



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

Updated 20<sup>th</sup> August 2020

## Why has the guidance changed?

UK COVID-19 infection levels are now low and lockdown measures can be relaxed. On 1<sup>st</sup> August, shielding for those at high risk of severe infection stopped. Testing for COVID-19 now means outbreaks can be quickly identified and managed.

Children who were shielding are advised to go back to school in September. The Government has issued advice to schools about taking measures to reduce the spread of COVID-19. We are keen to support the safe return of children to schools. We understand many families may feel anxious about this.

Since our previous guidance, kidney units have been collecting information on COVID-19 cases. Reassuringly, very few UK children with kidney disease have been admitted to hospital with COVID-19. Most infected children have been mildly affected. There is no evidence that medicines affecting the immune system increase the risk of catching COVID-19. There is also no proof they cause a more severe infection.

We have used all this new information to update our advice. We will continue to follow the situation closely. Advice may change as doctors and scientists gather more evidence. 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.*

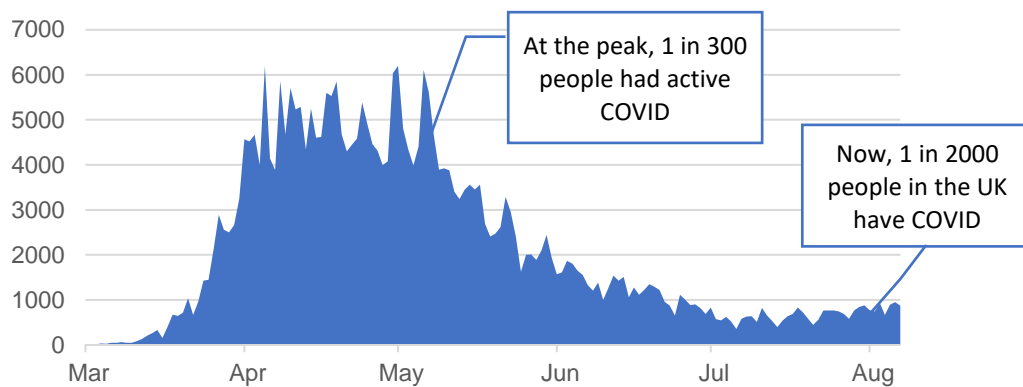
*Yincent Tse, Lucy Plumb, Sally Hulton and Carol Inward*

# The risk of COVID-19 for children & young people (<18 years old), including those with kidney conditions

This is a combination of:

## A. Likelihood of coming into contact with someone infected with COVID-19

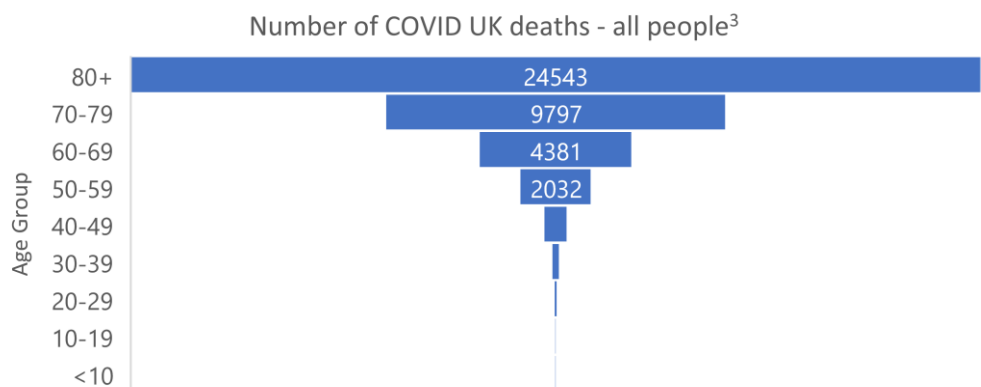
UK COVID-19 Infections<sup>1,2</sup>



- Lockdown has relaxed as the number of people infected has reduced
- Rates will differ in different parts of the UK
- Families can reduce their own risk by following this simple guide on [What are the risks of catching COVID-19 from various activities?](#)

