

Recommendations on reducing the risk of respiratory virus infections in haemodialysis settings and management of dialysis patients with symptoms of respiratory virus infections

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COVID-19 infection rates remain stable in the UK, but the incidence of Influenza is higher than in recent years. Patients attending hospital for haemodialysis (HD) are at increased risk of acquiring respiratory viruses and suffering a more complicated illness including increased risk of death¹.

Non-pharmaceutical interventions (eg. social distancing, face masks, increased ventilation, hand hygiene) are effective in reducing the risk of transmission of Influenza and COVID-19. The NHS England letter "[Next Steps on IPC](#)" advises that universal masking and non-pharmaceutical interventions should be considered in settings where patients are at high risk of infection, which includes haemodialysis, guided by local risk assessment.

The UKHSA recommends that symptomatic patients with chronic kidney disease and Influenza receive treatment with Oseltamavir (Tamiflu) without delay. It also recommends prophylaxis if they are a close contact of person with Influenza^{1,2}.

The cost-of-living crisis increases the risk of COVID and Influenza transmission for patients receiving dialysis in the following ways:

1. **Increased reliance on shared transport** - patients providing their own dialysis transport are entitled to reclaim travel costs^{3,4}, but find it difficult to do so. This may mean increased reliance on shared hospital transport, which increases the risk of viral transmission.
2. **Choosing not to have home dialysis** - patients who dialyse at home are finding it difficult to reclaim the associated utilities costs which they are entitled to. Patients facing financial hardship may switch to hospital dialysis, or make difficult choices such as missing dialysis sessions, living in cold conditions or reducing food intake⁵.
3. **Poorly heated homes** - patients facing fuel poverty may be forced to live in cold conditions, which are known to increase the risk of respiratory infections.

We recommend the following actions to reduce the risk of COVID-19 and Influenza:

1. Facilitate the provision of **home dialysis** in line with patient choice and provide transparent, prompt **reimbursement of utilities costs**.
2. Support patients to provide their **own transport** where suitable, by providing information on how to **reclaim travel costs and free parking** via the [healthcare travel costs scheme](#) OR the [universal commitment to transport support for people attending in-centre dialysis](#).^{3,4}
3. Perform **local COVID-19 haemodialysis risk assessment** (see page 3 for an example template).
4. Encourage all patients to be up to date with **COVID-19 and Influenza vaccinations**.
5. Clinical staff follow local IPC policy on **facemasks**.
6. Dialysis transport staff to wear **face masks**.

- 7. Encourage patients to wear face masks in the following situations:**
 - a. If they have respiratory symptoms.
 - b. On shared transport – supplied by the dialysis unit if necessary.
 - c. In waiting areas.
 - d. During dialysis if physical distancing or ventilation is poor.
 - e. If they wish to for personal preference.
- 8. Effective triage** at entry to the dialysis unit for respiratory symptoms or fever.
- 9. For dialysis patients with symptoms of respiratory virus infection or fever**
 - a. Dialyse in isolation.
 - b. Test for COVID-19 and Influenza (multiplex PCR)
 - c. Commence Oseltamivir 30mg once daily immediately, pending PCR results
- 10. For dialysis patients with a positive Influenza PCR^{1,2}**
 - a. Oseltamavir 30mg once daily for 5 days (10 days if severely immunosuppressed).
 - b. Dialyse in isolation until 48 hours after symptoms have resolved.
 - c. Identify close contacts on haemodialysis unit and prescribe Oseltamavir 30mg once and then every 2 dialysis sessions for a total of 10 days.
 - d. If living in a care home or similar, inform care home manager as other residents need Oseltamavir prophylaxis.
 - e. If active on the transplant list, place in suspended category until recovered.
- 11. For dialysis patients with a positive COVID-19 PCR**
 - a. Dialyse in isolation for 10 days (or after 2 x negative lateral flow tests days 6 and 7).
 - b. If immunosuppressed, dialyse in isolation until a negative PCR test or after 21 days if shorter.
 - c. If living in a care home or similar, inform care home manager.
 - d. Refer for COVID-19 treatments to local COVID Medicines Delivery Unit (CMDU).
 - e. If active on the transplant list, report to NHS BT and place in suspended category for 28 days or longer if not yet recovered.

