

BD and COVID-19 webinar ISBD

BEHCET'S DISEASE AND COVID-19 IN THE NETHERLANDS

Dr. J.A.M. van Laar, internist-immunologist

Drs. T.B. van der Houwen, fellow interne geneeskunde/ klinische immunologie

Research master student A.A.S. den Otter

Dr C Rokx, internist-infectioloog



Erasmus MC
Universitair Medisch Centrum Rotterdam



Introduction

*“Patients with rheumatic diseases had similar rates of hospitalisation though **higher rates of intensive care admission and mechanical ventilation** compared with those without rheumatic diseases.”*

D’Silva KM, Clinical characteristics and outcomes of patients with coronavirus disease 2019 (COVID-19) and rheumatic disease: a comparative cohort study from a US ‘hot spot’ *Annals of the Rheumatic Diseases* 2020;79:1156-1162.

BD Cohort ErasmusMC

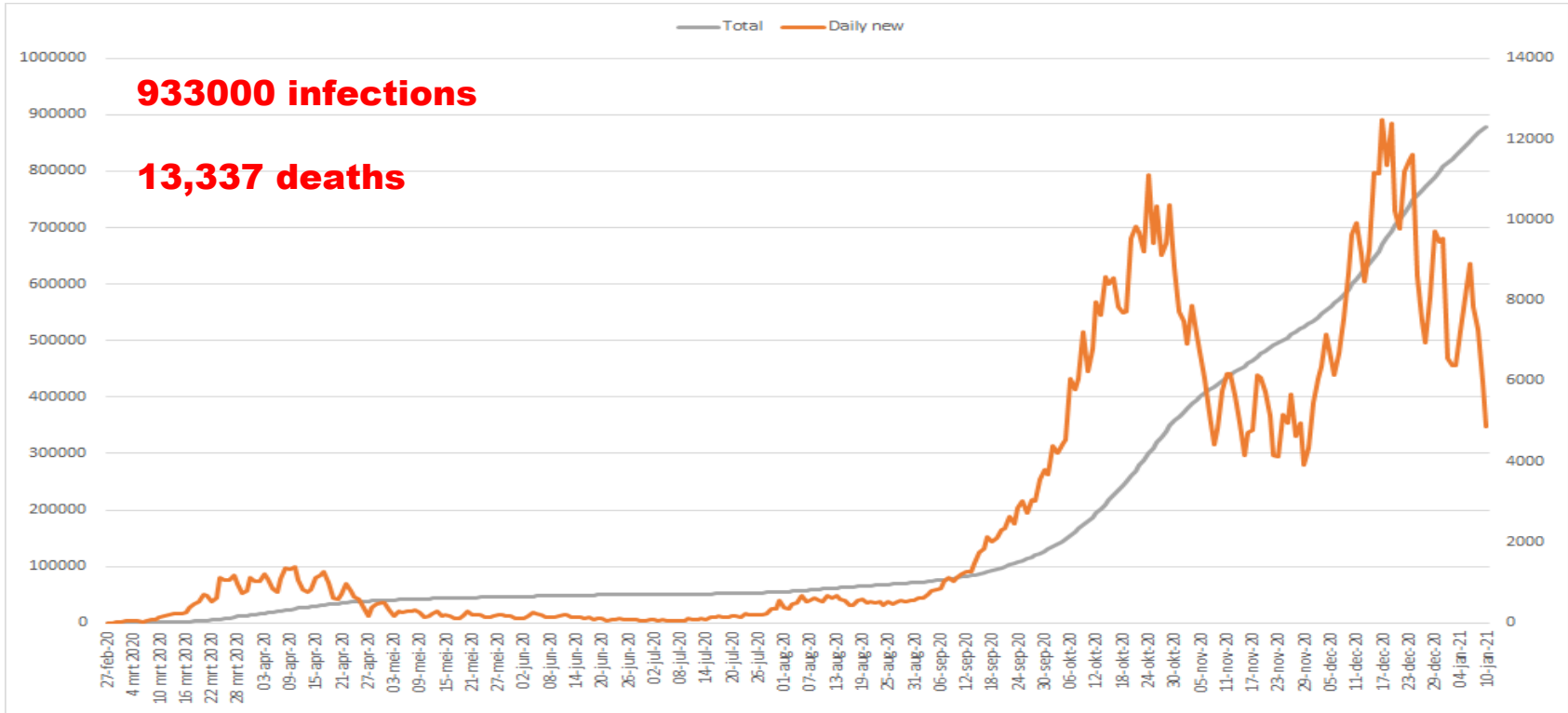
- National Reference and Referral Center and ERN RITA (and ReCONNET) member
- 300 + patients
- > 70 on anti-TNF