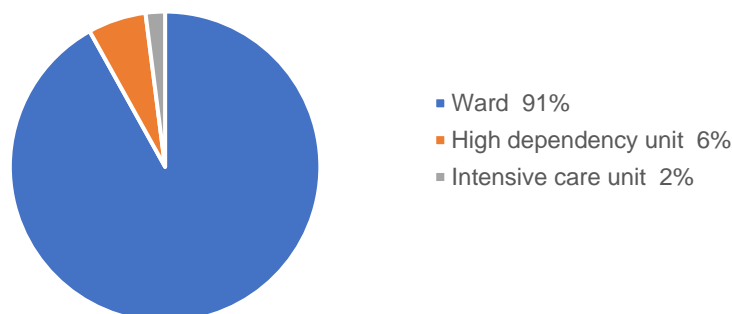
## B. Risk of getting ill if they get infected with COVID-19

1. **Children are much less affected than the elderly.** That is all children not just those with kidney conditions.

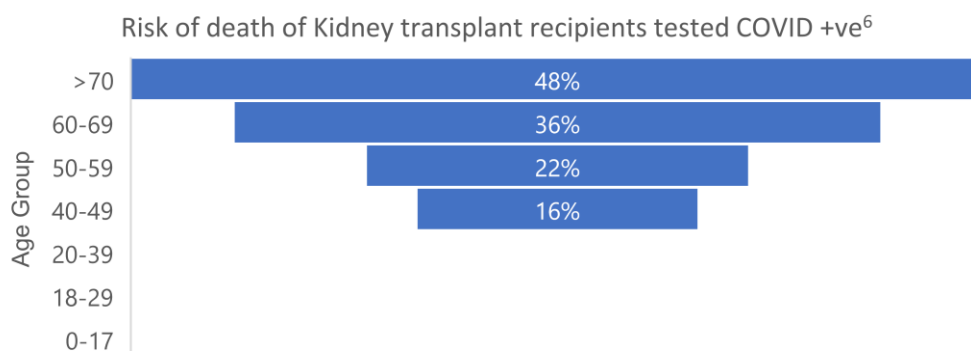


2. **Very few children have been admitted to hospital with COVID-19** in the UK. The majority of cases were mild and were managed on a hospital ward. The average hospital stay was one day.

Children admitted to UK hospitals with COVID<sup>4</sup>



3. **Fewer than 10 children with severe chronic kidney disease, on dialysis or with a transplant out of over 1000** patients in the UK have tested positive for COVID-19<sup>5</sup>. The BAPN and UK Renal Registry will continue to collect up-to-date data.
4. In **people with kidney transplants**, the risk of death from COVID-19 is greatest older adults compared with young adults or children. No one younger than 40 years old has died.



5. There have been **very few children with kidney conditions on medicines affecting their immune system who have had COVID-19**. Since the pandemic started Children’s Kidney doctors across the world were asked for details of cases and only about 100 cases have been found<sup>7</sup>. The majority were mild. Other studies have not shown people on immunosuppression to be at higher risk than the general population.

## In summary

There is much less COVID-19 infection now in the UK. Evidence is increasing that few children are severely affected by COVID-19, even those with kidney conditions.

## Who should still be regarded as higher risk?

### Clinically extremely vulnerable (previously shielded group) children and young people include those:

- With recent kidney **transplants** – first three months immediately after transplant
- On high level of immunosuppressive medication for active disease undergoing induction treatment:** those who are currently receiving or completed treatment within 6 weeks of:
  - High dose steroids of 20 mg/day or above (or 30 mg/m<sup>2</sup>/day) AND cyclophosphamide or rituximab or other very powerful immunosuppression
- Your kidney team determines with you that your child is at high risk**

