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## UNDINE

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Lead beneficiary:	KU Leuven, ICS
Main author(s):	Isabelle Meyts, Pere Soler Palacín
Internal reviewers:	Trine Mogensen (AU), André Walter (AU)
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## Executive Summary

Within WP1, since the beginning of the project in June 2022, patients with different phenotypes of SARS-Co-V2 infection have been included, based on the definitions given in D1.1. Work package 1 serves as a central platform, providing input to all WP leaders, in strong collaboration with the different WPs leader.

## Abbreviations

D	Deliverable
DOA	Declaration of the Action
EC	European Commission
IEI	Inborn Errors of Immunity
GDPR	General Data Protection Regulations
WP	Work Package
WT	Work Task

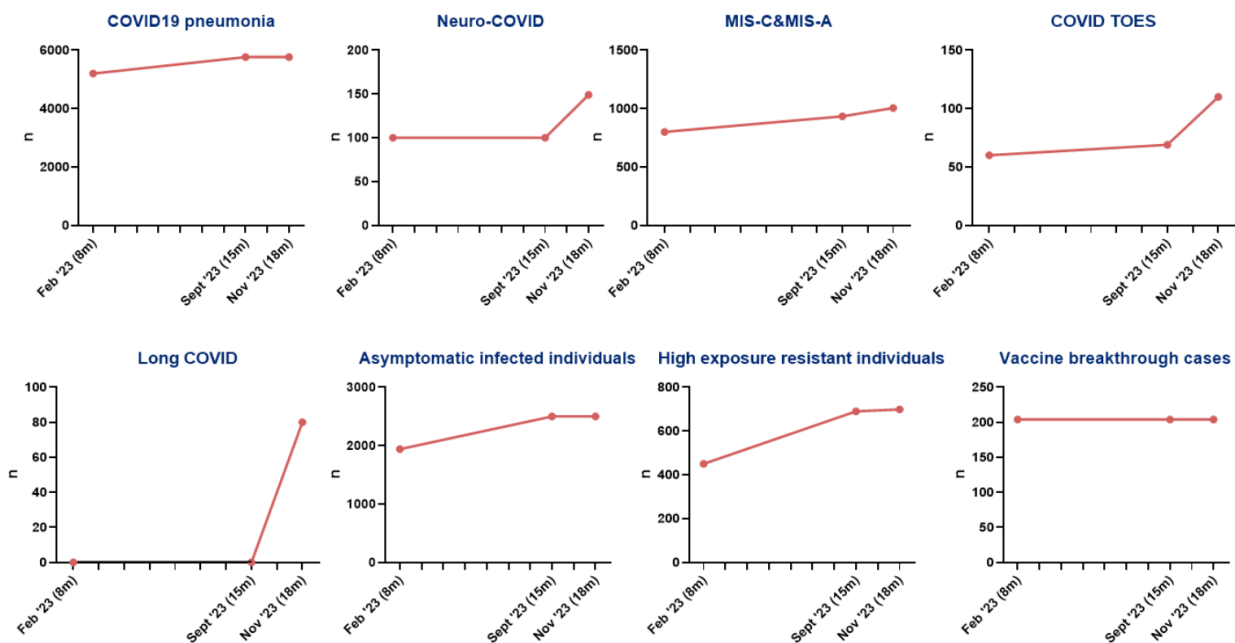
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# 1 Database for prospectively included patients in UNDINE

## 1.1 WP1 - prospective recruitment since start of the UNDINE project

Within WP1, since June 2022, we have included prospective data cohorts, next to a cohort, mostly gathered under COVID-Human Genetic Effort. The inclusion rate is slow since June 2022 effectively, in accordance with the biological course of the pandemic, during the last two years – the figure below illustrates the inclusion of patients up until end Nov 2023 (18mo). Since then, few additional patients have been included, these patients mostly begin already recruited by the centers since June 2022 and the included in UNDINE WP1.



1. COVID-19 pneumonia: 5771 in total, or 871 since start of the project,
2. Multisystemic Inflammatory Syndrome of Children (MIS-C) or Adults (MIS-A): 1008 in total, or 408 since start of the project,
3. Severe neurological forms of COVID-19 (neuro-COVID): 149 in total or 69 since start of the project,
4. Long-COVID: 356 in total, or 384 since start of the project,
5. Asymptomatic infected individuals: 2501 in total, or 611 since start of the project,
6. Resistant individuals despite high exposure to SARS-CoV-2: 830 in total, or 290 since start of the project,
7. Breakthrough cases, with critical COVID despite vaccination: 320 in total, or 116 since start of project,
8. Patients with IEI infected with SARS-CoV-2: no more inclusions of patients with known IEI since June 2023: 3000 patients in total.

Within the governance of UNDINE, all WP coordinators have access to the genetic (whole exome sequencing / whole genome sequencing / transcriptomics / proteomics raw data) and if needed clinical (case definitions, case reports) and laboratory data (proof of infection / vaccination / markers of MIS-C) and if needed, the corresponding biological samples (serum, peripheral blood monocytes, plasma, DNA, RNA) of the included patients.

## **2 Conclusion**

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Despite slowing of the pandemic, fortunately, the prospective inclusion has been achieved in sufficient numbers to act as a platform for the other WPs represented within UNDINE.