"Living with Covid" - April 2022

The government has removed the remaining COVID-19 restrictions (COVID-19 Response: Living with COVID-19). This has major implications for patients with kidney disease and healthcare professionals. Guidance on testing and isolation for the majority of the population is advisory only. We are pleased that the government has now confirmed that people in England with kidney disease who are eligible for antiviral treatments will have access to free lateral flow tests for symptomatic testing but are concerned that this should also be available to asymptomatic individuals, particularly where individuals may come into contact with other high-risk patients. Some free testing will continue during April in Scotland and in Northern Ireland. In Wales the cut-off is July. The UK Kidney Association (UKKA) working with our charity partners have considered these changes.

This statement summarises our recommendations for the care of people with kidney disease in this next phase of COVID-19.

Key recommendations

1. The UKKA supports **continued access to lateral flow tests for all kidney patients with CKD Stages 4 and 5 not yet receiving dialysis, all dialysis patients, all transplant recipients, and all kidney patients receiving significant immunosuppression for autoimmune disease** and are disappointed that this is not available to their household contacts. The UKKA also supports the continued access to free lateral flow testing now confirmed for healthcare professionals and those working in private facilities funded by the NHS, which should include all those working in commercially provided dialysis units. Please see information on page 5, where renal units have been asked to inform patients about the ongoing availability of free lateral flow tests.

2. All **additional protective measures should continue to be provided**, including the maintenance of green treatment pathways, enhanced PPE, weekly dialysis cohort testing and COVID-safe transport.

3. High-risk individuals (previously called the Clinically Extremely Vulnerable (CEV)) should still be **entitled to enhanced workplace risk assessment and protection** or the ability to continue to work from home where needed.

4. **Community surveillance for COVID-19 should continue**, allowing the earliest identification of newer COVID-19 variants or rising community numbers prior to this manifesting as rising numbers of CEV patients being admitted to hospital with COVID-19.

5. **Monitoring and reporting of COVID positive cases should continue** together with identification of patients not fully vaccinated for COVID, both via linkage with NHSE's vaccination database. **Enhanced access to linked data should continue**, enabling critical research questions related to COVID-19 among patients with kidney disease to be addressed.

6. **Complete vaccination of all kidney patients** with ongoing education and support to optimise levels of vaccination. Ongoing efforts to support those less likely to have received full vaccination such as ethnic minority groups and those from deprived communities should also continue.

7. **Free COVID-19 antibody testing after 3 or more COVID-19 vaccines to measure antibody responder status should be available to the following groups** of patients:
    a. received B cell depletion therapies or equivalent
    b. received a kidney transplant
    c. received significant immunosuppression for autoimmune kidney disease (see The Green Book Ch 14a, Box 1 pp25-6)
    d. receiving dialysis treatment
    e. with Chronic Kidney Disease Stage 4 or 5

8. Patients who have no or a low antibody response **should be considered for priority access to preventative antibodies**. All high-risk kidney groups should have continued access to priority treatments if they contract the COVID-19 virus. Given the uncertainty about the level of real protective immunity relating to the generation of an antibody titre in this population, **these patients should be prioritised for ongoing studies** to understand this further. Until further research is completed even those who raise an antibody titre after vaccination should not be assumed to have achieved adequate protection.

9. Patients who have an initial antibody response following COVID-19 vaccination should have access to **further antibody testing at 3 monthly intervals** to allow identification of any waning of antibody levels.

Background

The current situation for the general public

Omicron is now the dominant COVID-19 variant. This variant is associated with less hospitalisation, morbidity and mortality in general than with previous variants, although there are still substantial numbers of new infections, hospitalisations, and deaths being reported. Vaccination has been a great success at a population level and has been the major factor in the much better outcomes in the past 9 months. As a result, and mindful of the need to repair the economic damage caused by the pandemic, the government in England is introducing the following relaxations to COVID restrictions.

(i) The removal of the legal requirement to self-isolate following a positive test (but they still advise people to do so)

(ii) No requirement for fully vaccinated contacts to test daily and no further requirement for close contacts who are not fully vaccinated to self-isolate

(v) The ending of self-isolation support payments and national funding for practical support

(vii) Health and safety recommendations for employers to risk assess for COVID-19 removed from April 1

(vi) Free testing for the general public has ended. Free testing for symptomatic at-risk groups including kidney patients will be made available.

It is not known what advice will be given for testing for NHS staff including those looking after clinically extremely vulnerable patients. It appears that NHS hospitals are continuing their current pathways and protocols whilst awaiting further guidance.

Guidance may vary slightly across the devolved nations so please see the following links for specific details in Scotland, Wales, and Northern Ireland:

Wales: https://gov.wales/coronavirus
Scotland: https://www.gov.scot/coronavirus-covid-19/
Northern Ireland: https://www.nidirect.gov.uk/campaigns/coronavirus-covid-19

The current situation for kidney patients

At present, most groups at the highest risk (previously labelled the clinically extremely vulnerable) have been advised to follow similar guidance to the general public.

