



What Kidney Patients Need to Know about Coronavirus

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Coronavirus Keys for Kidney Patients

1. Physical Distancing
2. Testing and Isolation
3. Kidney Patient Groups
 - a. Hemodialysis
 - b. Home dialysis
 - c. Kidney transplant
 - d. Chronic kidney disease

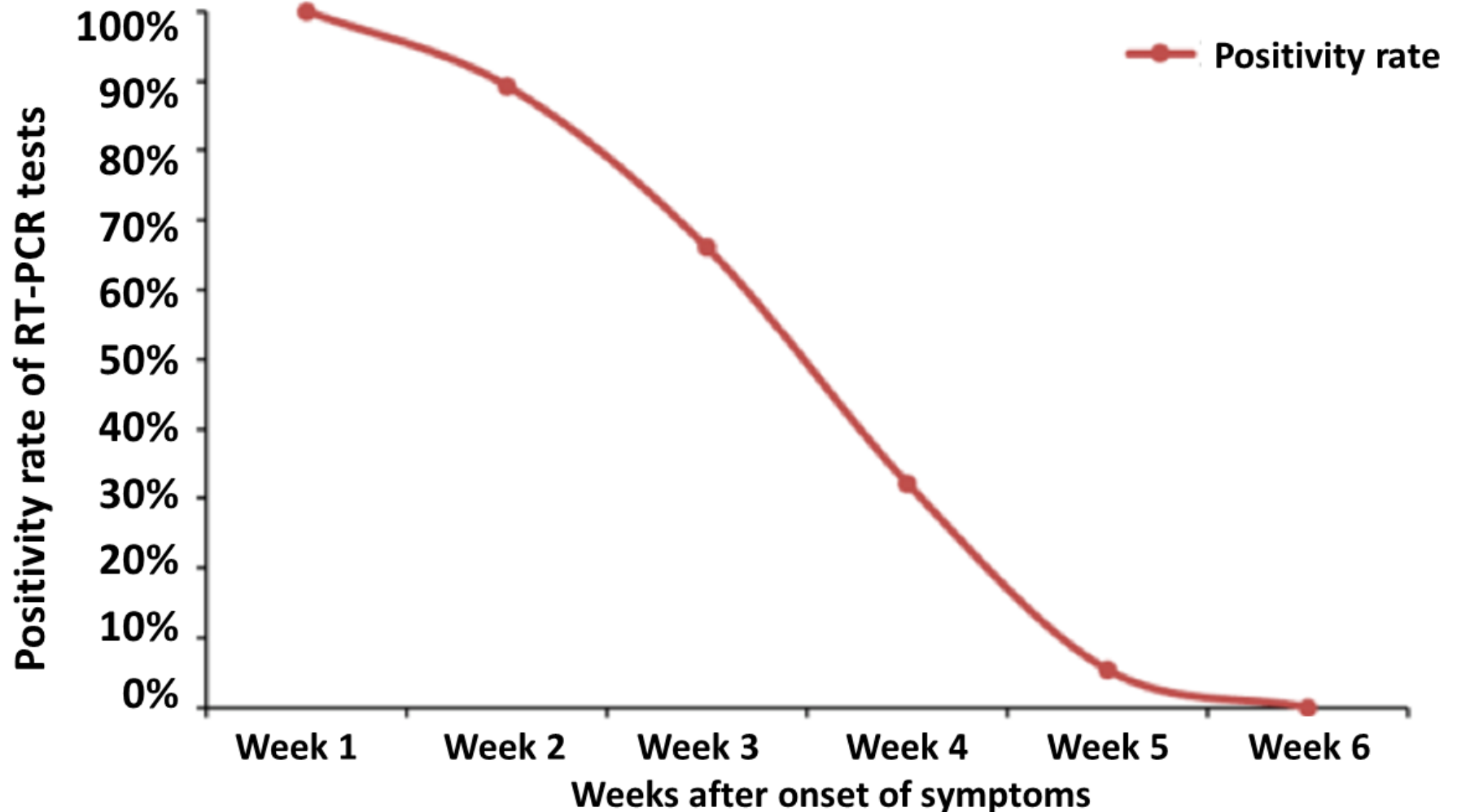
Physical Distancing

- COVID-19 spreads mainly person-to-person
 - Close contact
 - Respiratory droplets
 - Coughing, sneezing, singing
 - Indoors/contained spaces >> outdoors
- Asymptomatic/Presymptomatic people may spread COVID-19
- **Wash hands, wear masks, maintain good distance**
- **Let your healthcare provider know if a close contact has COVID 19**

