DaVita International encourages health policymakers and public health agencies to prioritise in-centre haemodialysis patients in the first round of COVID-19 vaccinations

Whilst COVID-19 transformed everyone's lives in 2020, the pandemic has disproportionately affected at-risk people who live with chronic health conditions. Many countries have adopted policies that 'shield' people with chronic conditions to reduce their exposure to COVID-19 in their communities.

People who suffer from advanced chronic kidney disease (CKD) may require a treatment called dialysis to filter toxins from their blood because their kidneys can no longer do so. As such, dialysis is not optional; it is life-sustaining. The most commonly chosen form of dialysis is In-Centre Haemodialysis (ICHD), where patients travel at least three times a week to specialist dialysis centres to undergo their treatments. If patients miss their treatments, there can be serious health consequences such as an increased risk of hospitalisation or even the potential risk of death. As a result, ICHD patients must continue to come to dialysis centres for regular treatments throughout the pandemic.

In our ICHD centres, we have enhanced multiple measures to protect our patients during the pandemic. This includes vigilant screening of individuals at the front door of our centres, instituting intensive infection control and hygiene processes, as well as universal mask use and social distancing at all times. Although these measures help to create a low-risk environment in our centres, patients are still at risk of exposure, especially when traveling to-and-from treatments or when they go out into the community.

If an ICHD patient contracts COVID-19 during a hospital admission, for example, they will have to receive their dialysis treatment in isolation from other patients, by a dedicated team, to reduce the risk of infection spread. This can sometimes mean moving the patient to a centre farther away from their home. Whilst such actions are necessary to protect other patients, these sudden changes can be incredibly disruptive to the lives of patients and can lead to anxiety and uncertainty. We prioritise patient safety at all times, and equally wish to safeguard each affected patients' psychological wellbeing and experience of care. However, such measures are the only way to protect our patients and keep them safe from COVID-19.

There is a clear evidence base that confirms poor clinical outcomes in ICHD patients who are diagnosed with COVID-19. European registry studies have shown that one in four (25%) ICHD patients die within 28 days of diagnosis with COVID-19[1] with some countries reporting mortality rates of nearly 30%.[2]

This mortality rate is alarming, persisting despite advances in hospital management of COVID-19 and indicating that ICHD patients have a vulnerability to COVID-19 beyond that of the general population. There is data to suggest that younger ICHD patients have a greater risk of death from COVID-19 than an 80 year old from the general population.[3] Furthermore, studies have shown that patients with CKD are at much higher risk of hospitalisation from COVID-19 than the general population.[4, 5]

Current COVID-19 vaccination policy in several countries places the elderly and people who live in full-time residential or nursing home care and their care team members at the top of the priority list for vaccination access. This policy approach stems from the clinical vulnerability of residents and the higher risk of spread of COVID-19 infection within a care home.

We believe that ICHD patients should be prioritised in the first round of COVID-19 vaccinations due to their clinical vulnerability and a greater exposure risk to COVID-19 because of the nature of treatment compared to the general population. It is imperative that public health agencies and health policymakers understand that ICHD patients are a highly vulnerable group at high risk of death should they contract COVID-19.

We are organised to effectively provide vaccinations for this group of people and could relieve the vaccination workload from public health agencies. Success in overcoming the COVID-19 pandemic requires communities to come together and partnerships across all sectors. As a provider of kidney care services for 31,000 ICHD patients across the globe, we would be well-positioned to work with country public health agencies in any way possible to protect this vulnerable group and help society overcome a pandemic that has been responsible for so much loss of life in 2020.

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[1] Hilbrands et al., **COVID-19-related mortality in kidney transplant and dialysis patients: results of the ERACODA collaboration** Nephrol Dial Transplant 2020 Nov 1;35(11):1973-1983.

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[3] https://www.kidneycareuk.org/news-and-campaigns/news/covid-19-vaccination-adult-patients-kidney-disease/

[4] Oetjens MT et al. **Electronic health record analysis identifies kidney disease as the leading risk factor for hospitalization in confirmed COVID-19 patients.** PLoS ONE 15(11): e0242182 2020

[5] ERA-EDTA Council **Chronic kidney disease is a key risk factor for severe COVID-19: a call to action by the ERA-EDTA** Nephrology Dialysis Transplantation, gfaa314, doi.org/10.1093/ndt/gfaa314