Dear Chief Executive,

**A request to support prioritisation of vaccination for all patients receiving in centre haemodialysis at your Trust.**

We write on behalf of the renal professional and patient groups.

The identification that all those who are clinically extremely vulnerable and those over 70 should be prioritised for vaccination is welcome. This is vitally important news and will save many lives. The renal CEV group includes all in centre haemodialysis patients and the renal professional and patient groups together with other representative organisations lobbied very hard for immediate prioritisation of this group.

Unfortunately Trusts have seen many patients receiving ICHD die from COVID-19 to date. Peer-reviewed published data exists to demonstrate the vulnerability of this group to COVID-19 (referenced below) and sadly this will continue until these patients are vaccinated.

**Dialysis units are at least ‘care home equivalent’ for risk of death from COVID-19. 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, however the 30-year old will lose decades rather than years of life. Each dialysis unit within your Trust should be considered, in respect of COVID-19, as a care home embedded within your Trust.**

Some Trusts have already completed vaccination of their ICHD, others are in process. We would therefore request that your Trust supports its local renal service to ensure vaccination of its ICHD population immediately as supported by the JCVI.

**‘JCVI recognises that persons on ICHD attend healthcare facilities regularly. This is an opportunity for vaccination, with a high level of certainty with respect to attendance for the second dose of vaccine. The Committee agreed that implementation teams should take advantage of the setting of ICHD facilities to vaccinate eligible individuals. This advice has since been communicated to NHS colleagues.**’

If there is a specific issue with availability of vaccination in your Trust, then please do tell us and we will help make the national case for this.

There is a national framework of support that is in place for your renal services to proceed with vaccination, if signed off within your organisation.

Thank you for all you are doing during the pandemic.

Yours sincerely

 

**Professor Paul Cockwell Dr Sharlene Greenwood**

**President elect, The Renal Association President, British Renal SocietyAdditional information**

1. UK Renal Registry data 1 from the first wave has shown the kidney patients are at particularly high risk of severe disease and death following COVID -19 infection with approximately 3 % of all in centre haemodialysis patients dying due to COVID-19 in the first wave of infection. Data from the most recent wave confirms that these patients continue to be at significantly increased risk of death2.
2. For an ICHD patient, their risk of death if infected with SARS-Cov2 is extremely high. The relative risk of death after a positive test for ICHD patients as compared to the general population is 45.4 3. Another way of looking at this is to compare the relative risk of death for an ICHD patient against a person aged 80 or over in the general population: at age 60-79 ICHD patients are at 6.2-fold higher risk of death than someone aged 80 or more in the general population, whilst the relative risks are 2.6 for 40-59 year olds and 1.1 for those aged 20-39. In blunt terms, a 30-year old dialysis patient has the same risk of death if infected with SARS-Cov2 as someone aged 80 in the general population.
3. ESKD requiring ICHD is 3-4x more common in people of south-Asian and black ethnicity and is also independently associated with deprivation, groups particularly affected by COVID-19. Unless COVID-19 vaccination programmes are prioritised for this group then pre-existing health inequalities will increase further.
4. Patients who receive ICHD are unable to shield due to the need to visit dialysis centres three times a week for life saving treatment. They are also easily accessible to secondary care services whilst receiving dialysis treatment and are less able to access primary care treatment. The renal community routinely provides hepatitis B and seasonal Flu vaccine to ICHD patients and could rapidly and efficiently deliver the vaccine to all consenting patients if given priority access to the vaccine.
5. The renal community is in a position to accurately monitor immune response and through the UK Renal Registry monitor impact on COVID-19 rates. The community has already set up a group to co-ordinate this activity to ensure that the effectiveness of vaccination in this group can be measured as quickly as possible.
6. The treatment of choice for ESKD is transplantation; delays in transplantation are associated with an increased risk of death but transplant programmes have been severely disrupted by COVID-19. 16% of kidney transplant recipients who tested positive with COVID-19 have died from their illness to date. The majority of patients on kidney transplant waiting lists are also receiving ICHD. COVID-19 vaccination of waiting list patients before transplantation will enable full re-opening of kidney transplant programmes with major benefits on healthcare value.

**References**

1. The Renal Association: Renal Registry COVID-19 surveillance report for renal centres in the UK - A summary of the first wave of the pandemic - March to August 2020. <https://renal.org/sites/renal.org/files/covid_report_first_wave_FINAL_041220.pdf>
2. The Renal Association: Renal Registry COVID 19 surveillance report for all renal centres and regions 1st September - 13th January 2021. <https://renal.org/sites/renal.org/files/ALL_REGIONS_CENTRES_covid_report_130121_FINAL.pdf>
3. Savino et Al; Sociodemographic factors and mortality of individuals in haemodialysis treatment who test positive for SARS-COV-2 : A UK Renal Registry data analysis ; PLoS One. 2020 Oct 23;15(10):e0241263. doi: 10.1371/journal.pone.0241263. eCollection 2020.