁴, María Emilia Sattler⁴, Camila R Reyes Gómez⁴, Leandro Perrotat⁴, Cecilia Reimundes⁴, Roberto A Ezquer⁴, Verónica Saurit⁴, Javier F Flores Trejo⁴, Osvaldo L Cerda⁴, María G Crespo Rocha⁴, Virginia Carrizo Abarza⁴, Ingrid Strusberg⁴, Ivana R Rojas Tessel⁴, Gisele Verna⁴, Juan M Bande⁴, Patricia Farfan⁴, Guillermo Berbotto⁴, Guillermo J Pons-Estel¹ and On behalf of the SAR-CoVAC Registry

¹Research Unit, Argentine Society of Rheumatology, ²Rheumatology, Instituto de Rehabilitación Psicofísica, ³Research Unit, Argentine Society of Psoriasis, ⁴SAR-CoVAC Registry, Argentine Society of Rheumatology, CABA, Argentina

Objectives We present a national registry of patients with rheumatic and immune-mediated inflammatory diseases (IMIDs) who received a SARS-CoV-2 vaccine in order to assess their efficacy and safety; the SAR-CoVAC registry.

Methods Adult patients with rheumatic or IMIDs vaccinated for SARS-CoV-2 were consecutively included between 1/6 and 17/9/2021. Sociodemographic data, comorbidities, underlying rheumatic or IMIDs, treatments received and their modification prior to vaccination were recorded. In addition, date and place of vaccination, type of vaccine applied, scheme, adverse events (AE), as well as SARS-CoV-2 infection prior and after the application of the vaccine were documented.

Results A total of 1234 patients were included. The most frequent diseases were rheumatoid arthritis (41.2%), osteoarthritis (14.5%) and psoriasis (12.7%). Most of them were in remission (28.5%) or low disease activity (41.4%). At the time of vaccination, 21% were receiving glucocorticoid treatment, 35.7% methotrexate, 29.7% biological DMARDs and 5.4% JAK inhibitors. 16.9% had SARS-CoV-2 infection before the first vaccine dose. Most patients received Gam-COVID-Vac as the first vaccine dose (51.1%), followed by ChAdOx1 nCoV-19 (32.8%), BBIBP-CorV (14.5%), and to a lesser extent BNT162b2 (0.6%), Ad26.COV2.S (0.2%) and CoronaVac (0.2%). Almost half of them (48.8%) completed the scheme; 12.5% were mix regimens, being the most frequent Gam-COVID-Vac / mRNA-1273. The median time between doses was 51days(IQR 53).

After the first vaccine dose 25.9% of the patients reported at least one AE and 15.9% after the second, being flu-like syndrome and local hypersensitivity the most frequent manifestations. There was one case of mild anaphylaxis. No patient was hospitalized. Altogether, the incidence of AE was 246.5 events/1000 doses. BBIBP-CorV presented significantly lower incidence of AE compared to the other vaccines (118.5 events/1000 doses, $p < 0.002$ in all cases). Regarding efficacy, 63 events of SARS-CoV-2 infection were reported after vaccination, 19% occurred during the first 14 days post-vaccination, 57.1% after the first dose (>14 days) and 23.8% after the second. In most cases (85.9%) the infection was asymptomatic or mild and 2 patients died due to COVID-19.

Conclusion In this national cohort of patients with rheumatic and IMIDs vaccinated for SARS-CoV-2, the most widely used vaccines were Gam-COVID-Vac and ChAdOx1 nCoV-19. A quarter of the patients presented an AE and 5.1% presented SARS-CoV-2 infection after vaccination.