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Background and aims
Tocilizumab (TCZ), an anti-interleukin-6 receptor antibody, shows promise in treating myelin oligodendrocyte glycoprotein-associated neurological disease (MOGAD). However, large prospective studies are lacking, while determinants for post-biologic disease response remain unclear. We prospectively evaluated long-term TCZ-responses in relapsing MOGAD and associated-factors for post-TCZ relapse-freedom.

Methods
195 aquaporin-4 antibody-negative adult MOGAD patients with relapses despite ≥3 immunosuppressants (5 highly-specialised neurology-centres) received intravenous TCZ (8 mg/kg 4-weekly) for 4 years (2017–2021). We characterised pre- and post-TCZ annualised relapse rates (ARR), Expanded Disability Status Scale (EDSS) scores, radiological progression, adverse events (AE), features of those with and without post-TCZ relapses, and elucidated factors for relapse-freedom and odds ratios (OR) by logistic regression.

Results
Mean age, MOGAD onset-age and disease duration were 47.9, 42.1 and 5.8 years, with 566 pre-TCZ clinical demyelinating-episodes (mean 2.9/patient). 63.1% previously used rituximab. Post-TCZ initiation, 21.0% relapsed over 4 years (86.1 weeks to first relapse). TCZ reduced cumulative ARR (1.81 to 0, p = 0.0009), median ARR 18months pre- and post-initiation (2.0 to 0, p = 0.0009). Previous rituximab-users had lower ARR during TCZ-treatment than rituximab (0.11 vs 0.53, p = 0.007). TCZ mildly-improved EDSS (3.36 to 2.87, p = 0.004). 84.6% and 61.0% showed no post-TCZ EDSS progression of MS with FING (OR = 2.24, p = 0.018).

Conclusions
Earlier introduction of FING as soon as the failure of the first-line treatment could improve its effectiveness and the controle of relapses.

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118210 Impact of the SARS-coV2 pandemic on patients with multiple sclerosis: A Tunisian study

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Background and aims
In the context of SARS-coV2 pandemic, patients with multiple sclerosis (MS) constitute a vulnerable population due to the assumptions made about the risk of severe infection and the limitation of access to health care. We aim to study the sanitary and therapeutic impact of the SARS-coV2 out break on patients with MS.

Methods
We conducted a cross-sectional study including patients followed for MS. The study period was divided into two: pre-pandemic (October to March 2020) and pandemic (March to June 2020). The diagnosis of MS was selected according to the criteria of Mc Donald (2017). Added to collecting data from medical files, we carried out a telephone questionnaire regarding therapeutic compliance, aggravation or installation of new neurological symptoms.

Results
Seventy-two patients (mean age = 32.6 years, mean EDSS = 3.8) were included. During confinement, 16 patients stopped their basic treatment because of the non-authorization of inter urban travel and the fear of contamination by SARS-coV2 upon arrival at hospitals. Compared to the pre-pandemic period during which 24 patients (50% discontinuing treatment) had a relapse, 20 patients (16 without basic treatment) reported worsening of neurological symptoms and the use of corticosteroid therapy in consulting (50 %) and hospitalized patients. Multivariate statistical analysis showed that non compliance and relapses' frequency did not differ before and during pandemic and that the occurrence of relapses is correlated with non-adherence to therapy.

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118209 Efficacy of fingolimod in the 2nd line treatment of active relapsing-remitting multiple sclerosis: About a Tunisian cohort of 50 patients

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Background and aims
Fingolimod (FING) is the first oral immunomodulatory treatment approved for the 2-line disease-modifying treatment of active relapsing-remitting (RR) forms of multiple sclerosis (MS). Observational post-marketing studies are important for clarifying the efficacy and safety of the product in current medical practice. The Aim of our study is to assess the effectiveness of FING in patients with RR-MS followed at the National institution of neurology in Tunis.

