



Australian and New Zealand Society of Nephrology, Renal Society of Australasia and Kidney Health Australia Position Statement: Priorities for COVID-19 vaccination in adult and paediatric patients with kidney disease and health care workers

1. Local and international data show increased risk and consequence of SARS-CoV-2 infection in patients with kidney disease and healthcare workers (HCW).

The **risk** of exposure and **consequence** of SARS-CoV-2 infection are particularly high for patients undergoing regular dialysis. In the Australian context, seven out of 13 patients on dialysis with SARS-CoV-2 infection died as a consequence. In the UK, nearly 15% of patients receiving maintenance haemodialysis were infected, with a mortality of 20%. Rates of infection for HCWs providing care for patients on haemodialysis in the UK were similar (10-15%). Infection in HCWs poses a significant risk of transmission to a vulnerable patient group as well as a risk to service viability. International mortality rates are similarly high for immunosuppressed patients with kidney transplants.

2. Rationale for COVID-19 vaccination prioritisation for patients with kidney disease and HCWs

Approved COVID-19 vaccines have shown efficacy in reducing symptomatic or severe COVID-19 infection. Although evidence of efficacy of COVID-19 vaccination in vulnerable patient groups with kidney disease is not available, the rationale for vaccination of this group is to reduce the risk of severe disease and possible transmission to other patients and staff.

The rationale for kidney HCW vaccination is mainly to prevent the risk of transmission to a vulnerable patient group, although it is acknowledged that successful vaccination may **not** prevent the risk of mild disease and subsequent transmission. In addition, particular groups of kidney HCWs have specialised competencies essential for the provision of life-sustaining treatment. Prioritised vaccination of these HCW will help to maintain viability of dialysis services by minimising staff illness or quarantine as a consequence of COVID-19 infection or exposure.

3. Recommended vaccination priority groups-renal patients and HCWs

The ANZSN is supportive of the equitable distribution of the vaccine to Aboriginal and Torres Strait Islanders and other disadvantaged groups.

First priority group

1. Patients receiving maintenance dialysis (~13,931 patients receiving maintenance dialysis ¹)

2. Patients who are on immunosuppression for kidney disease or kidney transplantation (~12,815 patients with kidney transplants as at Dec 2020 ¹).
3. Patient-facing HCWs who provide care for the above patient groups.

Second priority group

1. Patients with advanced chronic kidney disease (stage 4/5)
2. Patient-facing HCWs who provide care for the above patients

Third priority group

1. Close contacts of patients in the above priority groups
2. Patients with stage 3 chronic kidney disease who do not otherwise fit into the priority groups described above
3. Kidney HCWs who do not otherwise fit into the priority groups above

Logistics of vaccination to prioritised kidney disease populations

Kidney care services in Australia have a very close therapeutic relationship with the patients identified in the first and second priority group above and are well placed to administer vaccination programmes and capture data.

It is acknowledged that implementation of vaccinations will depend on vaccine availability and local logistics, as well as accessibility to the above priority groups.

¹ <https://www.anzdata.org.au/anzdata/>

Important notice

This statement has been developed by the Australian and New Zealand Society of Nephrology (ANZSN) to provide advice to Australian governments to support their COVID-19 vaccination strategy.

The COVID-19 pandemic is rapidly evolving, and there is currently limited information about the COVID-19 disease aetiology or treatment or prevention. The advice provided in this statement is to be considered in this context.

The ANZSN, RSA and KHA have each made reasonable efforts to ensure that the information in this statement is as accurate as possible, however none of the organisations, jointly or severally, guarantees or warrants, in any way, the accuracy, completeness, currency or source of any material in this statement.

The ANZSN reserves the right to change any information in this statement at any time.