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Reply to Riza and Hamit comment on 'Factors influencing severe COVID-19 in systemic vasculitis patients'

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To the Editor:

We are grateful to Dr Kardaş and Dr Küçük for the interest shown in our article and for their comments. We are happy to supply additional information to address the questions posed.

Firstly, we would like to provide clarification on the comment "*9% of the COVID-19 cases in this study had a negative SARS-CoV-2 PCR result*". 9% (6/65) were reported as having a clinical or radiologic picture that was diagnostic of COVID-19, but information regarding whether a PCR test was undertaken for the 9% was not available to us except for 1 patient who did have a negative test at the time of CRF submission, but the reporters were confident about diagnosis based on clinical and CT features.

Regarding whether cases were investigated for other causes of respiratory infections, reporters were asked about the presence of concomitant respiratory tract infection. In the 28% (18/65) that did not have a definite confirmed PCR diagnosis, no other specific respiratory pathogens were reported. 4/18 had a secondary, presumed bacterial, pneumonia. Data in this section of the case report form (CRF) was missing for approximately half of patients, however.

Birmingham Vasculitis Activity Score (BVAS) was available for the reporter to complete, but it was an optional component of the CRF due to the clinical pressures of the pandemic. 28/65 (38%) returned a BVAS score but this was not included in the analysis as the proportion of missing data was deemed too high.

11/18 who died were deemed to be in remission by the treating clinician at the time of COVID-19 diagnosis, 5/18 had moderate disease activity and 2/18 had minimal disease activity. The cause of death in all case was deemed likely, or highly likely, to be due to COVID-19. One case had incomplete information and cause of death presumed to be COVID-19, but no mention of active vasculitis at any point in the CRF. In one other case active vasculitis was considered as a possibility, but on balance covid deemed more likely.