Methods
An observational study on 50 patients with MS, older than 18 years, treated with FING for the first time for a period of ≥3 months between 2015 and 2019 and followed up at the National institution of neurology in Tunis.

Results
FING was initiated at a mean age of 41.3 years (±10). The mean duration of progression of MS before the initiation of FING was 11.42 years. The mean annualized relapse rate (ARR), under the first-line treatments was 1.11, with a significant decrease in APR before and after treatment with FING from (1.11 to 0.38 under FING, relative risk reduction of 65.76% (p < 0.001), 42.6% of patients became free from relapses on FING after an average duration of treatment with FING of 32.1 months. 26 patients (57%) did not present with progression of disability under FING. In multivariate analysis, the duration of the progression of MS at FING introduction was the predictive factor of progression of MS with FING (OR = 2.24, p = 0.018).

Conclusions
Earlier introduction of FING as soon as the failure of the first-line treatment could improve its effectiveness and the controle of relapses.

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Conclusions
It is necessary to make informed decisions about MS treatment management in order to minimize the health impact of this pandemic.

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118211
Status epilepticus inaugurating multiple sclerosis: "One Train Hides Another": A case report
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Background and aims
The prevalence of epilepsy is 4.5 to 6 times higher in patients with multiple sclerosis (MS) than in the general population. Only few cases have proven a direct causal relationship with MS. Is this just a frequent combination or symptomatic attacks of MS? Are these attacks the result of an acute flare-up of the disease?

Methods
We report the case of a patient followed in our neurology department in Mahdia for MS, inaugurated by status epilepticus

Results
A young mother of 26 years, presented a state of epilepticus, made of focal motor tonicoclonic right hemi-bodily seizures with secondary bilateralisation. The neurological examination outside of the seizures was without abnormality, except for the presence of sharp tendon reflexes in the 4 limbs without Babinski’s signs. Cerebral-medullary MRI revealed multiple demyelinating lesions of the white matter, with the presence in particular of nodular juxta-cortical lesions and a small left upper frontal cortical lesion. Note the absence of spinal cord injuries and signs of activity. The diagnosis of MS was retained in view of young age, female sex, spatial dissemination on brain MRI, the presence of oligoclonal bands in the CSF, the absence of red flags. The patient received a 5 day bolus of solumedrol and put on Levet 500 mg 1cp * 2 /d and interferon B. We note the recurrence of seizures after 4 months due to non-adherence to antiepileptic drug. A control MRI showed the increased lesion burden.

Conclusions
Epilepsy may be the only symptom of MS. An exhaustive etiological assessment is obligatory. "One train hides another"

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118212
Multiple sclerosis incidence update in province of Ferrara, Northern Italy, during COVID19 era
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Background and aims
Previous descriptive surveys on multiple sclerosis (MS) in the province of Ferrara carried out by our own epidemiological research group in the previous decades, pointed out that this area was not at low-medium risk for MS. We aim to confirm the above assumption and to update MS frequency estimates in this area

Methods
We used a complete enumeration approach by reviewing all the possible sources of case collection available in Ferrara for 2016 through 2020. We included all patients with definite and probable MS according to the Poser criteria

Results
The incidence cases were 84, 22 men and 62 women. The mean incidence for the period 2016–2020 was 4.86 per 100,000 (95 % CI, 1.66–4.01), 6.91 for women and 2.65 for men. The adjusted incidence to the European population was 6.01 per 100,000/year. The incidence temporal trend in 1965–2020 is shown in Fig. 1.

Conclusions
In the province of Ferrara MS appears to occur more frequently than suggested by the geographic-related distribution model. The slowly incremental incidence trend cannot be solely attributed to improvement in diagnostic capability, but – likely - to variation of exposure to exogenous risk factors in genetically predisposed individuals. The incidence rate over the study period remained relatively stable compared what previously observed (1965–2015), and a not significant decrease in 2019 and 2020 (Fig. 2) was recorded, likely representing an underestimation in relation to the