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COVID-19 and its Impact on Kidney Patients Utilizing U.S. Dialysis Centers

A joint statement from the National Kidney Foundation and the American Society of Nephrology

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The National Kidney Foundation (NKF) and the American Society of Nephrology (ASN) stress the precarious position people with kidney failure, who are immunocompromised, face as the recent Omicron wave continues to spread among patients and staff at dialysis facilities. Cases of COVID-19 are causing serious illness, forcing shortened treatment times for patients, and exacerbating shortages in staff and supplies that impede access to this life-sustaining treatment. COVID-19's impact on people with kidney diseases has resulted in the first decline in the number of patients on dialysis in the United States in the 50-year history of the Medicare ESRD Program.

Staff and supply shortages have also resulted in dialysis facility closures and backlogs in moving patients among dialysis, hospitals, and Skilled Nursing Facilities (SNFs). Although expediting access to dialysis at home facilitates social distancing and potentially reduces the strain of staffing shortages, this potential solution will not solve the acute problem. **Immediate action is required to ensure that dialysis facilities have access to needed supplies and staff.**

NKF and ASN recommend federal, state, and local governments:

- Intervene to alleviate supply crises (e.g., dialysate concentrates) at dialysis facilities due to lack of warehouse and trucking personnel.
- Distribute high-level, government-approved face masks to dialysis facilities.
- Pause a current regulation by the Centers for Medicare and Medicaid Services (CMS) requiring the use of pre-filled saline syringes, which are not available in some locations, until the acute crisis passes.
- Encourage state and federal governments to allow reciprocity for nurses to allow for intrastate practice, regardless of whether the state is a compact state, during this acute crisis.

There are 783,000 individuals in the United States who have kidney failure, and just under 500,000 of these individuals require life-sustaining dialysis delivered in a dialysis center three times a week, four hours a day. During dialysis treatments, patients typically sit near other patients and staff in facilities that are not always well

ventilated. Many of these patients are older, low-income, and from historically disadvantaged communities, and most have underlying conditions like diabetes and cardiovascular diseases.

Despite concerted efforts by dialysis organizations, nephrologists, and other clinicians to slow its spread, COVID-19 continues to run rampant through dialysis facilities. According to data from the US Renal Data System, 15.8% of all patients on dialysis in the United States had contracted COVID-19 as of the end of 2020. During the winter 2020 wave, weekly deaths due to COVID-19 peaked at nearly 20% and annual mortality during 2020 was 18% higher than in 2019.¹

Despite these high rates of infection and mortality, dialysis patients were not prioritized for access to immunization when the vaccines became available a year ago even though evidence shows that the immune response to vaccination is blunted in dialysis patients. Furthermore, although antibody levels decline more rapidly in dialysis patients than in the general population¹, dialysis patients were not prioritized by the Food and Drug Administration (FDA) or the Centers for Disease Control and Prevention (CDC) when third doses of the vaccine were approved in August.² In addition, dialysis patients were also excluded from the groups eligible to receive prophylactic long-acting antibody therapy targeting the SARS-CoV-2 virus. Lastly, the National Institutes of Health did not receive funding for COVID-19 research to help people with kidney diseases or failure in any of last year's relief packages.

Another challenge is the absence of appropriate therapeutics for individuals with kidney failure. While therapeutics that reduce the risk of COVID-19 are emerging, current indications exclude people with kidney failure because these people are often excluded from clinical trials. This practice is unacceptable. NKF and ASN implore manufacturers to ensure that these products include dosing for patients with kidney failure. Further, we urge FDA to recognize waning immunity in vaccinated people with kidney failure and ensure treatments are approved through Emergency Use Authorization (EUA) for immunocompromised patients.

As the Biden Administration purchases novel COVID-19 therapeutics for distribution in the United States, it is vital that dialysis patients and staff are prioritized for access. The failure to prioritize dialysis patients for access to vaccination at the beginning of this pandemic had wide-ranging effects on hospitalizations and death. We must not allow this same mistake to happen again.

Finally, COVID-19 is associated with a significant risk of acute kidney injury (AKI), even in people with preserved kidney function, resulting in serious illness and even death, and often requiring dialysis and other forms of kidney replacement therapy. Repeatedly during the pandemic, and once again, during the current Omicron surge, many hospitals have struggled to provide this life-saving treatment to patients because of shortages of both trained staff and supplies.

¹ <https://adr.usrds.org/2021/supplements-covid-19-disparities/13-covid-19-supplement>

² Anand S, et al *Annals of Internal Medicine* 2021 Dec 14;M21-4176. (PMID: 34904856)

It is imperative that the United States does everything in its power to prepare for future surges in COVID-19 cases and prevent needless deaths among our most vulnerable people. NKF and ASN stand ready to partner with policymakers and manufactures to accomplish this goal.

Kidney Disease Facts

In the United States, 37 million adults are estimated to have [kidney disease](#), also known as chronic kidney disease (CKD)—and approximately 90 percent don't know they have it. 1 in 3 adults in the U.S. are at risk for kidney disease. Risk factors for kidney disease include: [diabetes](#), [high blood pressure](#), [heart disease](#), [obesity](#), and family history. People of Black/African American, Hispanic/Latino, American Indian/Alaska Native, Asian American, or Native Hawaiian/Other Pacific Islander descent are at increased risk for developing the disease. Black/African American people are more than 3 times as likely as White people to have kidney failure. Hispanics/Latinos are 1.3 times more likely than non-Hispanics to have kidney failure.

Approximately 785,000 Americans have irreversible kidney failure and need dialysis or a kidney transplant to survive. More than 555,000 of these patients receive dialysis to replace kidney function and 230,000 live with a transplant. Nearly 100,000 Americans are on the waitlist for a kidney transplant right now. Depending on where a patient lives, the average wait time for a kidney transplant can be upwards of three to seven years.

About the National Kidney Foundation

[The National Kidney Foundation](#) (NKF) is the largest, most comprehensive, and longstanding patient-centric organization dedicated to the awareness, prevention, and treatment of kidney disease in the U.S. For more information about NKF, visit www.kidney.org and follow us on [Facebook](#), [Twitter](#), [LinkedIn](#), and [Instagram](#)

About the American Society of Nephrology

Since 1966, ASN has been leading the fight to prevent, treat, and cure kidney diseases throughout the world by educating health professionals and scientists, advancing research and innovation, communicating new knowledge, and advocating for the highest quality care for patients. ASN has more than 21,000 members representing 131 countries. For more information, visit www.asn-online.org and follow us on [Facebook](#), [Twitter](#), [LinkedIn](#), and [Instagram](#).

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