2021. CLARITY

Observ/ COVID infection in IBD/ Safety

Anti-SARS-CoV-2 antibody responses are attenuated in patients with IBD treated with infliximab.

Aims:
<u>The primary outcome</u> was the proportion of participants with a positive anti-SARS-CoV-2 antibody test.
Secondary outcomes were the proportion of participants with a positive anti-SARS-CoV-2 antibody following a positive PCR test to SARS-CoV-2 and the magnitude of the anti-SARS-CoV-2 antibody reactivity.

<u>Results:</u>
- IFX vs VEDO; OR 0.66 (0.51-0.87), p=0.0027)
- Immunomodulator (OR 0.70 (0.53-0.92), p=0.012) were independently associated with lower seropositivity. In patients with confirmed SARS-CoV-2 infection, seroconversion was observed in fewer IFX-treated than VEDO-treated patients (48% (39/81) vs 83% (30/36), p=0.00044).

<u>Conclusion:</u>
IFX is associated with attenuated serological response to SARS-CoV-2 that were further blunted by immunomodulators used as concomitant therapy.

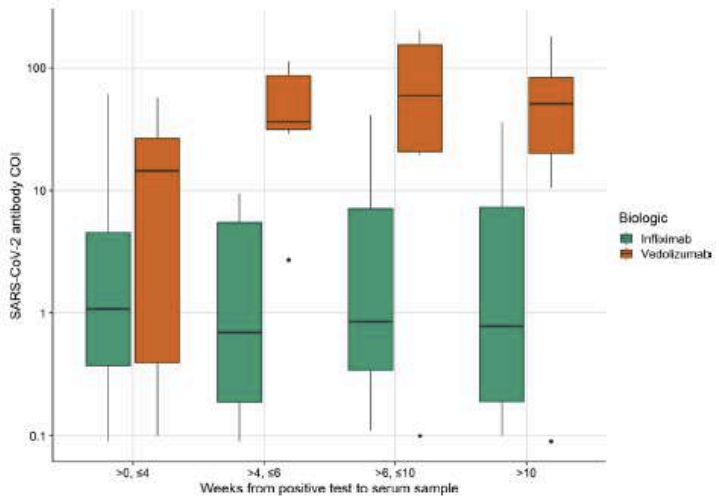

Figure 3 Boxplot of the magnitude of anti-SARS-CoV-2 antibody reactivity stratified by biological therapy and time since prior positive PCR test. COI, cut-off index.

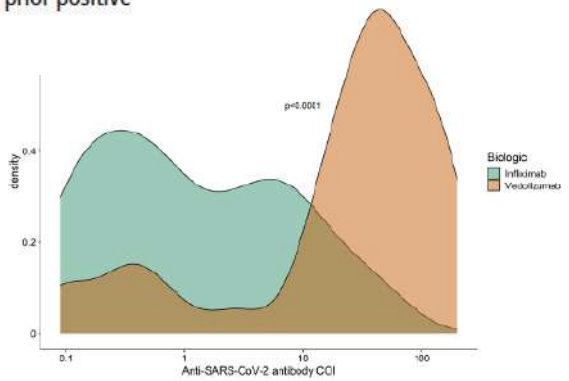

Figure 2 Density plot of the magnitude of anti-SARS-CoV-2 antibody reactivity stratified by biological therapy among participants who had a positive PCR to anti-SARS-CoV-2 at least 2 weeks prior to their serology sample. COI, cut-off index.

Kenedy N et al.Gut 2021; 70(5): 865-875