



Updated COVID-19 guidance for children with kidney disease on dialysis, and immunosuppression (including kidney transplants)

Updated 3rd August 2021

This guidance has been revised based on updated information and changes in national advice. More information can be found in our infographic, FAQ section and evidence section on our website.

This guidance continues to be based on information on COVID-19 cases from kidney units across the UK. Reassuringly, very few UK children with kidney disease have been admitted to hospital with COVID-19. Most infected children have been mildly affected only. There is no evidence that medicines affecting the immune system increase the risk of catching COVID-19 in children and young people with kidney disease, and no proof they cause a more severe infection. Children and young people (CYP) with additional health problems such as severe neurological disorders and Down syndrome may be at increased risk, and you should discuss this with your kidney team if this is relevant to you.

We will continue to follow the situation closely. Advice may change as doctors and scientists gather more evidence, and we will share all important new information with you.

Guidance produced after consultations with paediatric nephrology colleagues and kidney units. Thank you to all contributors

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Most children and young people with kidney disease are not at an increased risk of COVID-19 compared to others their age.

There are times when children and young people with kidney disease are at increased risk of infections because of their treatment. We would recommend precautions in the following situations to protect from infections including COVID-19:

- CYP with recent kidney **transplants** – for at least 6 weeks immediately after transplant.
- CYP on **high level of immunosuppressive medication for active disease undergoing induction treatment**: this includes those who are currently receiving or within 4 weeks of receiving:
 - High dose steroids AND another very powerful immunosuppression, e.g., cyclophosphamide, rituximab.
- **Your kidney team determines with you that your child is at increased risk of infection.**

Guidance

- CYP in this group are **at risk of all types of infections** and complications, not only COVID-19. Families should be kept informed on how to seek urgent healthcare advice should they become unwell. It is important to be **up to date with immunisations including annual inactive influenza** when it is offered this year.
- At these times CYP should take sensible precautions to reduce the risk of all infections including COVID-19. This would include avoiding crowded places, particularly indoors, ensuring good hand hygiene, maintaining a good distance from other people, and minimising the number of people you mix with. It is important that CYP have time outside and to exercise.⁹ When going outside you should go to quieter places where you can stay 2m away from other people. You may also wish to continue to wear a mask. We would recommend not going to school or nursery for this 4–6-week period.
- In some situations, for example if a CYP has additional health problems or the local incidence of infection is high, it may be sensible to extend this period for up to 3 months. Your local kidney team will advise you if this is the case.
- **Parents/carers and young people within the household or that you mix with regularly** should also avoid crowded places, particularly indoors, ensuring good hand hygiene, maintaining a good distance from other people, and minimising the number of people you mix. You may also wish to continue to wear a mask. Household members may also wish to discuss with their employer about putting suitable arrangements in place to minimise risk including working from home if possible.



Children and young people waiting for a kidney transplant¹⁰

- Special protective measures and COVID-19 testing are required in the 2 weeks leading up to a planned **living donor transplant** to minimise the chance of infection. Your kidney unit will advise you of exact details.
- Unless they have other risk factors, CYP on the **waiting list for a deceased kidney** transplant are not at higher risk of catching COVID-19 or having serious illness with the infection. However, your kidney unit will decide with you if additional measures are required before activation on the waiting list.

