

LP-116 **TO GET, OR NOT TO GET: RISK AND BENEFIT OF COVID-19 VACCINE IN KOREAN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS**

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**Background** Although the safety profile of COVID-19 vaccines was shown to be acceptable in the clinical trials, risk and benefit of the vaccines in patients with systemic lupus erythematosus (SLE) are not known, as these patients have been excluded in the trials. The aim of the COVID-19 Vaccine In Lupus (CIVIL) study was to assess the risk and benefits of COVID-19 vaccines in on patients with systemic lupus erythematosus (SLE).

**Methods** Information regarding COVID-19 vaccination and COVID-19 infection were collected from 207 SLE patients seen at 12 academic medical centers, affiliated with the Korean society of SLE research (KSSR) by patient self-reported, descriptive questionnaire from DEC 2022 to JAN 2023. Primary outcomes included status of COVID-19 vaccination/infection, vaccination-related adverse events (AEs), and disease flares after COVID-19 vaccination/infection.

**Results** As of JAN 2023, 77.5% of patients had received at least 1 shot of the COVID-19 vaccine. Overall, vaccine-related AE occurred in 66% of the patients, and 4.5% of the patients had serious vaccine-related AE requiring hospitalization. The most common AE pain/redness on the injection site, followed by myalgia, and/or arthralgia. COVID-19 was confirmed in 156 patients, and 3.2% of the infected patients required hospitalization. The incidence of Covid-19 was higher in the age group of >40 years ( $p=0.049$ ), but not significantly different between vaccinated and never-vaccinated groups (69.9% vs 55.6%,  $p=0.489$ ). Disease flare requiring medication change or hospitalization occurred in 10.3% of patients after COVID-19 vaccination, whereas in 14.9% of patients after COVID-19 infection. Disease flare also occurred more frequently in the age group of >40 years ( $p=0.046$ ).

**Conclusions** Vaccine hesitancy was observed in Korean patients with SLE, although vaccine-related AEs were mild to modest and disease flares were more frequent after COVID-19 infection than vaccination. Our data suggest that benefit of the COVID-19 vaccines appears to outweigh the risk in patients with SLE.

LP-117 **A CASE REPORT OF A 22 YEAR OLD FILIPINO MALE DIAGNOSED SLE WHO WAS INFECTED WITH HIV-AIDS AND COVID 19 MODERATE DISEASE**

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**Description** Coronavirus disease 2019 (COVID-19) pandemic, had posed a huge impact among patients with deranged or dysregulated immune systems, these include autoimmune rheumatic diseases, specifically lupus and Human Immune deficiency Virus or Acquired Immune Deficiency Syndrome (HIV-AIDS). These subsets of patients, eg. SLE and People living with HIV (PLWH) are unique populations considering the risk for them of contracting COVID-19 infection and its outcomes. Here, we report a rare case of a 22-year-old Filipino male, who was diagnosed to have SLE pre-pandemic. His presentations included progressive easy bruisability with persistent bicytopenia (anemia and thrombocytopenia), malaise, arthralgia and ill-defined flat, non-pruritic, erythematous lesions on his legs and dry cough. On work up he was found to have interstitial lung disease, high titers ANA and positive anti-dsDNA. He was given prednisone, hydroxychloroquine and mycophenolate mofetil which offered significant improvement. He was lost follow up until pandemic set in. He experienced crampy abdominal pain, rashes on his legs, weight loss, diffuse alopecia, low grade fever and bicytopenia. Work up revealed positive HIV test, low CD4 count, and positive for RTPCR for Covid. Neoplastic process was ruled out. Given his condition, his antimalarial and mycophenolate were temporarily held. He was managed according to COVID 19 guidelines and eventually referred to treatment hub for HIV-AIDS therapy.

**Conclusions** This case illustrates the unfathomable relationship of infections and immune system. Identifying the clinical symptoms described as the presenting signs of a specific infection or a flare of lupus or one of the HIV associated clinical syndromes has remained a challenge for clinicians. A high index of suspicion must be kept in mind for appropriate and timely diagnosis. Management options must be tailored for the patient's best outcomes.

LP-118 **ASSESSMENT OF SYSTEMIC LUPUS ERYTHEMATOSUS ACTIVITY AND REMISSION: SLEDAI-2K OR SLE-DAS – WHICH TO CHOOSE?**

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**Background** Systemic lupus erythematosus (SLE) is a heterogeneous chronic autoimmune rheumatic disease characterized by a hyperproduction of autoantibodies to nuclear antigens and a wide spectrum of clinical manifestations. SLE Disease Activity Index-2000 (SLEDAI-2k) and SLE-disease activity state (SLE-DAS) are currently used to assess the activity of SLE. SLE-DAS covers a greater number of clinical manifestations of