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International Society of Nephrology

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**Re: Priority COVID-19 Vaccination for Dialysis Patients**

Dear Director General,

I am writing to highlight the plight of the over 2.6 million<sup>1</sup> patients worldwide with advanced chronic kidney disease undergoing dialysis (dialysis patients) during the COVID-19 pandemic, and to call for the WHO's support in prioritizing their vaccination against the virus.

Dialysis patients face the dual challenge of being both at higher (up to 20 times greater than the general population) risk of infection from SARS-CoV-2, due to their inability to self-isolate as a result of requiring regular in-center care and having a disproportionately higher level of suffering from adverse outcomes once infected.

This lethal combination results in a risk of death several fold greater than those infected and hospitalized from the (age adjusted) general population. Population based analysis shows that age-matched relative risk of death from COVID-19 for an in-center hemodialysis patient, compared to the general population ranges from 432 for a 20–39-year-old to around 10 for an over 80-year-old.

This is especially tragic when one considers that dialysis patients are on average younger (mean age 65-70 years) than the classic high-risk group of those aged 85 and older, with larger potential gains in life-years saved by the vaccine.

In many countries, dialysis patients have been given equal priority with other high-risk groups such as smokers or those with obesity, heart disease and diabetes. While vaccine development efforts over the last 12 months have been unprecedented, it is obvious that the complete vaccination of these groups will take time. As such, and given the unique challenges faced by dialysis patients, the International Society of Nephrology calls on health authorities across the globe to immediately prioritize the vaccination of such patients and develop the requisite implementation programs.

Dialysis patients' relative high frequency of in-center attendance, allowing for efficient communication regarding vaccine hesitancy and the easing of both vaccine delivery and administration, would be an additional boon in global efforts to combat the virus.

Such action will not only save the lives of many thousands of dialysis patients but, given the attendant reduced burden on resource-heavy dialysis services, would free up much needed healthcare capacity – particularly vital in resource constrained countries, to tackle the ongoing pandemic.

Building on our British colleagues' recent success in convincing the UK's Joint Committee on Vaccination and Immunisation (JCVI) to urgently amend its prioritization schedule and aim to vaccinate all such adult patients by mid-February 2021, and our Italian colleagues' success in convincing their national authorities to prioritize Chronic Kidney Disease patients

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<sup>1</sup> <https://www.who.int/bulletin/volumes/96/6/17-206441/en/>

in the Italian Vaccination Plan, we would be delighted to share our expertise with the WHO and your member states' health authorities, to help replicate such initiatives and further reduce the global burden of kidney disease.

I very much look forward to hearing from you and, in order to help inform your consideration of this matter, have appended an explanatory paper to this letter.

Yours sincerely,



**Professor Vivekanand Jha**  
ISN President