

# Statement on COVID-19 vaccination for In Centre Haemodialysis (ICHD) patients

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**Kidney patients affected by COVID-19 are at substantially increased risk of death compared to age-matched patients without kidney disease.**

- Kidney patients receiving in-centre haemodialysis are at the highest risk from COVID-19. They are unable to shield as they must visit busy dialysis units at least three times per week for life-maintaining treatment.
- Large numbers of in centre haemodialysis patients have been badly affected by COVID-19 in the current surge of infections.
- **3% of all ICHD patients in the UK have died** to date from COVID-19. Sadly, **these are patients of all ages.**
- Most people receiving ICHD are **younger than 70 years old.**
- The necessary admission to hospital of many ICHD patients with COVID-19 is also contributing significantly to bed occupancy and to ITU bed usage, with further resource implications for renal replacement therapy provision in acute ward setting.

Prevention of COVID-19 in this group, by their prioritisation for immediate vaccination, could be delivered efficiently in conjunction with renal units and would protect both these patients and the resources of the wider health system. There should also be a focus on the prioritisation of vaccination for health care professionals involved in the care of ICHD patients.

- The prompt availability of vaccination for all ICHD patients will require local prioritisation and local support to ensure that vaccination for ICHD patients is not postcode dependent.

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Kidney disease is very common, affecting up to one in 7 of the adult population. Many people with kidney disease have been at high risk from COVID-19 during the pandemic.

The kidney patients at highest risk of death from COVID-19 are those who receive in centre haemodialysis (ICHD); this treatment is given in the UK at one of over 200 dialysis units at hospitals and in the community. These dialysis units are managed by nurses, doctors and allied health care professionals in renal services based in NHS Hospital Trusts or are delivered in partnership with private dialysis providers.

Patients receiving ICHD have been at a catastrophic risk of death if infected by COVID-19. To date, **3 in every 100 ICHD patients have died of COVID-19** since the pandemic started.

On acquiring a COVID-19 infection, **an ICHD patient has a 1 in 5 risk of death** within two weeks. The risk of death in the general population on acquiring a COVID-19 infection is less than 1 in 200.

The risk of death for patients aged 60-79 and receiving ICHD is 6-fold that of an over 80-year old in the general population, and **the risk of death for a 30-year old receiving ICHD who acquires COVID-19 is equivalent to the risk of death of an over 80-year old who acquires COVID-19 in the general population**, but the 30-year old will lose several decades rather than several years of life.

Therefore early COVID-19 vaccination for patients receiving ICHD is an absolute priority. It is encouraging that the first patient to receive the AZ vaccine in the UK was an 82-year-old ICHD patient (in Oxford, UK).

The renal community welcomes support from the Joint Committee for Vaccination and Immunisation (JCVI) that ICHD patients should be prioritised for vaccination through clinical extremely vulnerable (CEV) status as well as age and have recommended that patients receiving ICHD have the option of vaccination through their dialysis units. At present this would mean that any ICHD patient younger than 70 would be vaccinated with those in the 70-74 age group. Further prioritisation of this group for immediate vaccination will save lives. The majority of patients receiving ICHD are younger than 70 years old

The recommendation for vaccination at dialysis units is crucial, as ICHD patients have the large majority of their care coordinated through the dialysis service and may not access community based care as effectively as other patient groups. There is evidence for this for influenza vaccination, where despite a national programme many ICHD patients are not vaccinated in primary care, however when influenza vaccination is offered at the dialysis unit there is very high take-up.

Current vaccination models risk major variability in the timing of vaccination for ICHD across the UK. This variability could result in the death of many more ICHD patients from COVID-19. Many renal services recognise the time-critical requirement for vaccination of patients receiving ICHD, and some services are already vaccinating ICHD patients. However, the prompt availability of vaccination for all ICHD patients will require local prioritisation and local support to ensure that vaccination for ICHD patients is not postcode dependent.

**We therefore call for all providers of ICHD to prioritise the vaccination of patients receiving ICHD now.**

Providers are also asked to focus on the early vaccination of all health care professionals who are involved in direct patient care in dialysis units. There have been very high rates of COVID-19 infection in this staff group, with an ongoing risk of staff-patient and patient-staff infection whilst COVID-19 remains endemic.

To support this patient and professional groups are working closely with NHS networks to ensure sharing of good practice from those services that are already vaccinating ICHD patients, to identify the vaccination status of all ICHD patients, and to deliver a major communication and education programme to support the understanding of the importance of vaccination for ICHD patients.

## There are important further considerations which reinforce **the urgency of vaccination for patients receiving ICHD**

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- In centre Haemodialysis Patients (ICHD) cannot shield even though they are classified as CEV; they have to travel to and receive dialysis at satellite dialysis units at least three times a week. Careful measures have been put in place to minimise infections during travel and treatment, however, there is still increased risk and clear evidence of clustering of infections in ICHD patients as a consequence of not being able to shield. Routine asymptomatic testing of patients in ICHD population have identified an increasing number of positive results compounding this risk.
- Many patients under the age of 75 who receive in centre haemodialysis are on the waiting list for kidney transplantation. The vaccination of patients on the waiting list for transplantation is crucial, as patients who acquire COVID-19 early after they are transplanted are at a very high risk of death because of the high immunosuppression treatment that they immediately require on transplantation
- Patients of South Asian and black ethnicity and those of lower socioeconomic status are known to have a disproportionate risk of death from COVID-19. These groups are also over-represented in the ICHD population. Delays in vaccination of this group therefore risk widening such health inequalities further.

The renal community welcomes the outstanding national effort to provide widespread COVID-19 vaccination and remains committed to working with all partners to support this. However we now believe that in the current surge there is a clear need to prioritise all ICHD patients for immediate vaccination.