The UKKA and its charity partners remain very concerned about the implications of these changes. There is no information in the public domain to show that the impact of these changes has been modelled for high-risk patients. There is no information to allow an appropriate risk assessment.

Repeated data sets collected by the UK Renal Registry, OpenSAFELY and NHS Blood and Transplant have shown that **kidney patients remain disproportionately vulnerable to COVID-19 with a greater chance of ITU admission and of death** than many other subgroups of patients. This is not publicly understood. However, this is the case despite the tendency of the current variant to cause upper respiratory rather than lower respiratory tract infections, good uptake of early COVID-19 vaccinations, and the increasing availability of treatments.

The most recent UKRR data shows that at time of writing **around one in 30 patients fulfilling the criteria for UKRR reporting died within 28 days of diagnosis of COVID-19**. This is a substantial and ongoing mortality risk.

What is not yet clear is what proportion of these patients

- died from COVID-19 as opposed to having an incidental COVID-19 test

- were unvaccinated

Transplant and other immunosuppressed patients

Those with a kidney transplant were identified early in the pandemic as very high risk for poor outcomes after COVID-19 infection. The need to come to hospital clinics for regular monitoring or to be admitted to multiple occupancy wards for transplantation or subsequent procedures put them especially at risk. Those who have received B-cell depleting therapies such as rituximab and cyclophosphamide for autoimmune renal disease also remain a very vulnerable group.

Haemodialysis patients

In centre haemodialysis (ICHD) patients

Kidney patients who receive thrice weekly centre-based haemodialysis in units containing multiple patients are unable to self-isolate. These patients are also at a disproportionate risk of cross infection. We advise that the current guidance of using protective practices is followed until there is clarity, following which we will issue more guidance. It has been stated that the NHS will continue to receive PPE for COVID-19 for the next 12 months.

The KQuIP COVID-19 haemodialysis patient safety working group has made recommendations on best practice to minimise the risk of transmission which can be accessed here. These recommendations remain unchanged until we have further information on the current risk to ICHD patients and include:

1. Ensuring that all dialysis patients have now had their booster vaccines and that those who are currently or recently immunosuppressed receive additional doses according to JCVI guidance
2. Where possible patients should continue to wear a fluid resistant surgical facemask type IIR
3. Maintain social distancing of >2 metres
4. Provision of COVID-safe transport
5. Weekly SARS-CoV-2 PCR test for all patients to facilitate early detection and isolation of asymptomatic cases.

The UKKA recommends that:

All additional protective measures including the maintenance of green treatment pathways, enhanced PPE, weekly dialysis cohort testing, and COVID-safe transport **should continue to be provided despite the lifting of restrictions**. These recommendations should be facilitated in both NHS and commercially provided dialysis units.

The impact of changes to free lateral flow tests and mandatory COVID-19 isolation

The change in requirements for testing and isolation in the general population will lead to under-recording of infections and therefore a delay in recognition of the impact of infections until

hospitalisation and mortality data accrues. This will have the largest impact on the clinically extremely vulnerable.

The next COVID-19 variant may or may not cause more severe disease than Omicron and there are many uncertainties. A careful and considered approach is needed to protect those patients who have been and remain at highest risk from COVID-19. This requires an evidence-based approach focused on support for kidney and other high-risk patients both in care systems and in wider society.

The UKKA recommends that:

Community surveillance for COVID-19 to continue, allowing the earliest identification of newer COVID-19 variants or rising community numbers prior to this manifesting as rising numbers of CEV patients being admitted to hospital with COVID 19.

The UKKA supports the most recent government guidance that:

All kidney patients with CKD 4 and 5 not yet receiving dialysis, all dialysis patients, all transplant recipients and all kidney patients receiving significant immunosuppression for autoimmune disease **will continue to have access to free lateral flow tests** for COVID-19. Only rapidly available lateral flow testing of kidney patients will allow timely access to extended therapies within the treatment window. The UKKA also **recommends availability of free lateral flow testing to household contacts** to assist timely protection of vulnerable patients.

Units are asked to note that patients in "at risk" groups will be sent a supply of lateral flow tests automatically that can be used for symptomatic testing. They will then be asked to register a positive lateral flow test at the government site. They will only be able to access extended therapies via this route if the lateral flow test is government provided as opposed to commercially purchased kits. Patients who test positive via a commercially available kit will, however, be able to access extended therapies by contacting their GP or hospital specialist - for full details please see link to this letter for patients, and this letter for general practice. **It has now been confirmed that whilst some kidney patient groups can be identified through existing central lists, renal units will be asked to inform other at risk groups directly as per the attached link and template letter.**

Vaccination

The COVID-19 vaccination programme has been a great success for the first 2 doses but there has been variable pick up on subsequent doses (due to mixed messaging and challenges with access and IT). Despite vaccination, relatively few kidney patients feel confident and able to enjoy a greater level of freedom without more certainty as to their level of viral protection. In addition, a significant number of kidney patients, **especially those with renal transplants and those who have received B-cell depleting therapies,** do not appear to mount a response to vaccination even after four vaccine doses, whilst many more mount a suboptimal response compared with control subjects who do not have kidney disease.

