

Background/Aims

Sarcoidosis is a multi-system inflammatory disorder, characterised by the formation of non-caseating granulomas. In the UK, a decision was made to include sarcoid patients in the clinically extremely vulnerable group, and they were advised to shield during the COVID-19 pandemic. We investigated the incidence of covid-19 infection and uptake of COVID-19 vaccine within this patient group.

Methods

Consecutive patients attending the King's College Hospital sarcoidosis clinic over 18 months between 1st January 2018 and 31st August 2020, and were still alive on 31st January 2020, were included in this report. Electronic primary care records and hospital records were reviewed for each patient to evaluate the incidence of RT-PCT confirmed covid-19 infection, hospitalisation, and vaccination status, defined as at least one vaccination. Hospitalisation data was available from four South-East London trusts.

Results

The King's College Hospital database identified 416 patients with biopsy confirmed sarcoidosis. Of the complete cohort, the median age was 55.7 years, 193 patients (46%) were male, and 178 patients (43%) were of black ethnicity. A proportion of patients were taking prednisolone (n=116, 28%) and DMARDs (n=73, 18%). The incidence of RT-PCR confirmed covid-19 infection was 48/416 patients (12%). Of these infections, 16/48 (33%) were prior to vaccine availability, including one patient who required an intensive care admission. Post vaccine availability, 9/32 infections were in vaccinated individuals, 8/32 in unvaccinated and 15/32 were of unknown timing; there were 2 recorded hospital admissions but no intensive care admissions, neither patient was immunosuppressed and one was unvaccinated. Uptake of at least one covid-19 vaccine was 287/416 patients (69%). Of the cohort who opted not to have a vaccine (n=129), the median age was 53.7 years, 60 patients (47%) were male, 58 (45%) were black ethnicity and 22 (17%) were white ethnicity. The only demographic variable to predict covid-19 vaccine uptake was ethnicity; patients of black ethnicity were less likely to have the vaccine than those of white ethnicity (OR=0.56, p=0.041). In vaccinated individuals, there were 9/287 cases (3%) of RT-PCT confirmed covid-19 infection, of which one patient required hospitalisation but not intensive care.

Conclusion

The incidence of covid-19 infection in our cohort is comparable to that of London (12%), despite an extremely clinically vulnerable population. Vaccine uptake was lower in sarcoid patients (69%) than the national comparator in adults (90%) and was especially low in the black ethnic population.

Disclosure

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P074 EVALUATION OF INCIDENCE OF COVID-19 INFECTION AND UPTAKE OF COVID-19 VACCINE IN SARCOIDOSIS PATIENTS AT A TERTIARY CENTRE

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