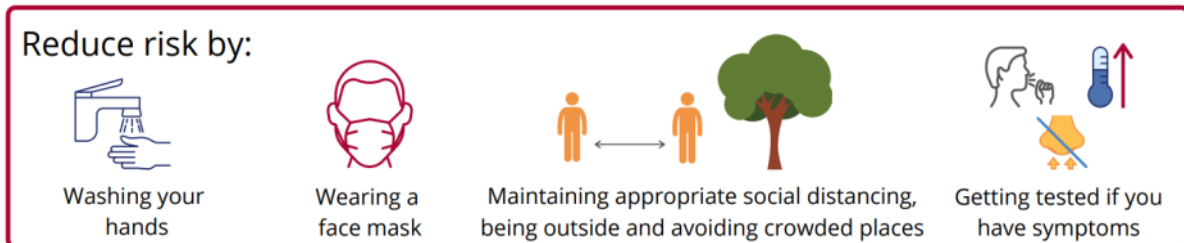
Vaccination^{11,12}

- Currently the Pfizer vaccination has been tested and shown to be safe and effective in children 12 years and older.
- We would recommend vaccination as per guidance from the JCVI which is targeted at those most at risk of severe disease if infected. There is also evidence that if you are being treated with medicines that suppress (reduce) the immune system (immunosuppressed), it is more important to have two vaccines to achieve adequate protection. This is another reason why we would consider it important to prioritise this group for vaccination.
- Children and young people 12 years of age or older who have kidney disease and immunosuppressed would be eligible for the vaccine. This includes those on dialysis, those with, or on the waiting list for a kidney transplant and those with conditions like nephrotic syndrome, glomerulonephritis, or vasculitis where CYP are taking treatments that suppress the immune system. The Green Book Chapter 14a (ref 12) provides more information on what would constitute treatments that reduce the immune system where vaccination is recommended.
- Young people 16 years of age or older who are taking immunosuppressive treatment as above or have chronic kidney disease stages 3-5 continue to be eligible for vaccination.
- We would recommend vaccinating children and young people 12 years of age or older before a planned treatment if possible, e.g., a renal transplant, but not to delay this treatment if the vaccine cannot be given before.
- The JCVI also recommends that children and young people 12 years of age or older who live with an immunosuppressed person should be offered the vaccine. This is to indirectly protect their immunosuppressed household contacts, who may be at higher risk of serious disease from COVID-19 and may not generate a full immune response to vaccination.
- We recommend that you attend for vaccination if you or your children are invited to do so.

Frequently asked questions (F.A.Q.s)

What can we all do to minimise catching or spreading COVID-19?

- Follow the government advice for the region you are in.



My child was previously in an intermediate risk (clinically vulnerable) group – what should they do now?

- Fortunately, the evidence now shows that this group of children is not at higher risk than other children without a kidney condition
- Families may still wish to be cautious and reduce their own risk of COVID-19 by following this simple guide [What are the risks of catching COVID-19 from various activities?](#)
- It is important to be up to date with immunisations including annual inactivated influenza vaccine.

What will happen if there is a case of COVID-19 at school?

- Do not panic. Children sent home from school because of coughing or fever are just as likely to have other common respiratory viruses. A case needs to be confirmed as COVID-19 by testing, which may take a few days.
- Government advice for what schools, parents and students need to do is [here](#)
- Any student may be asked to self-isolate for 10 days by their school or college (based on advice from their local health protection teams) if they have been in close, face-to-face contact with someone who has tested positive for the virus. An outbreak is classified as 2 or more confirmed cases within 10 days, following which the local health protection team will be sent in to advise.

Why are you saying that children and young people with a stable renal transplant or nephrotic syndrome are at low risk of infection but are recommending they are vaccinated?^{11,12}

- Currently the vaccination programme is targeted at those most at risk of severe disease if infected.
- Most children are at low risk including many of those with kidney disease and are not included in the phase of vaccination.
- The JCVI decision on which children and young people are eligible for a vaccine at this stage is based on broad data of risks in adults and children identifying who is likely to get the most benefit from the vaccine. It uses a broad category to identify children and young people who are immunosuppressed either through their health condition or their treatment.
- We have data that is specific to children and young people with kidney disease that is reassuring that the risk of COVID remains low in this group.



- There is evidence that if you are immunosuppressed that the response to vaccination, particularly one dose, is reduced and therefore prioritising this group for vaccination allows them to get two vaccines early and have improved protection.
- The overall decision is based on who will get the most benefit from the vaccine at this time and although we are reassured by our specific data we consider that it is sensible to prioritise these patients in this way.

Where can I get government advice?

The four different UK nations have slightly different COVID-19 healthcare and schooling advice. Advice for clinically extremely vulnerable patients (previously shielded group) is available here:

[England](#)

[Scotland](#)

[Wales](#)

[Northern Ireland](#)

References

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