**51 cases reported in PID patients to 29/04.**

M:F = 2.16:1.

| Age groups: | pts. |
|---|---|
| 0-2 yrs | 3 |
| 3-12 yrs | 7 |
| 13-18 yrs | 3 |
| 19-24 yrs | 2 |
| 25-34 yrs | 9 |
| 35-44 yrs | 10 |
| 45-54 yrs | 3 |
| 55-64 yrs | 8 |
| 65-74 yrs | 3 |
| 75 yrs and older | 3 |

**PID diagnosis:**
3 phagocyte defects: 1 CGD under immunosuppressive therapy
6 combined immunodeficiency: 1 Di George sdr also with chronic lung disease, 2 Down sdr, 1 WAS (5 months after gene therapy), 2 unknown
33 antibody deficiencies: 4 XLA, 2 AR agammaglobulinemia, 22 CVID (of which 2 NFKB1 def. and 1 NFKB2 def.), 5 generic hypogammaglobulinemia
2 Aicardi-Goutieres syndromes treated with Ig and JAK inhibitors
1 FMF treated with mAb
3 immune dysregulation defects: 1 LRBA deficiency with type 1 diabetes treated with Ig, insulin, abatacept; 1 ALPS-like disease (suspected CTLA4) under immunosuppressive treatment; 1 hyper IgE sdr. (PEPD mut.) under immunosuppressive treatment
1 autoinflammatory disease with lymphopenia and AIHA treated with steroids
1 with CMC and recurrent sepsis treated with Ig
1 not given.

**Typical presentation symptoms:** upper respiratory symptoms, cough, shortness of breath, fever. Seven pts had diarrhea, vomiting; seven pts had myalgia.

32 necessitating admission, 15 evolving into respiratory insufficiency, 5 succumbed. 5 pts requiring non-invasive ventilation, 10 invasive ventilation and 1 ECMO.

Complications: 4 HLH, 5 sepsis (1 Candida), 4 bacterial pneumonia, 4 hypotension/shock with kidney failure, 1 severe AIHA, 1 anemia, 1 neutropenia.

**Therapy:**

| | |
|---|---|
| Antibiotics | 32 |
| Systemic steroids | 11 |
| Ig | 6 |
| (Hydroxy)chloroquine | 23 |
| mAb (tocilizumab) | 6 (4) |
| Remdesivir | 6 |
| Lopinavir | 13 |
| Ritonavir | 12 |
| Enoxaparin | 10 |