References

1. UKHSA Guidance on use of antiviral agents for the treatment and prophylaxis of seasonal influenza, November 2021 <https://www.gov.uk/government/publications/influenza-treatment-and-prophylaxis-using-anti-viral-agents>
2. NHS England letter [Services for the provision of antiviral drugs for the treatment and post-exposure prophylaxis of influenza-like illness \(ILI\) in at-risk patients including care home residents](#), 4th November 2022.
3. NHS England Transport support for patients attending in-centre haemodialysis <https://www.england.nhs.uk/commissioning/spec-services/npc-crg/group-a/renal-services/transport-support-for-patients-attending-in-centre-haemodialysis/>
4. NHS Healthcare Travel Costs Scheme (HTCS) <https://www.nhs.uk/nhs-services/help-with-health-costs/healthcare-travel-costs-scheme-htcs/>
5. Cost of living: the impact on kidney patients <https://www.kidneycareuk.org/get-support/cost-living-impact-kidney-patients/>

Haemodialysis unit COVID-19 and Influenza risk assessment tool

| No. | Question | Yes | No |
|-----|--|-----|----|
| 1 | Patient education – do you display visual prompts to educate staff on actions they should take to keep safe from COVID-19 and Influenza? | | |
| 2 | Staff education - have all staff been trained on their individual and collective role in protecting staff and patients from COVID-19 and Influenza? | | |
| 3 | Staff vaccination – what % of staff have received boosters for Influenza and COVID-19 this autumn / winter? | % | |
| 4 | Vaccination – what % of patients up to date with COVID-19 vaccine including recommended booster doses? | % | |
| 5 | Vaccine hesitancy education – have you provided education within the last 6 months for patients and staff who are vaccine hesitant? | | |
| 6 | Antibody status – what proportion of patients are COVID-19 antibody negative? | % | |
| 7 | Triage - do staff screen patients for symptoms and temperature before entry to waiting area? | | |
| 8 | Hand hygiene - are facilities in place before entry to the waiting area/dialysis unit with hand sanitiser available during dialysis to use before eating? | | |
| 9 | Hand hygiene - do you regularly audit patient compliance with hand hygiene? | | |
| 10 | Hand hygiene - do you regularly audit staff compliance with hand hygiene? | | |
| 11 | Waiting area - do you have visual prompts for social distancing and mask wearing? | | |
| 12 | Waiting area - do you regularly audit compliance with social distancing and mask wearing? | | |
| 13 | Waiting area - are all the chairs at least 1 metre apart? | | |
| 14 | Waiting area - are chairs cleaned at least 3 times a day? | | |
| 15 | Cleaning - do you perform regular audits of cleaning practices in the dialysis unit and waiting area? | | |
| 16 | Dialysis stations/chairs - are they separated by at least 2 metres? | | |
| 17 | Dialysis stations/chairs – can antibody negative patients be kept >2m distance from other patients? | | |
| 18 | Staff social distancing – are staff able to socially distance during break times? | | |
| 19 | Ventilation - have you had a professional assessment of your ventilation and implemented any suggested improvements including maximising intake of fresh air? | | |
| 20 | Patient masks - do all patients wear fluid repellent/surgical face masks during shared transport and in waiting areas? | | |
| 21 | Isolation - can you isolate confirmed, suspected and “close contacts” in separate groups and away from all other patients? | | |
| 22 | Antiviral treatments – do you have a process for prompt prescribing or referral for antiviral treatments for Influenza and COVID-19 | | |
| 23 | Have you had an outbreak of COVID-19 or Influenza within the last 3 months (2 or more patients linked in time and place who tested positive for the same virus) – have you performed root cause analysis and addressed any issues identified? | | |