

## UK Kidney Association statement on the care of adult clinically extremely vulnerable kidney patients after easing of COVID-19 restrictions on 19th July

### Summary of key messages

- 1. COVID-19 vaccination offers the best available protection to clinically extremely vulnerable (CEV) kidney patients and should be recommended to all kidney patients.**
- 2. Some kidney patients may not have achieved full protection from vaccination with 2 doses of an MHRA approved COVID-19 vaccine.**
- 3. We recommend that all CEV kidney patients (those at Chronic Kidney Disease (CKD) Stage 5, on dialysis, with a kidney transplant or who are on significant immunosuppression for autoimmune kidney disease) continue to follow enhanced precautions, following the lifting of wider restrictions on 19 July.**
- 4. Healthcare facilities should maintain full protective environments in kidney dialysis units and kidney outpatient areas and should continue to provide COVID-19 protected “green” pathways for kidney dialysis patients, transplant recipients and patients who are on or have recently received significant immunosuppression for autoimmune kidney disease. This should include the provision of COVID-19 safe hospital transport for CEV kidney patients.**



People with kidney disease have been severely affected by COVID-19 with high rates of severe infection, critical illness, and death. We welcome the huge progress that has been made with the treatment of COVID-19 and the successful UK vaccination programme.

However, the UK Kidney Association (UKKA) and charity partners at Kidney Care UK, the National Kidney Federation, and Kidney Research UK remain concerned that the many clinically extremely vulnerable patients within kidney disease continue to be at risk from COVID-19.

Early data shows that vaccination confers a degree of protective immunity from COVID-19 in most patients with kidney disease; however this is not the case for many patients with kidney disease who are clinically extremely vulnerable. In particular, there is uncertainty about true protection against newer COVID-19 variants, including the dominant Delta variant.

We therefore recommend that with the ongoing high rates of community infection, and until there is further data on vaccine efficacy in CEV kidney patients, a cautious approach is taken to the easing of COVID-19 restrictions in CEV kidney patients.

**We and our partners are committed to supporting people with kidney disease by continued patient education and information, advocating for continued enhanced precautions within healthcare and other settings and ongoing lobbying to advocate for early third booster COVID-19 vaccine doses and access to alternative treatments and trials.**

**We are committed to ongoing discussion with the Joint Committee on Vaccination and Immunisation about the vulnerability of kidney patients and their prioritisation for third vaccine booster doses and other new therapies.**

## The increased vulnerability of people with kidney disease has been recognised by the Department of Health through the inclusion of four separate subgroups of people with kidney disease in the CEV group.

These groups are:

### People receiving dialysis for end-stage renal failure

UK Renal Registry data has shown that for in-centre haemodialysis patients infected with COVID-19 during the first wave, the 14-day mortality rate was 20%. During the second wave of the pandemic peaking in mid-January 2021, the 14-day mortality rate in this population was approximately 10%.

The significantly increased risk has been incorporated in tools such as the ALAMA age score and the Q - COVID risk calculator.

After the mid-January peak, the numbers of cases fell steadily and have remained low in most regions until the end of the most recent current data collection at the end of June. However, small increases were already visible in the Midlands and North West by late June. The UK Renal Registry reports on COVID-19 can be found at <https://renal.org/audit-research/publications-presentations/report/covid-19-surveillance-reports>

Over the last few weeks, there has been a substantial rise in COVID-19 cases in the community, and now an increase in hospital admissions and deaths. Latest national COVID-19 rates can be found at <https://coronavirus.data.gov.uk>

### People who have received kidney transplants

The COVID-19 pandemic has had a significant impact on people who have kidney transplants or are awaiting a kidney transplant.

As of 14 July 2021, of the 41,104 people with a functioning kidney transplant NHS Blood and Transplant (NHSBT) recorded 3,154 (7.6%) positive COVID-19 tests in people, of whom 417 (13.2%) died within 28 days of positive COVID-19 test. It is likely that COVID-19 transmission to kidney transplant recipients was limited by shielding type behaviour, so available data may underestimate their COVID-19 risk. This risk will rise if shielding practices are less robust.

Early data from NHSBT for December 2020 to 24th June 2021 shows that of 6,724 unvaccinated solid organ transplant recipients, 466 (7%) had a PCR-confirmed COVID-19 infection, of whom 189 (40%) died. In 41,258 patients who had received a single vaccine, 316 (0.8%) had a PCR-confirmed COVID-19 infection later than 14 days after the vaccine dose, of whom 32 (10%) died. Of 39,280 patients who had completed both vaccines, 76 (0.2%) had a PCR COVID-confirmed infection greater than 14 days after the second dose, of whom 6 (8%) died. These findings have not been adjusted for risk factors and these results may have been influenced by ongoing shielding-type behaviours.

### People with stage 5 chronic kidney Disease (CKD) not receiving renal replacement therapy

Data from the Open Safely data set has shown that patients not yet receiving renal replacement therapy but who have an eGFR less than 15 ml/min (CKD stage 5) are also more likely to suffer adverse outcomes if infected with COVID-19.

### People with autoimmune kidney disease who have received treatment with immunosuppression

Whilst data in this group are less clear, there is an indication from case reports that kidney patients on high-dose immunosuppression are at increased risk of adverse outcomes if they develop COVID-19.

