

chronic pulmonary disease (CPD) and 122 (36.6%) with congestive heart failure (CHF). There were 66 (19.8%) deaths, 29 (43.9%) were male, the mean age was 60.8 years, and 23 patients (34.8%) were elderly (>60 years). Among the patients who died, 55 (83.3%) were in the ICU and 46 (69.7%) on IMV. The mean number of comorbidities was 9.27 being 16 (24.2%) dyslipidaemia, 44 (66.6%) diabetic, 60 (90.9%) hypertensive, 5 (7%) asthmatic, 10 (15%) with CPD and 32 (48.5%) with CHF.

Conclusions. Dialysis patients appear more susceptible to unfavourable outcomes than the general population. Our findings are similar to those reported in the world literature which is still scarce. It is important to conduct more studies on this population.

PD36 Outcomes Of Centenaries Hospitalized Due To COVID-19 In A Private Healthcare System

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Introduction. Life expectancy is increasing worldwide. However, during the COVID-19 pandemic, people 100 years or more (centenaries) were challenged by a potentially fatal disease. We evaluated the outcome of centenaries hospitalized due to COVID-19 in a private healthcare system of Belo Horizonte/Brazil (Unimed-BH).

Methods. Administrative data were collected from the hospital database. Patients were included if they had a severe adult respiratory syndrome due to coronavirus type 2 (SARS-CoV-2) ribonucleic acid identified by quantitative real-time reverse transcriptase polymerase chain reaction (RT-qPCR) or by the International Code of Disease-10th review (ICD-10) hospitalization codes U07.1, B34.2, or B97.2.

Results. From March 1 2020 to October 31 2021, 316.4 ± 12.9 centenaries/month were registered. Eighteen hospitalizations due to COVID-19 were identified. Median age was 101.8 years (interquartile range [IQR]:100.7,103.0). Most patients were female (83%). There was a median of 6.0 morbidities per patient (IQR:5.3,7.8), range 2-12 morbidities, among 71 possible morbidities. The most described morbidities were systemic arterial hypertension (94%), dementia (61%), and congestive heart failure (61%). Median length of hospitalization was 6.5 days (IQR:3.3,8.0). No patient was dialyzed. Seven (39%) patients died during hospitalization, of whom 3 (17%)

were admitted to the Intensive Care Unit and 2 (11%) were oxygenated by invasive mechanical ventilation. No other patients were admitted to the Intensive Care Unit or invasively mechanically ventilated.

Conclusions. Although the hospitalization rate was low, the mortality rate during hospitalization was high among centenaries. Further research is required to evaluate the actual risks of centenaries to be infected by SARS-CoV-2 and the subsequent outcomes.

PD37 High-Dose Vitamin D For The Treatment Of COVID-19

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Introduction. The aim of this EUnetHTA (European Network for Health Technology Assessment) Rolling Collaborative Review on high dose vitamin D for the treatment of COVID-19 was to inform health policy at an early stage in the life cycle of therapies and to monitor ongoing studies in the format of a Living Document.

Methods. The systematic literature search was conducted in Medline, Pubmed, medRxiv, bioRxiv, arXivso, Cochrane COVID-19 Study Register, ClinicalTrials.gov, ISRCTN Registry, EU Clinical Trials Register. The first search was done in January 2021, and the last in November 2021. English and German randomized controlled studies (RCTs) investigating treatment of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infected individuals with high dose vitamin D2, D3 or their metabolites were included if examining mortality, length of hospital stay, viral burden, clinical progression, hospitalization rates, intensive care unit (ICU) admission, mechanical ventilation, quality of life or adverse events. Two reviewers independently screened search results and assessed risk of bias and certainty of evidence. One reviewer extracted study data, checked by another.

Results. Of the nine RCTs published to date, two investigate calcifediol, one calcitriol and six vitamin D3. All used different dosing regimens. Disease severity and proportion of vitamin D deficiency varied between studies. Calcifediol treated patients in one study required significantly less ICU admissions than untreated patients. Vitamin D3 in another study led to significantly more SARS-CoV-2 PCR-negative patients before day 21 than placebo. There were no other significant differences between groups. Twenty-five RCTs are ongoing, five of them with over 1,000 patients.

Conclusions. The current evidence is heterogenous regarding form and dosage of vitamin D, baseline disease severity and baseline vitamin D deficiency. There is currently no standardized/recommended level of what constitutes a (beneficial) "high dose". Most results did not show significant differences between vitamin D treated groups and no vitamin D / placebo groups. Many of the studies are very small and certainty of evidence is predominantly low or very low.