

American Society of Nephrology Statement Requesting Prioritization of Dialysis Patients and Frontline Dialysis Staff for COVID-19 Vaccination

December 21, 2020: The American Society of Nephrology (ASN) urgently requests that the nation's Governors and State/Tribal/Territorial Departments of Health prioritize patients receiving dialysis as well as the staff working in dialysis environments to provide this life-saving therapy and place them in Tier 1a for receiving vaccination for Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2), the virus that causes Coronavirus Disease 2019 (COVID-19).

More than 800,000 people in the United States have kidney failure, with more than 550,000 receiving dialysis. People dependent on dialysis are extremely vulnerable to the effects of COVID-19, with COVID-associated mortality exceeding 20%, comparable to or even higher than COVID-associated mortality in long-term care facilities.

Across all people receiving dialysis, mortality was 37% higher during April 2020 as compared to the same calendar-weeks of 2017 to 2019 and 16% higher in subsequent months. This persistent upsurge of mortality is ascribed to documented SARS-CoV-2 infections, undocumented viral infections, and decreased access to necessary non-dialysis-related medical care.

Nearly 90% of people on dialysis in the United States receive their treatments at incenter dialysis facilities. These individuals typically go to dialysis facilities three times a week, where they are treated for, on average, just under four hours in each session, and their life depends on their ability to receive dialysis treatments. Notably, people on dialysis have limited ability to physically distance, heightened vulnerability to infection, and poor outcomes if infected.

ASN believes that it is imperative that the following two groups be prioritized for vaccination: 1) Dialysis facility staff, and 2) Dialysis-dependent patients. Critically, all dialysis facility staff must be included with other frontline healthcare workers as priority vaccine recipients. Notably, most dialysis facilities are not affiliated with hospitals;



therefore, vaccination strategies for these frontline, essential health care workers must extend beyond hospital-administered vaccine programs. To overcome these barriers and protect our vulnerable patient population and the essential workers who care for them, ASN and its more than 21,000 members are ready to help however needed in the protection of this vulnerable patient population.

¹ United States Renal Data System. 2020 USRDS Annual Data Report: Epidemiology of kidney disease in the United States. National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 2020. https://adr.usrds. org/2020

This announcement is provided as information and education and should not be construed as medical advice or recommendations for patient care. The information expressed is that of the author(s) and contributor(s) only. Clinicians are to use their own training, clinical observations, and judgment to make all diagnostic and treatment decisions. The American Society of Nephrology (ASN) does not offer medical advice.

Disclosures for those who contributed to or approved this statement available here.

[&]quot;Sim JJ, et al. COVID-19 and survival in maintenance dialysis. Kidney Med [published online ahead of print November 24, 2020]. doi: 10.1016/j. xkme.2020.11.005; https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7685033/

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^{iv} Watson TH, Weiner DE, Yee J, Silberzweig J, for the Outpatient Dialysis Subcommittee of the American Society of Nephrology CIVID-19 Response Team. Prioritizing COVID-19 Vaccination in Dialysis. ASN Kidney News. Available at https://www.kidneynews.org/policy-advocacy/leading-edge/prioritizing-covid-19-vaccination-in-dialysis