Aim

Reports will now be circulated once a month. The aim is to share information and learning points from clinical cases with COVID-19. Please note these reports are intended for health professionals only and should not be distributed on social media.

Vasculitis COVID-19 cases

Reported	Died
64	17

How to submit cases

Online case submission is now available via the new COVID-19 module of the UKIVAS web app. If you are not currently a member of the UKIVAS team at your Trust, please contact your local team to join or to recommend a patient. If you are unsure who is in your team or what your trust's UKIVAS status is then contact ukivas@ndorms.ox.ac.uk.

Please also note that patients can be recruited to UKIVAS remotely! The patient does not need to have attended a physical clinic prior to this**.** Guidance is provided in UKIVAS SOP 2, which is available to all UKIVAS team members via www.weblearn.ox.ac.uk. You can put together a "pack" to send out to patients including the REC approved Invitation Letter, Participant Information Sheet, Consent Form and a return envelope – all of these documents are also available at www.weblearn.ox.ac.uk.

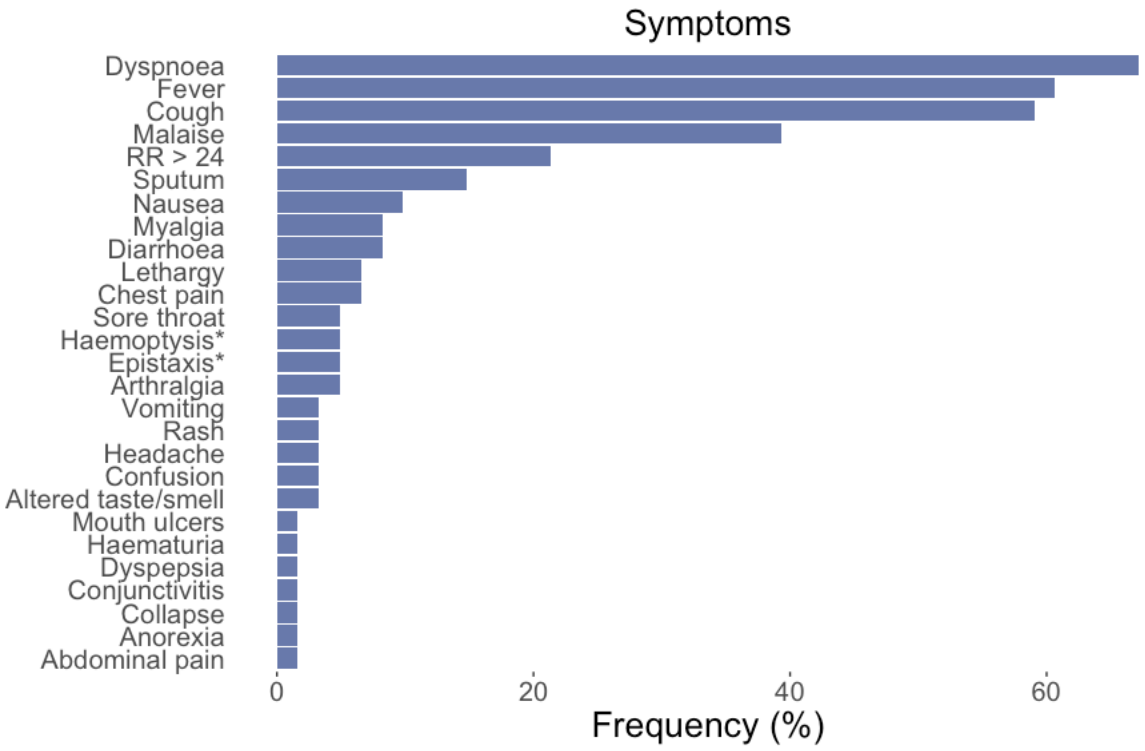
A paper version of the reporting form is available so sites not yet recruiting for UKIVAS can also submit cases. Please submit paper cases, comments or questions to the UKIVAS COVID-19 group at: gg-uhb.vasculitis-covid@nhs.net.

Cases

We are grateful to colleagues for continuing to submit cases:

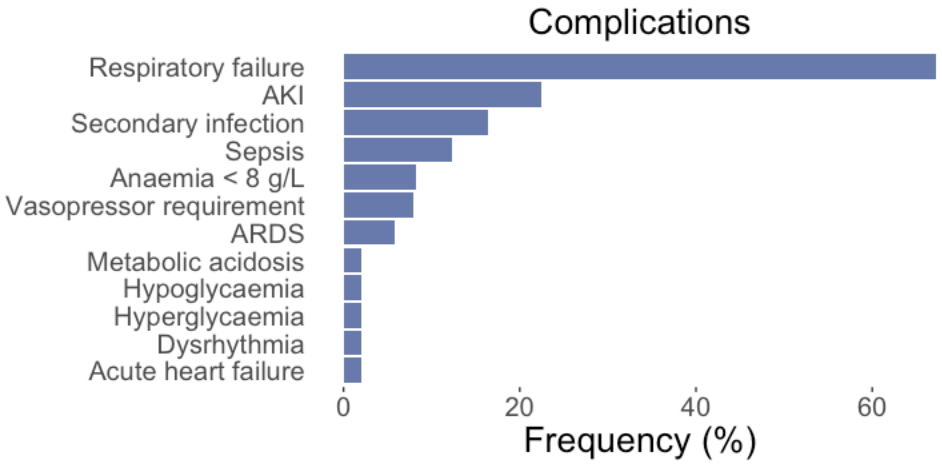
Patient 63	
Age / sex	69 year old male
Vasculitis diagnosis	MPA, April 2020
Disease activity	New onset / severe
Other medical history	AF
Current treatment	40 mg prednisolone, IV CYC
ACEI / ARB / NSAID	Nil
Presentation	Developed fever, cough, breathlessness and respiratory distress shortly after induction treatment
Management	Supportive care, antibiotics, supplemental O2
Outcome	Discharged after 5 day inpatient stay

