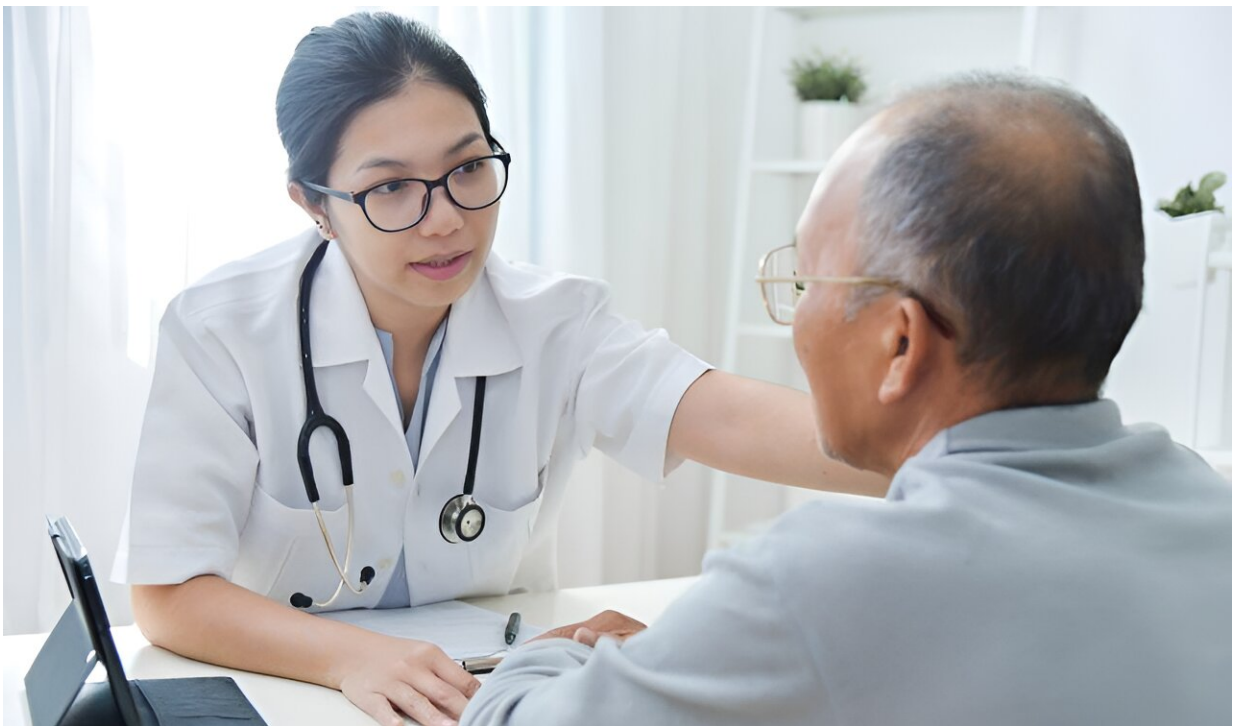


Risk for autoimmune inflammatory rheumatic disease increased after SARS-CoV-2: Study

March 5 2024, by Elana Gotkine



Patients with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection have an increased risk for incident autoimmune inflammatory rheumatic disease (AIRD) compared with matched patients with influenza infection or uninfected controls, according to a

study [published](#) online March 5 in the *Annals of Internal Medicine*.

Min Seo Kim, M.D., from the Broad Institute of MIT and Harvard in Boston, and colleagues examined the effect of COVID-19 on the long-term risk for incident AIRD during various follow-up periods in a binational, [longitudinal study](#). Data were included for 10,027,506 Korean and 12,218,680 Japanese [patients](#) aged 20 years or older, including those with COVID-19 matched to patients with influenza and uninfected controls. The primary outcome was AIRD onset 1, 6, and 12 months after infection or matched index date.

Among the Korean patients, 3.9 and 0.98% had a history of COVID-19 or influenza, respectively, between 2020 and 2021. The researchers found that after propensity score matching, patients with COVID-19 had an increased risk for incident AIRD beyond the first 30 days after infection compared with uninfected controls and influenza-infected controls (adjusted hazard ratios, 1.25 and 1.30, respectively). With more severe acute COVID-19, the risk for incident AIRD was higher. In the Japanese cohort, similar patterns were observed.

"This population-based cohort study shows that the increased risk for incident AIRD extends up to 12 months after SARS-CoV-2 infection," the authors write. "Care strategies for patients who survive COVID-19 should pay close attention to manifestations of AIRD, particularly after severe COVID-19."

More information: Min Seo Kim et al, Long-Term Autoimmune Inflammatory Rheumatic Outcomes of COVID-19, *Annals of Internal Medicine* (2024). [DOI: 10.7326/M23-1831](https://doi.org/10.7326/M23-1831)

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