The poor antibody response in post-transplant patients raises questions about both their level of protection and whether protection may be shorter lived than for the general population. Strategies are therefore required to: identify which patients have suboptimal responses; define the length of the response following vaccination to inform the timing of further vaccination; and evaluate whether there is any value in continuing to vaccinate if there is no response after four vaccines.

JCVI have recommended a further vaccine at 3- 6 months (described as a Spring booster) for the following groups:

- patients who are over the age of 75
- care home residents in a care home
- patients over the age of 12 years who are immunosuppressed, which includes kidney transplant patients and kidney patients receiving significant immunosuppression

For older patients this will be a 4th vaccine whereas for immunosuppressed patients this will be a 5th vaccine, assuming that they have received all previous vaccination doses as recommended. The detailed explanation and criteria for this can be read on page 28, chapter 14a of the Green Book.

A priority for renal services is to ensure that all patients are fully vaccinated as per JCVI guidance. **Units should not assume that patients are being informed as we continue to hear of patients who are eligible who are not being contacted about vaccination**. This is also true of the Spring booster vaccine dose where full details have not yet been released about how these patients will be identified. In addition, **some patients appear to be suffering a degree of vaccine fatigue with lower rates of uptake** for third and fourth COVID vaccines than was achieved for doses 1 and 2. It is of concern that there are lower rates of vaccination in some ethnic minority and deprived communities who also show the highest rates of kidney disease.

The vaccination schedule for kidney patients is nuanced. Clinics may include patients with several different vaccination schedules and needs. Ensuring this is supported alongside providing a speciality opinion is challenging especially against a background of conflicting public messaging suggesting the pandemic is subsiding. The UKKA would welcome further engagement with the JCVI and the DHSC to advocate for neglected populations, to ensure that official guidance can be operationalised and to help communicate their decisions and guidance directly to all “at risk” kidney populations.

We await further data following the omicron variant and will continue to lobby the JCVI to ensure optimal protection for all vulnerable kidney patients.

The UKKA recommends that:

Monitoring and reporting of COVID positive cases should continue, together with the identification of patients not fully vaccinated for COVID, both via linkage with NHSE’s vaccination database. **Enhanced access to linked data should continue**, enabling critical research questions related to COVID-19 among patients with kidney disease to be addressed.

Complete vaccination of all kidney patients with ongoing education and support to optimise levels of vaccination. Ongoing efforts to **support those less likely to have received**

full vaccination such as ethnic minority groups and those from deprived communities should also continue.

Treatment for COVID-19

Newer therapies for COVID 19 such as sotrovimab, molnupiravir and remdesivir are welcomed as is the recognition of kidney patients as a priority group to receive such therapies; this comprises all patients with CKD Stage 4 or 5; all patients undergoing renal replacement therapy; all patients receiving significant immunosuppression and all patients with a kidney transplant.

However, these therapies are all designed to treat disease after it has been acquired and are untested at preventing its acquisition. The criteria for treatments have not changed in this period and the pathways to ensure that patients can access treatment where indicated should now be established.

The potential development of newer variants could also render any of these therapies less effective with time.

Newer therapies such as the long-acting antibodies intended for pre-exposure prophylaxis offer the hope of protective therapy but are likely to be in limited supply following recent MHRA approval.

The UKKA therefore recommends that:

Kidney patients and other vulnerable groups **have access to universal free antibody testing** to allow assessment of response to vaccination. Those who have no or low-level antibody response remain at risk and should be **considered for prioritisation for the long-acting antibody treatments**. Such testing would also allow those with good levels of antibody post-vaccination and/or prior infection to help guide their decisions around the level of risk that they are willing to accept with a greater degree of confidence. However, given the uncertainty about the level of real protective immunity relating to the generation of an antibody titre in this population, **kidney patients should be prioritised for ongoing studies** to understand this further. Until further research is completed even those who raise an antibody titre after vaccination should not be assumed to have achieved adequate protection.

Patients who have an initial antibody response following COVID-19 vaccination should have access to **further antibody testing at 3 monthly intervals** to allow identification of any waning of antibody levels.

Further information

UKKA COVID resources

Kidney Care UK COVID resources

Kidney Research UK COVID resources

Summary of recent COVID Question Time webinar

Staying safe at work guidance

Accessing COVID treatments and what to do if you test positive

Government guidance for those at risk

Information about access to COVID tests

NHS letter to patients: Important information about new treatments for coronavirus (multiple formats)

NHS letter to General practice

NHS letter to Trusts