Table 1. Prevalence of Behçet's disease in the Rotterdam area

Rotterdam area (Postal code 2900 - 3319)	Inhabitants	BD patients	Per 100,000 (95% CI)	Born in the Netherlands
Total	1,319,680	100	7.6 (6.1; 9.1)	
Dutch-Caucasian	874,162	12	1.4 (0.6; 2.1)	
Turkish	73,028	52	71.2 (51.9; 90.6)	11
Moroccan	51,218	20	39.0 (21.9; 56.2)	3

BD = Behçet's disease.

COVID-19 in the Netherlands (17.4 mln inhabitants)



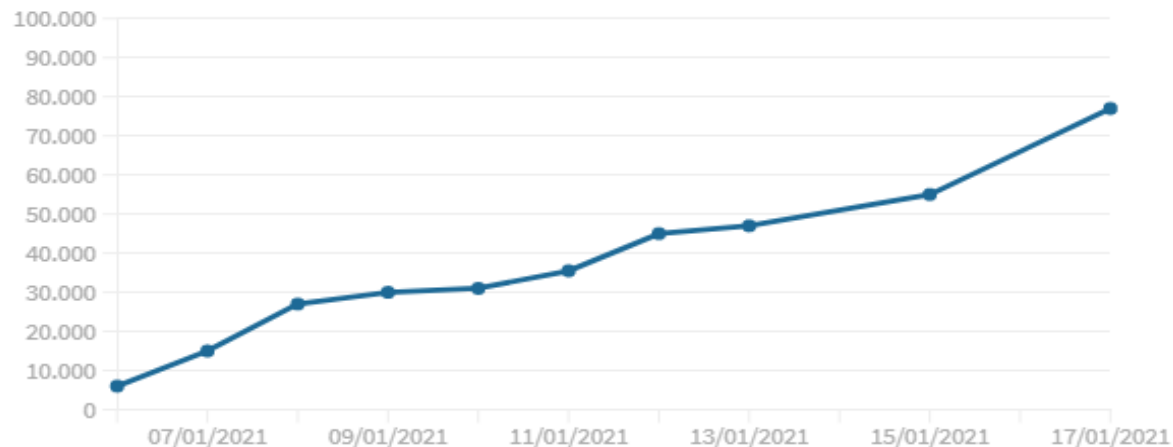
Measures for BD patients

- General advices to “be more carefull than the general population because of:
 - Higher risk of immunesuppressive medication
 - Potential higher risk of increasing disease activity during COVID-19 infections
- Vaccination in immune compromised patients with immunosuppressives is regarded save (Dutch Government and all involved societies)
- Vaccination strategy Netherlands:
 - First health care workers in nursing facilities and with intensive COVID-19 contacts
 - jan 6th 2021
 - Second: patients with “medical indications”, between 18-60 years
 - feb. 2021

Vaccination: figures so far

Vaccins Nederland

Aantal toegediende doses vaccin covid-19 (er zijn meestal twee doses per persoon nodig)