## Guidance

- Children in this group are **at risk of all types of infections** and complications, not only COVID-19. Families should be informed how to seek urgent healthcare advice should they become unwell. Important to be **up to date with immunisations including annual inactive influenza** when it is offered later this year.
- Most children will need some time at home to get better after leaving hospital, during that time we recommend you to socially isolate, to take walks outside in quiet places staying 2m away from other people – **your unit will advise when best to return to school.**
- When returning to education, **discuss with nursery, school or college** about arrangements to keep children safe [Link to government advice on return to school is here.](#)
- **Families can reduce their own risk** of COVID-19 by following this simple guide and minimise risk during **travel** (such as avoiding public transport) [What are the risks of catching COVID-19 from various activities?](#)
- **Parents/carers and young people at work** should discuss with employers about putting suitable arrangements in place to minimise risk. The BRS/RA has produced letter templates to help this discussion. [Link to template letter for at risk patients and at risk family members](#)
- **Siblings should go to school or college** as long as the environment has been made COVID-19 secure in line with government guidance.
- If there is a **local lockdown**, guidance will be made available to this vulnerable group. It is therefore helpful that your doctors keep your child on the government shielded patient list for automatic alerts. [Link to government advice is here](#)

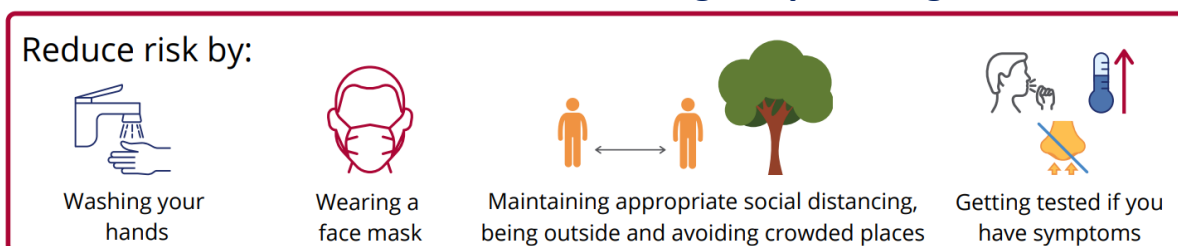
## Children waiting for a kidney transplant<sup>8</sup>

- 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, children on the **waiting list for a deceased kidney transplant** are not at higher risk of catching COVID-19 or being more unwell with the infection. However, your kidney unit will decide with you, on a case-by-case basis, if additional measures are required before activation on the on-call list.



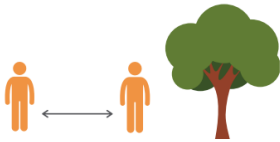

## Frequently asked questions (F.A.Q.s)

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

Reduce risk by:



The infographic is enclosed in a red border and contains four icons with corresponding text below them:

-  Washing your hands
-  Wearing a face mask
-  Maintaining appropriate social distancing, being outside and avoiding crowded places
-  Getting tested if you have symptoms

### 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
- The government advice is that all children should attend nursery or school
- 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 influenza vaccine when it is offered later this year.

## 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 14 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 14 days, following which the local health protection team will be sent in to advise.

## 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

1. ONS (2020). [Coronavirus \(COVID-19\) Infection Survey pilot: England and Wales, 7 August 2020.](#)
2. GOV.UK (2020). [Coronavirus \(COVID-19\) in the UK](#)
3. GOV.UK (2020). [National COVID-19 surveillance reports](#)
4. RCPCH (2020). [COVID-19 - service evaluation and audit on the care needs of children admitted to hospital \(England\)](#)
5. Plumb L, Benoy-Deeney F, Casula A, et al. [COVID-19 in children with chronic kidney disease: findings from the UK renal registry. Archives of Disease in Childhood Published Online First: 24 July 2020. doi: 10.1136/archdischild-2020-319903](#)
6. UK Transplant Registry
7. Marlais M, Wlodkowski T, Vivarelli M. [The severity of COVID-19 in children on immunosuppressive medication. Lancet Child Adolesc Health. 2020 doi: 10.1016/S2352-4642\(20\)30145-0.](#)
8. NICE (2020). [COVID 19 rapid guideline: renal transplantation \[NG178\]](#)