Ending Home Isolation: CDC Guidance

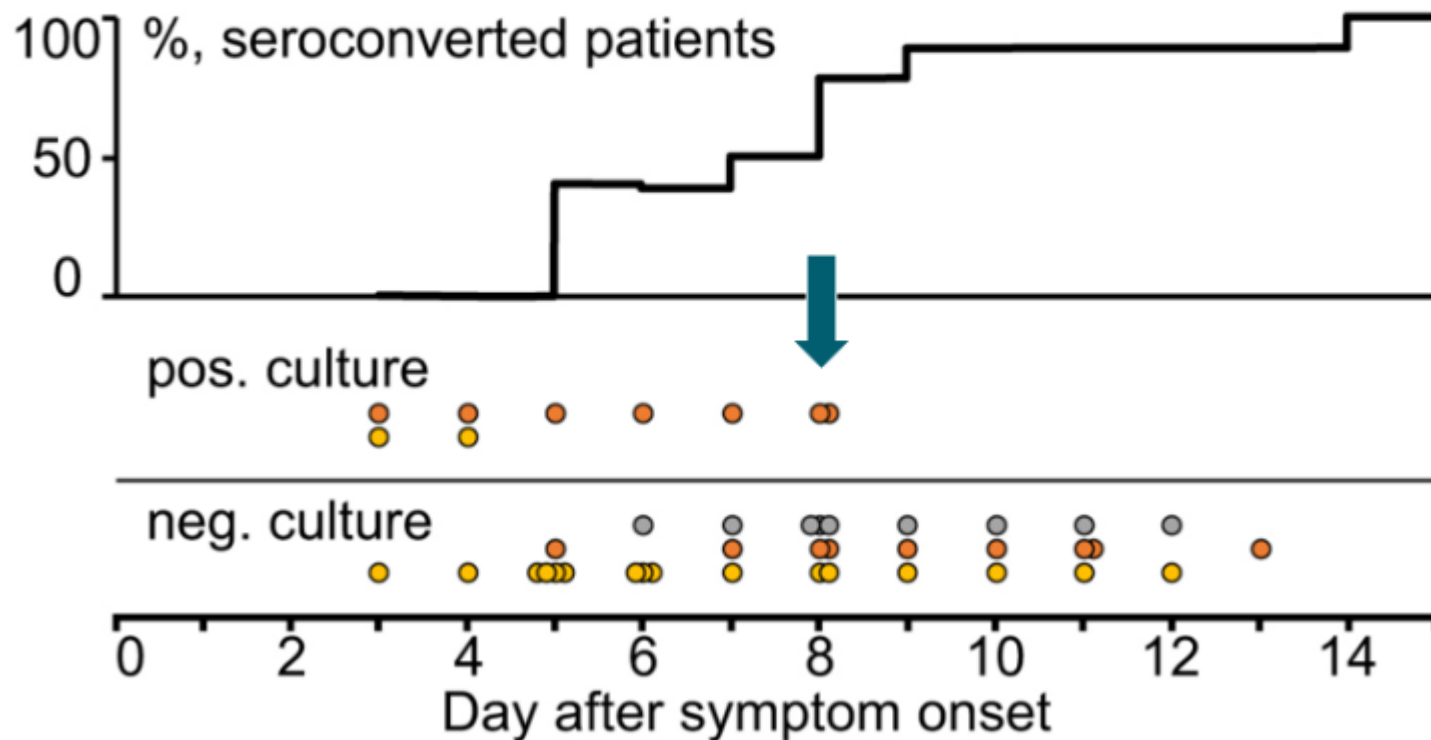
- Time/Symptom-Based Strategy (10/3)
 - at least 10 days *after illness onset*, and
 - at least 3 days (72 hours) *after recovery*
- Test-Based Strategy
 - Resolution of fever and improvement in symptoms, and
 - Negative results from 2 tests at least 24 hours apart
- Test-based strategy may be used for persons who:
 - May have contact with vulnerable individuals
 - Reside in congregate living environments
 - Immunocompromised

