beta testing. His PHA was significantly reduced. His B cell phenotype showed mostly naïve B cells. His CGH microarray confirmed 22q11 deletion. These are all consistent with his diagnosis of SCID due to cDGS.

As AD did not have comorbid cardiac abnormalities and his CMV infection came under control with dual therapy (undetectable in serum and CSF), he became an eligible candidate for a thymic transplant. Prior to his transplant, he was noted to have an erythematous rash which on skin biopsy was consistent with Omenn Syndrome. He was commenced on cyclosporine leading into transplant. AD underwent thymic transplant at Great Ormond Street Hospital, London when he was 4 months old.

Post-transplant, he has had a tumultuous course. He contracted COVID-19 which was treated with sotrovimab and a 10-day course of remdesivir. TTE showed dilated coronary arteries, suggestive of PIMS-TS for which he received addition IVIG treatment and aspirin.

AD developed fevers and seizure-like activity which heralded the recurrence of CMV in his CSF. Despite another 6 weeks course of IV foscarnet and ganciclovir, his CSF CMV viral load continues to increase from 3,500 copies/mL to 28,000 copies/mL. Obtaining control of his CMV infection and ganciclovir, his CSF CMV viral load continues to increase from 3,500 copies/mL to 28,000 copies/mL. Obtaining control of his CMV infection will be the greatest challenge whilst we await immune reconstitution.

**P93: REAL LIFE EXPERIENCE WITH OMALIZUMAB IN THE TREATMENT OF CHRONIC SPONTANEOUS URTICARIA (CSU) IN A METROPOLITAN SPECIALIST CLINIC**

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**Introduction:** In Australia, omalizumab was listed on the PBS in 2017 for the treatment of severe CSU on the basis of good evidence for efficacy in the pivotal clinical trials. We are a referral centre for chronic spontaneous urticaria patients and have a database of those who have received this treatment since PBS listing.

**Method:** All patients eligible for omalizumab on PBS were entered into a database. All had UAS7 >28 and met prior treatment criteria before commencement of omalizumab. We examined patterns of use including continuation and discontinuation rates; up and down titration of doses; need for concomitant medications and failure rates.

**Results:** The cohort consisted of 127 patients; female to male ratio 99:28; age range of 12–92 years. Antihistamine use was continued in 35 patients. The majority received the standard dose of 300 mg four weekly however a small proportion were escalated to 450–600 mg four weekly to gain control. 91 patients have had a complete cessation of symptoms, 26 have had partial response, 5 have had no response, 1 patient relapsed under another specialist, 1 ceased due to pregnancy and 3 have only started in the previous 3 months so response cannot yet be assessed.

**Conclusion:** In clinical practice omalizumab is highly effective in controlling severe CSU although 27% remain uncontrolled. A small number have needed dose increase to gain complete control.

**P94: THE IMPACT OF COVID-19 ON PATIENTS WITH PRIMARY AND SECONDARY IMMUNODEFICIENCIES: A STUDY INTO THE PHYSIOLOGICAL, PSYCHOLOGICAL AND SOCIOCOLOGICAL EFFECTS**

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**Background:** The adverse effects of the COVID-19 pandemic, physiologically, psychologically, and sociologically, on individuals living with primary and secondary immunodeficiencies have not been clearly determined.

**Objective:** To determine the extent of impact of the COVID-19 pandemic on individuals living with primary and secondary immunodeficiencies.

**Method:** An online survey was distributed to members of the Immune Deficiencies Foundation Australia (IDFA) with a diagnosis of PID/SID. The survey was designed to observe numerous impacts, including physical and mental health, ability to receive treatment, opinions on vaccines and reintegration into society.

**Results:** The majority of individuals have contracted COVID-19, with 67% positive at least once, with 53% experiencing symptoms of long COVID. 72% of individuals are concerned about contracting COVID-19, with 89% concerned about long-term consequences, reflected by the 96% vaccination rate. 48% of individuals experienced moderate stress, while 42% experienced a mental health decline, necessitating coping behaviours to combat this. Numerous behavioural changes were observed, including increased time on the internet (72%) and TV (60%), as well as increases in junk food consumption (56%) and decreases in fruits and vegetables (27%). Certain sociological changes were also observed, with 89% of individuals maintaining safety measures after they have been lifted, and 37% refusing to travel.

**Conclusions:** The PID/SID community is aware of the health risks and challenges that the COVID-19 pandemic poses, and have adjusted accordingly, demonstrated in the creation of coping behaviours, maintaining safety regulations, and displaying justified levels of caution and hesitancy. However, the impact of the pandemic, physiologically, psychologically, and sociologically is amplified as the PID/SID cohort is of high risk, highlighting the importance of continuous medical care for this population.

**P95: SEBETRALSTAT EFFECTIVENESS IN THE TREATMENT OF HEREDITARY ANGIOEDEMA ATTACKS RATED MILD OR MODERATE AT BASELINE IN THE PHASE 2 TRIAL**

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**Introduction:** Sebetralstat is an investigational oral plasma kallikrein inhibitor for on-demand treatment of hereditary angioedema (HAE) attacks. A phase 2 trial (NCT04208412) evaluated pharmacokinetics, pharmacodynamics, safety, and efficacy of sebetralstat for treatment of HAE attacks. This post hoc analysis reports effects of sebetralstat on symptom relief or improvement analyzed by baseline attack severity.

**Method:** Adults with HAE type I or II with 3 or more attacks in the past 93 days participated in a randomised, double-blind, placebo-controlled, phase 2 crossover trial. Attacks were categorised as mild or moderate severity at baseline. Symptom relief was defined as a rating of at least “A Little Better” for 2 consecutive timepoints on Patient Global Impression of Change (PGI-C) or at least 50% reduction from baseline for 3 consecutive timepoints on composite visual analog scale (VAS) scores within 12 hours of study drug. Severity improvement was defined as at least 1 level reduction on Patient Global Impression of Severity (PGI-S) within 12 hours.

**Results:** Sixty patients completed at least 1 attack treatment (n = 113 attacks). Within 12 hours of sebetralstat administration, symptom relief assessed by PGI-C was achieved for 69.2% and 89.3% of mild and moderate attacks vs. 41.9% and 60.9% on placebo (difference vs placebo for mild and moderate attacks: 27.3% and 28.4%). Assessment by VAS achieved symptom relief after sebetralstat for 65.4% and 64.3% of mild and moderate attacks vs. 22.6% and 43.5% on placebo (difference vs. placebo for mild and moderate attacks: 42.8% and 20.8%). Severity improvement by PGI-S following sebetralstat was achieved for 54.6% and 78.6% of mild and moderate attacks vs. 9.7% and 52.2% on placebo (difference vs placebo for mild and moderate attacks: 24.9% and 26.4%).

**Conclusion:** These results demonstrate that sebetralstat provides relief of mild and moderate HAE attacks, showing similar treatment effect regardless of baseline attack severity.