

# The Impact of Coronavirus-2 Infection in Patients with Immunological Disorders

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## DESCRIPTION

The severe acute respiratory distress syndrome coronavirus-2 (COVID-19) has infected more than 100 million people worldwide. In addition to respiratory and gastrointestinal signs of viremia, COVID-19 can also result in systemic hyperinflammation, which has a significant death risk. Immunosuppressants such dexamethasone, tocilizumab (anti-IL6) and JAK-inhibitors are consequently frequently used to treat patients with severe COVID-19.

However, patients with Immune-Mediated Disorders (IMD) are more likely to experience a severe COVID-19 course. Firstly, those with weakened immune systems brought on by immunosuppressive medication or a primary immunodeficiency are more likely to experience a severe course of illnesses in general. Additionally, COVID-19 may cause pre-existing auto-inflammatory illnesses to flare up. On the other hand, most IMD patients may be safeguarded against COVID-19-induced hyperinflammation when they consistently use immunosuppressants. A recent meta-analysis showed that individuals with auto-immune illnesses have a slightly higher risk of COVID-19, mostly related to the use of corticosteroids, but most studies demonstrated no greater incidence of COVID-19 among patients with IMD. Surprisingly, some studies found that the usage of immunosuppressive drugs had a greater impact on the risk of COVID-19 than other variables like age, sex and comorbidities. Regarding the severity of the illness, recent studies showed that although patients with auto-immune disease were more frequently transferred to the Intensive Care Unit (ICU) and required mechanical ventilation more frequently when admitted, they were not more likely to be admitted to a hospital as a result of COVID-19.

However, past studies frequently did not have representative control populations. More significantly, since this was not

explored, it is still unknown whether a potential impact of preventive interventions like social estrangement confounded results. According to early findings of a new study, patients with rheumatic disorders were nearly twice more likely to follow stringent isolation guidelines than a healthy control group. According to further studies, patients with IMD exhibited better risk-reducing behavior, which resulted in a decreased probability of catching SARSCoV-2 and thus, a lower risk of COVID-19-related negative effects. Regional variations in the prevalence of SARSCoV-22 and socioeconomic status are another factor that affects the risk of COVID-19. As a result, making a comparison to the entire population could have a variety of effects, including underestimating COVID-19 susceptibility. This emphasises how crucial it is to create a suitable control group when examining the prevalence of disease. With a real-world cohort of outpatients who had a wide range of IMD, can set out to explore the cumulative incidence and severity of COVID-19 and compare it to both their household members and the broader Dutch population. Second, intended to investigate how adherence to social isolation practises affected COVID-19 risk.

## CONCLUSION

When compared to the members of their households, patients with IMD had a similar cumulative incidence of COVID-19. However, when compared to the general population, both patients and controls demonstrated a greater cumulative incidence of COVID-19. The incidence of COVID-19 was not correlated with adherence to social isolation strategies. Patient's disease progression was more severe than that of household members, and patients were more likely than household members to have pertinent comorbidities such cardiovascular disease and obesity. The risk for an individual is presumably determined by the specific IMD in combination with further comorbidities.

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