Testing for Coronavirus

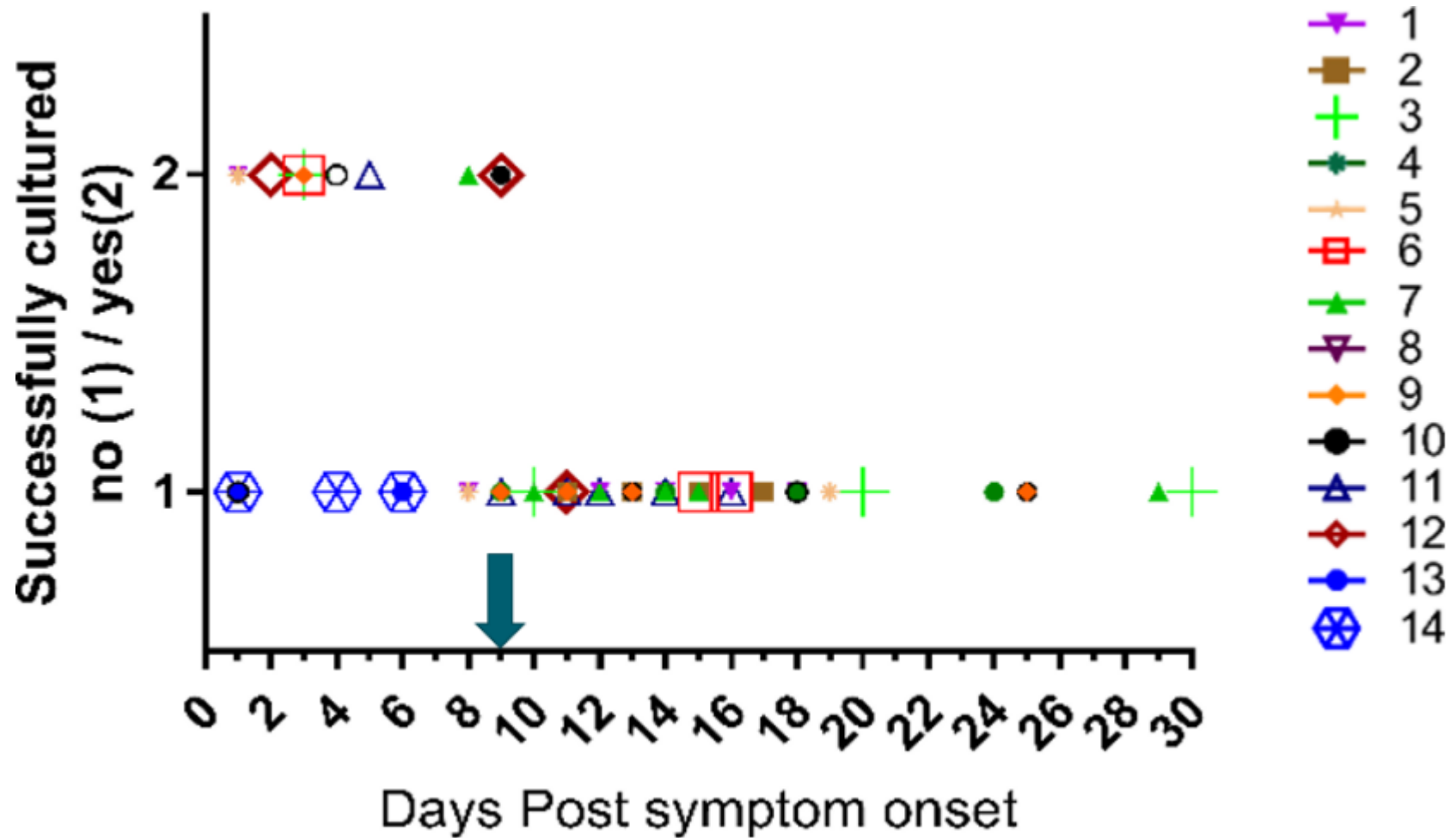


Testing for Coronavirus

● Throat swabs ● Nasopharyngeal swab ● Stool



Testing for Coronavirus



Hemodialysis

“Although 7 HD patients died during the epidemic, including 6 with and 1 without COVID-19 infection, no patient died of severe pneumonia caused by COVID-19. Interestingly, the major cause of death was cardiovascular events, **which seem to be related to insufficient dialysis due to patients missing HD sessions to avoid possible infection.**”



The Initial Wuhan Experience...

[https://www.kidneymedicinejournal.org/article/S2590-0595\(20\)30052-2/fulltext](https://www.kidneymedicinejournal.org/article/S2590-0595(20)30052-2/fulltext)

Hemodialysis

1. Before coming to dialysis
 - a. Check your temperature
 - b. Call your dialysis unit if you are sick or concerned
 - c. Put on a mask
2. At dialysis
 - a. Avoid waiting room crowding
 - b. Symptom questions (fever, cough, shortness of breath, exposures)
 - c. Temperature check (+/- pulse ox)
 - Possibly less likely to have fever
 - d. Triage decision
3. Transportation



HD: Possible and Confirmed COVID-19

1. Confirmed COVID-19

- a. Dedicated COVID shift
- b. Dedicated COVID facility
- c. Dedicated COVID area

2. Persons Under Investigation (PUI)

- a. Dedicated PUI shift
- b. Dedicated PUI facility
- c. Dedicated PUI area

3. Long term Care Facility Residents

Dialysis providers should provide outpatient HD if it is clinically safe to do so

Home Dialysis

- Lower risk of exposure to COVID-19
- Increased use of telehealth
 - Many centers still doing one visit per month



Executive Order on Advancing American Kidney Health

10 July 2019

whitehouse.gov/presidential-actions/executive-order-advancing-american-kidney-health

Designed by: Tejas Desai, MD | @nephondemand



Goals



- 80% of incident ESRD patients receive either home dialysis therapy or transplantation by CY 2025
- Standardize organ procurement reduce percentage of discarded organs
- Remove financial barriers for living kidney donors
- Encourage development of the artificial kidney
- Restructure payment models to incentivize prevention, home therapy/transplantation

Kidney Transplant

- In Massachusetts, most centers have postponed living donor transplants and deceased donor transplants
 - Exceptions are highly sensitized individuals and multiorgan transplants
- Immunosuppression
 - Test-based strategy recommended for ending isolation
 - Do NOT stop immunosuppression
- For early symptoms, call your provider first before coming to the hospital

Chronic Kidney Disease

- Many clinics have limited face-to-face appointments
- Increased telehealth use
- PLEASE:
 - Maintain contact with your nephrologist
 - Plan for next steps
 - If close to dialysis and planning on dialysis, get dialysis access asap
 - Advance directives
 - Order longer supplies of medications