



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

**Updated Sept 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. Symptoms and outcomes are no different from those in children of a similar age without kidney disease. Children and young people 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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## The vast majority of children and young people (CYP) 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 at these times to protect from a number of infections including COVID-19.

- With recent kidney **transplants** – for at least 6 weeks immediately after transplant
- **On high level of medication that suppress (reduce) the immune system (immunosuppression), for active disease often called induction treatment:** those who are currently receiving or completed treatment within 4 weeks of:
  - High dose steroids AND other 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 minimizing the number of people you mix with. It is important that CYP have time outside and exercise.<sup>9</sup> 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 week period.
- In some situations for example if a CYP has additional health problems or the local incidence of infection is high then 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 minimizing 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 transplant<sup>10</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, CYP on the **waiting list for a deceased kidney** transplant are not at higher risk of catching COVID-19 or having a 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<sup>11,12,13</sup>

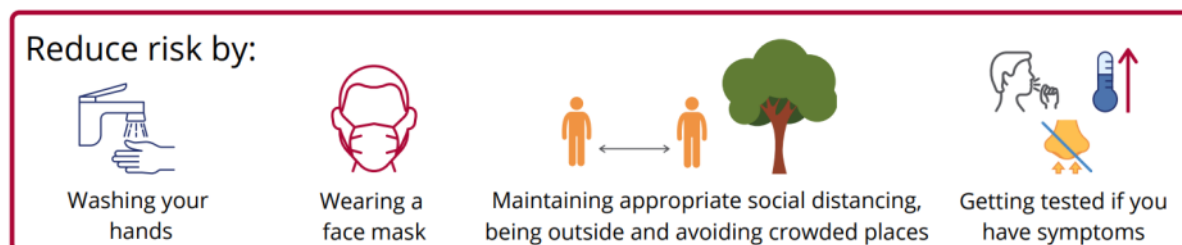
- The Pfizer vaccination has been tested and shown to be safe and effective in children 12 years and older.
- We would recommend that if you or your child are offered the vaccination that you are vaccinated.
- We would recommend primary vaccination as per guidance from the JCVI and Chief Medical Officers. A primary vaccination course is that recommended to develop antibodies to protect against infection. The recommended doses for different groups are shown in the table below.
- The JCVI recommends a booster vaccine 6 months after the primary course for those that may not maintain a good vaccine response because of their health condition or their treatment. Those who are recommended to have a booster vaccine are shown in the table below.
- The Green Book Chapter 14a <https://www.gov.uk/government/publications/covid-19-the-green-book-chapter-14a> has more information on what treatments suppress (reduce) the immune system (immunosuppression).

<b>Primary Vaccination</b>		<b>Booster</b>
One Dose	All children and young people 12 – 17 years of age	Not currently recommended
Two doses	<ol style="list-style-type: none"> <li>1. If 12 years of age or older and lives with someone who is immunosuppressed.</li> <li>2. If 12 years of age or older with CKD stage 3, or greater including those on dialysis.</li> <li>3. If 12 years of age or older and about to be given immunosuppressive treatment and don't meet criteria for 3 doses. Doses can be given 4 weeks apart if needed.</li> </ol>	Recommended 6 months after completion of primary vaccination in those 16 years of age or older who have CKD 3 or greater including those on dialysis.
Three doses	If 12 years of age or older and have kidney disease and are immunosuppressed at the time of the first two doses. This would include those who have had a kidney transplant and those with conditions like nephrotic syndrome, glomerulonephritis or vasculitis where CYP are taking treatments that reduce the immune system.	Recommended 6 months after completion of primary vaccination in those 16 years of age or older. Currently still under consideration for those 12-15 years of age.

## 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 becoming unwell as a result of Covid-19 infection but are recommending they are vaccinated?<sup>11,12, 13</sup>

- The JCVI decision on vaccination in children and young people is based on data of risks in adults and children identifying who is likely to get the most benefit from the vaccine. They recommend vaccination in CYP who have health conditions or medication that reduce their immune system. This include CYP who have had a renal

transplant or who have nephrotic syndrome requiring treatment with medication that reduces the immune system.

- Since healthy CYP are substantially less likely than adults to become seriously unwell as a result of Covid-19 infection, the benefits of vaccination from a health perspective are smaller than in adults, but still present. The Chief Medical Officers reviewed this data and additional data and concluded that the overall benefit when taking into account the impact on mental health of missing school through isolation etc was clearly in favour of vaccinating all children and young people 12 years of age and older.
- We have reassuring data specific to children and young people with kidney disease that the risk of becoming unwell with Covid-19 infection remains low in this group.<sup>14,15,16</sup>
- There is evidence that, in immunosuppressed individuals, the response to vaccination, particularly one dose, is reduced and therefore prioritising this group for additional doses of the vaccine allows them to have improved protection.

## **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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16. J Ward et al. Risk factors for intensive care admission and death amongst children and young people admitted to hospital with COVID-19 and PIMS-TS in England during the first pandemic year <https://www.medrxiv.org/content/10.1101/2021.07.01.21259785v1>