

COVID-19 OUTCOME AND ASSOCIATION TO ANTI-SPIKE ANTIBODY CONCENTRATIONS IN PATIENTS WITH IMMUNE MEDIATED INFLAMMATORY DISEASES ON IMMUNOSUPPRESSIVE THERAPY; A PROSPECTIVE COHORT STUDY

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In a prospective cohort of 1729 IMID patients on immunosuppressive therapy followed through 2023, hybrid immunity and anti-Spike antibody concentrations above 8000 BAU/ml were associated with reduced COVID-19 risk, while severe disease occurred only in patients (2% hospitalized) and not healthy controls.

KEY POINTS

- Compared to hybrid immunity (COVID-19 after three vaccine doses), vaccine-only immunity showed six times higher COVID-19 risk (HR 5.9, 95% CI 4.45-7.80, $p < 0.001$).
- Anti-Spike antibody concentrations below 8000 BAU/ml predicted COVID-19 after three doses (HR 1.5), four doses (HR 1.4), and in hybrid immunity (HR 2.6).
- Hospitalization occurred in 22 (2%) IMID patients and no healthy controls; hospitalized patients were older (median 61 vs 54 years, $p = 0.04$) with more comorbidities (86% vs 42%, $p = 0.02$) and lower median anti-Spike antibodies (444 BAU/ml).
- Prolonged COVID-19 symptoms (> 14 days) occurred in 18% of patients versus 12% of controls ($p = 0.09$), with vaccine-only group showing higher risk than hybrid group (HR 8.5, $p < 0.001$).
- IMID patients and healthy controls had comparable COVID-19 occurrence (66% vs 67%) and reinfection rates (12% vs 14%, $p = 0.66$); no COVID-19 deaths occurred in either group.

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