Symptom and complication frequency



For three patients we do not have information regarding symptoms. Dyspnoea was the most common presenting symptom in 41 of 61 patients (67%). Fever and cough were the next most common symptoms, both in 37 (61%) and 36 (59%) patients respectively.

* Note one individual who experienced haemoptysis and epistaxis was thought to be experiencing a possible flare of vasculitis.



Complications were reported for 52 patients. 33 (63%) experienced respiratory failure. 11 (21%) developed AKI. 8 (15%) developed secondary infection.

Clinical characteristics of vasculitis patients with COVID-19

Critical Outcome*	No	Yes	Total
	n = 38	n = 26	n = 64
Demographics			
Age, Mean (SD)	65.0 (17.2)	68.0 (12.1)	66.1 (15.4)
Female, n (%)	20 (52.6)	10 (38.5)	30 (46.9)
Ethnicity			
Asian	4 (10.5)	2 (7.7)	6 (9.4)
Black	1 (2.6)		1 (1.6)
White	25 (65.8)	16 (61.5)	41 (64.1)
Not Stated	8 (21.1)	8 (30.8)	16 (25.0)
Smoking status, n (%)			
Current	2 (5.3)	1 (3.8)	3 (4.7)
Former	6 (15.8)	4 (15.4)	10 (15.6)
Never	16 (42.1)	6 (23.1)	22 (34.4)
Unknown	14 (36.8)	15 (57.7)	29 (45.3)
Comorbidities, n (%)			
Diabetes	8 (21.1)	5 (19.2)	13 (20.3)
Hypertension	13 (34.2)	13 (50.0)	26 (40.6)
Renal disease	18 (47.4)	11 (42.3)	29 (45.3)
CV disease	9 (23.7)	8 (30.8)	17 (26.6)
Respiratory disease	5 (13.2)	8 (30.8)	13 (20.3)
Vasculitis diagnosis, n (%)			
GPA (or PR3 AAV)	10 (26.3)	14 (53.8)	24 (37.5)
MPA (or MPO AAV)	17 (44.7)	5 (19.2)	22 (34.4)
Other	11 (28.9)	7 (26.9)	18 (28.1)
Disease activity, n (%)			
Active	19 (50.0)	11 (42.3)	30 (46.9)
Remission	19 (50.0)	15 (57.7)	34 (53.1)

* Critical outcome refers to death, need for invasive or non-invasive ventilation or use of high flow oxygen device

Medication			
Critical Outcome*	No	Yes	Total
	n = 38	n = 26	n = 64
Current immunosuppressive therapy, n (%)			
Azathioprine	7 (18.4)	6 (23.1)	13 (20.3)
Corticosteroid (any)	22 (57.9)	22 (84.6)	44 (68.8)
Prednisolone 1-5 mg daily	8 (22.2)	10 (38.5)	18 (29.0)
Prednisolone >5mg daily	14 (38.9)	12 (46.2)	26 (41.9)
(Missing corticosteroid dose)	2 (5.3)	0 (0)	2 (3.1)
Cyclophosphamide	4 (10.5)	4 (15.4)	8 (12.5)
Hydroxychloroquine	2 (5.3)	2 (7.7)	4 (6.2)
IVIG	1 (2.6)	0 (0)	1 (1.6)
Mycophenolate	6 (15.8)	5 (19.2)	11 (17.2)
Rituximab	11 (28.9)	9 (34.6)	20 (31.2)
Other medications, n (%)			
ACEI or ARB	11 (28.9)	8 (30.8)	19 (29.7)
NSAID	0 (0)	2 (7.7)	2 (3.1)
(Missing – other medication)	3 (7.9)	1 (3.8)	4 (6.2)

* Critical outcome refers to death, need for invasive or non-invasive ventilation or use of high flow oxygen device
** Or other steroid in prednisolone equivalents

Discussion

Case 63 developed a moderately severe COVID-19 illness while starting induction treatment for ANCA associated vasculitis. He had a good outcome despite high dose steroid and recent IV cyclophosphamide.

Complications are reported with respiratory failure, AKI and secondary infection being amongst the most common experienced.