## On 19th July (“freedom day”), legal restrictions on social contact were removed in England and relaxed in the devolved nations.

The UKKA recommends that after 19th July:

1. All CEV kidney patients should continue to be treated as highly vulnerable regardless of their COVID-19 vaccination status. Full government guidance regarding CEV persons after 19th July can be found at <https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>.

CEV kidney patients should continue to be given the opportunity to work from home where possible and where returning to onsite working they should be offered a work based assessment to ensure their risk of COVID-19 is minimised.

Kidney units should continue to educate CEV kidney patients about their potential ongoing vulnerability to COVID-19 and continue to provide advice about continuing enhanced precautions to reduce the chance of community acquired infection.

Kidney units should update their CEV patient lists to ensure people can be identified for access to booster vaccines and emerging therapies. This is particularly important for patients who are on or have recently received significant immunosuppressive therapy for autoimmune disease where database information may not be easily accessible.

2. All kidney patients receive two doses of an MHRA approved COVID-19 vaccination. UKKA guidance on vaccination against COVID-19 can be found at <https://renal.org/health-professionals/covid-19/covid-19-vaccination>. Early data suggest that whilst many kidney patients do make a response to COVID-19 vaccines, some patients may make a suboptimal response as measured by antibody response and/or cellular response.
3. All patients and kidney staff are made aware of rising rates of COVID-19 in the community and those who have not yet accessed or have declined vaccination are provided with up to date information and support to access vaccination where desired. Data from NHSBT concerning transplant patients has suggested that uptake of vaccines is lower in London and in black and other minority ethnicity (BAME) populations, who may therefore particularly benefit from enhanced support.

4. All kidney patients receive education about the potential benefits of a third COVID-19 vaccine dose. It is anticipated that this may be available from September. Patients who are currently active on the kidney transplant list should be offered an individualised discussion about their COVID-19 risk and the opportunity to postpone activation on the kidney transplant waiting list until after a third booster dose of a COVID-19 vaccination if desired.
5. All kidney patients should be prioritised for an early third COVID-19 booster vaccine dose as soon as possible. Following new data showing blunted laboratory response to the Delta variant following two doses of COVID-19 vaccination, kidney patients should be prioritised within CEV groups to be in the earliest group of patients to receive a third dose. We also recommend that all CEV kidney patients be made aware of the opportunity for their household contacts to receive a third vaccine dose during the booster programme.
6. We welcome the plan to offer all frontline healthcare staff a third vaccine booster dose and are committed to ensuring all dialysis staff working in commercial units are also prioritised for third dose vaccination.
7. Haemodialysis units continue to practice full protective precautions developed during the peak of the COVID-19 pandemic until more is known about rates of COVID-19 in the community and efficacy of COVID-19 vaccines. Measures should include:
  - All patients and staff should be mandated to wear full surgical face masks during HD sessions and during travel to and from dialysis units if not using their own private transport.
  - All patients should be offered the opportunity to maintain 1 metre social distancing during hospital transport and in dialysis units.

Full guidance can be found at <https://renal.org/health-professionals/covid-19/ukka-resources>

8. We support the cautious resumption of dialysis away from base where possible though this should be at the discretion of local units – full guidance on recommended precautions can be found at <https://renal.org/health-professionals/covid-19/ukka-resources>
9. All healthcare organisations treating kidney patients maintain full green COVID-19-free pathways of care especially for patients who have been recently transplanted and for those receiving high level of immunosuppression including those who have received rituximab within the last 6 months.

## Key government guidance for clinically extremely vulnerable patients post July 19th 2021

(timetables may differ slightly between devolved nations but exact details of dates for restriction easing can be found at the links below)

### Consider the risks of close contact with others:

- in crowded spaces, where there are more people who might be infectious
- in enclosed indoor spaces where there is limited fresh air
- when COVID-19 disease levels are high in the general community

### Take steps to reduce the risk of catching or spreading COVID-19. For example:

- meet outside if possible – the particles containing the virus that causes COVID-19 are quickly blown away which makes it less likely that they will be breathed in by another person
- make sure the space is well ventilated if you meet inside; open windows and doors or take other action to let in plenty of fresh air – please see the COVID-19: ventilation of indoor spaces guidance for more information
- consider whether you and those you are meeting have been vaccinated – you might want to wait until 14 days after everyone's second dose of a COVID-19 vaccine before being in close contact with others
- wash your hands regularly and avoid touching your face
- consider continuing to practice social distancing if that feels right for you and your friends
- asking friends and family to take a lateral flow test before visiting you
- ask home visitors to wear face coverings

**England** <https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>.

**Northern Ireland** <https://www.health-ni.gov.uk/publications/health-protection-coronavirus-restrictions-regulations-northern-ireland-2021>

**Scotland** <https://www.gov.scot/publications/coronavirus-covid-19-protection-levels/>

**Wales** <https://gov.wales/restrictions-from-17-July>



## Resources

UK Kidney Association

[www.renal.org/health-professionals/covid-19](http://www.renal.org/health-professionals/covid-19)

Kidney Care UK

[www.kidneycareuk.org/coronavirus](http://www.kidneycareuk.org/coronavirus)

National Kidney Federation

<https://www.kidney.org.uk/news/coronavirus-latest-information-and-advice>