relevant information. There is also functionality for the rheumatology team to reply to the referral with advice, which creates a new permanent document in the patient's EPR.The Orthopaedic team, who are the first point of call for hot joints in our Trust, were consulted to ensure that there were not any unintended consequences as a result of this change. The form included the following sentence to avoid delays in patient care for septic arthritis: 'patients with suspected septic arthritis should be referred to Orthopaedics by ringing the on-call registrar'.

Conclusion: The current method of paper rheumatology referrals was inefficient and referrals often lacked vital information. The new electronic system will ensure relevant items are included in the referral and that there is a clear audit trail of the referral process. Referrals will be re-evaluated again in three months to assess the impact of this change on outcomes including time to rheumatology review and inpatient bed stay. In the second round of this project we plan to include an education component onto the rheumatology referral form. For example, if gout is suspected, the referrer will be linked to guidelines and patient information sheets to assist best management whilst awaiting review. We would encourage others to consider their referral systems- could you improve yours?

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| THU0626 | SOCIAL NETWORKS AS A SOURCE OF INFORMATION FOR PATIENTS WITH RHEUMATIC DISEASES |

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Background: Internet is an informative source for patients with different diseases. False information in social networks about health issues is a growing problem. Rheumatology is no stranger to this problem and there is a lot of false information regarding rheumatic diseases.

Objectives: To show objective data on misinformation published in social networks available to spanish-speaking rheumatic patients

Methods: We create accounts on Facebook (FB) and Google unique for this work. Multimedia was included in Spanish, with a convenience sampling according to the deployment of the platform (FB) or in descending order for reproductions on YouTube (YT). Two independent reviewers extracted information on online time, number of reproductions and characteristics of the most popular videos. Videos consulted on 10-11-18.

Results: With the search term "rheumatoid arthritis" (RA), the most reproduced video is titled "celery green juice for arthritis" (6.4 million reproductions). Of the first 50 videos with more reproductions, 39 are of natural or home remedies such as vinegar, "moringa", etc., and 35 videos indicate in their content, that they can cure RA. With the term "lupus", the most reproduced video is titled "God's tea, cure chronic tiredness, thyroid, arthritis, lupus and vertigo" (1.4 million reproductions). Of the first 50 videos with more reproductions, 31 correspond to natural or home remedies such as celery, thyme, diets among others and 29 videos indicate that they can cure lupus. With the term "fibromyalgia", the most reproduced video is entitled "I am 61 years old and this cured my arthritis, vertigo, fibromyalgia, lupus, chronic fatigue and the thyroid" (1.1 million reproductions). Of the 50 first videos with more reproductions, 40 are of natural or home remedies such as thyme, tea, among others and 33 videos indicate that they can cure the disease. With the data of the videos uploaded online in October 2018, 50 videos were chosen in YT and FB. There was no correlation between online time and the number of views on any platform. In FB, 56% of the videos contained false information, with no difference in online time in both groups (16 [12-22] vs 18 [13-25], p = 0.3).). In YT, only 38% was considered false information, without differences between groups in online time (19 [11-26] vs 22 [12-24]).

Youtube				
	Total	**Trustwhorty**	**False**	**P valor** [c]
n (%)	50	31 (62)	19 (38)	-
Time on line[a, b]	21 (11-25)	19 (11-26)	22 (12-24)	0,76
# Reproductions [b]	40,5 (15,2-295,5)	25 (11-180)	239 (38-1082)	0,018
Most played video Time on line # Reproductions	*"Rheumatoid arthritis: biological treatment changed my life"* 7 years 1 million		*"Green celery juice for arthritis"* 5 years 6.4 millions	-

[a] Days; [b] median with interquartile range; [c] Mann-Whitney

Facebook				
	Total	**Trustwhorty**	**False**	**P valor** [c]
n (%)	50	22 (44)	28 (56)	-
Time on line[a, b]	17,5 (13-24)	16 (12 – 22,2)	18 (13 -24,7)	0,3
# Reproductions[b]	444 (47,5-1889)	1050 (308- 2077)	89,5 (4,7- 1204)	0,012
Most played video Time on line # Reproductions	*"This woman lives with Rheumatoid Arthritis"* 19 days 295 679		*"Why remove gluten and dairy products in cases of rheumatoid arthritis?"* 11 days 22 874	-

[a] Days; [b] median with interquartile range; [c] Mann-Whitney

Conclusion: YT and FB are social networks with a high content of false information. The majority of available videos promise to cure different rheumatic diseases (even several simultaneously). This is the first work of a line of research that seeks to highlight the high degree of misinformation. We will continue to analyze other diseases and social networks, to make publications and communications in different media and to alert local regulatory entities.

| THU0627 | VACCINATIONS IN PATIENTS WITH AUTOIMMUNE INFLAMMATORY RHEUMATIC DISEASES: STILL ROOM FOR IMPROVEMENT |

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Background: Patients with autoimmune inflammatory rheumatic diseases (AIIRD) have an increased risk for acquiring infections. Vaccines were developed to diminish the prevalence of vaccine-preventable infections. The EULAR recommendations for vaccination in adult patients with AIIRD emphasise the importance of assessing the vaccination status of patients with AIIRD.

Objectives: To determine the vaccination status of patients with AIIRD, the reason for non-vaccination and the proportion of patients that are vaccinated according to the EULAR recommendations.

Methods: The single-centre cross-sectional COLOSSeUM study was conducted in a tertiary referral centre. Between August and December 2018, all consecutive patients with AIIRD including Rheumatoid Arthritis (RA), Psoriatic Arthritis (PsA), Ankylosing Spondylitis (AS) and Juvenile Idiopathic Arthritis (JIA) who visited the outpatient clinic were included. The vaccination status (influenza winter season 2017-2018, pneumococcal, tetanus toxoid and hepatitis B vaccine) and history of varicella zoster virus infection was determined using a one-page questionnaire which was completed by the treating rheumatologist after discussion with the patient.