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**DE NOVO CLASS IV+V LUPUS NEPHRITIS AFTER THE BNT162B2 COVID-19 VACCINE:**

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Viral infection can lead to the formation of autoantibodies due to cross reactivity of self-antigens with foreign proteins. Cases describing immune-mediated glomerular diseases following SARS-CoV-2 infection have been reported worldwide. A temporal relationship between immunization and development of autoimmune immune such as systemic lupus erythematosus (SLE) has also been described. We report a case of de novo class IV-V lupus nephritis after the BNT162b2 COVID-19 vaccine. A 45-year-old female presented with a 3-week history of a butterfly rash, feet swelling, arthralgias and fatigue. Eight weeks prior, she received her second dose of the BNT162b2 COVID-19 vaccine. Exam revealed blood pressure 156/93 mm Hg, malar rash and 2+ lower extremity edema. Labs showed >3000 mg protein and >10 RBCs on dipstick; 4+ to 10 RBCs per high power field by urine microscopy, urine protein-creatinine ratio of 11 g/g, serum albumin 2 g/dL and serum creatinine 0.8 mg/dL. Extractable nuclear antigen panel was positive for ANA >1:1280, double-stranded DNA antibody 400 U/mL, anti-Smith antibody 480 U/mL and RNase antibody 240 U/mL. Complement C3 and C4 were 16 mg/dL and < 2 mg/dL, respectively. Kidney biopsy revealed class IV-V lupus nephritis. Treatment was initiated with intravenous methylprednisolone followed by oral prednisone 1 mg/kg per day and mycophenolate mofetil. Within 1 month of induction therapy, her clinical symptoms improved but her lupus nephritis has not yet remitted.

To our knowledge, this is the first reported case of de novo lupus nephritis following COVID-19 vaccination. Cases of de novo and relapsing minimal change disease, IgA nephropathy, ANCA associated vasculitis and anti-GBM disease following COVID-19 vaccination have been reported. Though we hypothesize that vaccination triggered autoimmunity, it is possible that development of SLE was unrelated since her symptoms occurred >1 month after vaccination. Cases proposing a pathogenic association between autoimmune disease and vaccination describe symptom onset occurring within days to several weeks post-vaccination. Studies that compare the incidence of immune-mediated glomerular diseases in individuals who receive COVID-19 vaccines and unvaccinated individuals are needed to determine if there is a causal relationship.

**VOCLOSPORIN FOR LUPUS NEPHRITIS IN THE REAL-WORLD REGISTRY OF PATIENTS TREATED WITH VOCLOSPORIN FOR LUPUS NEPHRITIS IN THE UNITED STATES:**

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Voclosporin, a novel calcineurin inhibitor, was approved in 2021 in the United States for the treatment of adult patients with active lupus nephritis in combination with background immunotherapy. Voclosporin has a favorable metabolic profile and a consistent dose-concentration relationship, eliminating the need for therapeutic drug monitoring. Pivotal Phase 2 and Phase 3 studies showed that the addition of voclosporin to mycophenolate mofetil (MMF) and low-dose steroids significantly increased complete renal response (CRR) rates in patients with lupus nephritis at approximately one year of treatment (48 weeks in AURA-LV, 52 weeks in AURORA Supp.1).

Here we describe an actively-enrolling prospective observational registry designed to characterize the real-world effectiveness profile and utilization patterns of voclosporin in the United States.

ENLIGHT-LN is a registry designed to examine the utilization patterns and effectiveness of voclosporin in patients with lupus nephritis in a real-world setting. Patients will receive standard care in accordance with usual clinical practice at each site, with no mandatory visits or assessments required by the protocol. Data will be extracted from patient medical records approximately every 3 months for up to 36 months; collected data will include demographics, disease characteristics, response to therapy, safety and treatment patterns and utilization. The registry will enroll approximately 300 patients who are initiating or who have already initiated treatment with commercial voclosporin within 3 months prior to consent. Patients ≥18 years of age with biopsy-confirmed lupus nephritis within 24 months of enrollment are eligible (Supplementary Table 1). Secondary objectives include describing at baseline and during the study period the clinical characteristics, treatment and response patterns of patients treated with voclosporin.

The ENLIGHT-LN registry is currently enrolling patients.

**EFFECTIVENESS OF A WEB-BASED COMMUNICATIONS PLATFORM (“DIALYSISCONNECT”) IN REDUCING HOSPITAL READMISSIONS AMONG PATIENTS RECEIVING DIALYSIS: A PILOT STUDY:**

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Suboptimal care coordination between dialysis clinics and hospitals is an important driver of 30-day hospital readmissions. Whether the introduction of a web-based communications platform ("DialysisConnect"; Supp. 1) at Emory University Hospital Midtown (EUHM) and four Emory Dialysis clinics was associated with reduced hospital readmissions was examined in a pilot study. Data were collected for 30-day hospital readmissions among patients receiving dialysis. In this pilot, we examined whether the introduction of a web-based communications platform ("DialysisConnect"; Supp. 1) at Emory University Hospital Midtown (EUHM) and four Emory Dialysis clinics was associated with reduced hospital readmissions.

We examined 30-day readmissions among 4994 index admissions at EUHM (representing 2419 dialysis patients). Interrupted time series and linear models with GEE were used to assess pilot vs. pre-pilot differences among Emory Dialysis patients. To account for secular trends, difference-in-difference analyses were used to further compare these trends to trends among patients treated at other dialysis clinics over the same period. Among Emory Dialysis patients, there was no difference in the monthly trends in 30-day readmissions pilot vs. pre-pilot periods (-0.60 vs. -0.13, P=0.9); the difference-in-difference estimate was also not significant (0.54, P=0.8; Figure). The age-, sex-, race-, and comorbidity-adjusted, absolute pilot vs. pre-pilot difference in readmissions rate was 1.8% (-3.7%,7.3%); similar results were found in sensitivity analyses addressing the COVID period (Supp. 2) and other patient outcomes (Supp. 3).

In this pilot study, the introduction of DialysisConnect did not reduce hospital readmissions. However, tailored care coordination solutions should be further explored in future studies to improve communication between dialysis clinics and hospitals and, potentially, patient outcomes.

**NAFCILLIN USE AS A RARE CAUSE OF HYPOKALEMIA:**

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Hypokalemia is not commonly known to be associated with antibiotic use. In particular the penicillin group of antibiotics. There are very few reported cases that describe nafcillin as a possible cause of hypokalemia. It is thought to be largely due to nafcillin acting as an impermeant, non-absorbable anion, possible cause of hypokalemia. It is thought to be largely due to increasing potassium excretion. We present an intriguing case of nafcillin acting as an impermeant, non-absorbable anion, possibly leading to hypokalemia.