

SARS-CoV-2 COVID-19 third dose of vaccine for Clinically Extremely Vulnerable adult kidney patients – a position statement

The UK Kidney Association is calling for the Joint Committee for Vaccination and Immunisation (JCVI) to urgently prioritise third dose vaccination to protect those who are clinically extremely vulnerable (CEV) due to kidney disease, along with other CEV groups, and ahead of any planned ‘booster’ vaccination programme for the general population.

Background

1. Those who are CEV because of kidney disease comprise the following groups of people:
 - (i) those receiving long-term haemodialysis
 - (ii) those with kidney transplants
 - (iii) those with CKD stage 5 (eGFR<15 ml/min/1.73m²) not yet receiving dialysis or receiving peritoneal dialysis
 - (iv) those who have received significant immunosuppression for autoimmune kidney disease
2. Most adults who are CEV because of kidney disease have received two doses of a COVID-19 vaccine.
3. The evidence shows that COVID-19 vaccination has saved the lives of many people with kidney disease, and others have been protected from serious illness.

Current recommendations

Whilst kidney patients were largely excluded from early trials of COVID-19 vaccines, significant scientific evidence has been collected about vaccine responses in these groups which now allows us to optimise our vaccination strategy.

- We continue to strongly recommend that adults who are CEV due to kidney disease and who have not yet done so receive two doses of an approved COVID-19 vaccine as soon as possible.
- We recommend that any CEV kidney patient beginning a vaccine course should receive an mRNA vaccine if possible.

Latest research

New data has now confirmed that unlike the general population, many people who are CEV because of kidney disease are not adequately protected by two doses of vaccine. This is particularly the case for exposure to the delta variant.

There is also new evidence that people with kidney disease have a better antibody response to an mRNA vaccine (such as Pfizer) than an adenovirus vaccine (such as Astra Zeneca).

Extensive international data has confirmed that protection is considerably improved by receipt of a third mRNA vaccine dose. A summary of this evidence for patients is being prepared and will be available shortly. A summary of the evidence for professionals can be read [here](#).

We therefore reflect that a **three-vaccine course** should be considered as standard treatment for these patients. The case for this was made to the JCVI three weeks ago: the JCVI were shown a detailed summary of the evidence from the UK and around the world supporting this position, and were the first to see the data on neutralising antibody responses in in-centre haemodialysis patients which were published 12 August 2021.

To date, the JCVI have not responded. The total number of CEV people in the UK (i.e. those who were on the 'shielding list' during the first wave) was around 1.5 million, similar to the total number of 16-17 year olds in the general population. CEV patients have much higher susceptibility to infection. Many are continuing to practice some degree of 'shielding' due to valid concerns that they are not adequately protected, and cannot safely return, like the general population, to 'life as normal'. We call again on the JCVI to act to correct this.

Specifically, we are recommending prioritisation of people in groups (i) and (ii) to receive a 3rd SARS-CoV-2 vaccine dose using an mRNA vaccine and for people in group (iii) and (iv) to receive a 3rd SARS-CoV-2 vaccine and that this *should* be an mRNA-based vaccine. We recommend that these additional vaccine doses are given immediately to those who have received two vaccine doses.

In the meantime, we continue to recommend that:

- a. All people who are CEV because of kidney disease continue to follow enhanced precautions, following the lifting of wider restrictions on 19 July.
- b. 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 safe hospital transport for CEV kidney patients.

Full recommendations on the care of people who are CEV because of kidney disease can be read [here](#).