Bron: Ourworldindata, RIVM
Exclusief vaccinaties tijdens klinische studies

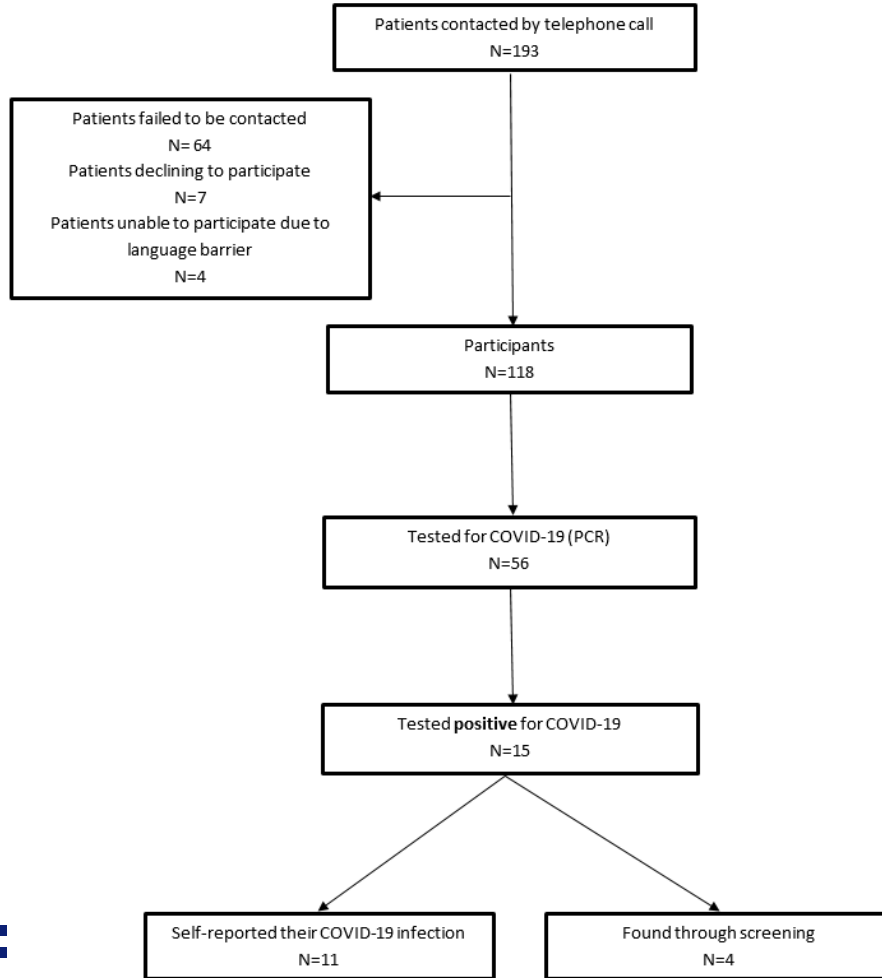
de Volkskrant

Erasmus MC
Erasmus

Methods EMC survey on COVID-19 in BD

- All patients are diagnosed with BD according to the ISG criteria
- Seen on an outpatient basis (< 3 year)
- Telephone interview with questions regarding up till 15-12-2020
 - PCR testing
 - Treatment
 - Possible hospital/ICU admission
 - BD activity during COVID-infection
 - Use of BD related medication

Results (1)



Results (2)

Overview COVID-19 and BD (n=15)

Age (years)	40
Duration COVID-19 infection (days)	12 range (4-30 days)
Hospitalisation	20 % (3)
ICU admission	6,7% (1)
Colchicine use	93,3%(14)
anti-TNF	26,70% (4)
Prednisone use	20% (3)
BMI>30 kg/m ²	20% (3)
BDCAF	3

Overview of COVID-19 symptoms (n=15)

Rhinorrhoea	93,3% (14)
Myalgia	93,3% (14)
Headache	86,7% (13)
Anosmia	86,7% (13)
Cough	73% (11)
Sore throat	66,7% (10)
Fever	60% (9)
Dyspnea	46,7% (7)
Diarrhoea	26,7% (4)

Results (3)

BDCAF during COVID-19 infection

- 0-6
- Average: 3
- Most reported: headache and arthralgia
- Oral and genital ulcers: only if immunosuppressive were stopped

Recent additional patients

- 8 more reported
- Mild infections
- Totals 23 patients in our cohort
 - At least 23/300 (7.7%) COVID-19 positive BD patients
 - In sarcoidosis 11/360 (3%), recent survey*
 - In NL: \pm 5% positive patients currently

Conclusion

- Disease course of COVID-19 in patients with BD seems not more severe as in patients without BD.
- The prevalence seems higher than the general Dutch population or sarcoidosis cohort, possibly due to the transmission in families
- However, this is a cohort of 118 patients only. Further research is needed.
- Just as for the general population, BD patients are advised tot adhere to the measures as recommended by the Dutch Government.

