



Updated shielding guidance for children with kidney disease, on dialysis, and immunosuppression (including kidney transplants)

27th May 2020

Why has the guidance changed?

The UK went into lockdown with strict social distancing measures on 23rd March 2020. Government monitoring indicates that as a result of these measures the rates of new infections and deaths from COVID19 are now falling nationally.

Since our original guidance was published on 18th March 2020, children's kidney units in the UK and across the world have been collecting data on those who have been affected by COVID-19. This additional information has allowed us to refine our guidance

Reassuringly despite a large number of adults falling seriously ill with COVID-19, very few children with kidney disease in the UK have been admitted to hospital unwell with COVID-19, and those who have been admitted have been only mildly affected. There is no evidence at present that immune suppression increases the risk of catching COVID-19 or causes a more severe form of the disease.

There is increasing concern about the stress and mental health issues for some children and their families who have been shielded and advised not to leave their homes or to go to school.

As restrictions are relaxed, we will continue to monitor the situation closely. Advice may change again as doctors and scientists gather more evidence. We will share all important new information with you.

Guidance produced after consultations with paediatric nephrology colleagues and renal units. Thank you to all contributors with special mentions to Lucy Plumb and Matko Marlais.

Yincent Tse, Carol Inward, Kamal Dhesi and Sally Hulton

Children and Young People at highest risk requiring Shielding (clinically extremely vulnerable)

This group of children includes those:

- With recent kidney **transplants** – first three months immediately after transplant
- On high level of immunosuppressive medication for active disease:** those who are currently receiving or completed treatment within 6 weeks of:
 - Intravenous immunosuppression such as high dose methylprednisolone (steroid), cyclophosphamide or other biological agents suppressing T-cell activity
 - Prednisolone steroid ≥ 20 mg/day (or 30 mg/m²/day)
- Your kidney team determines with you that your child is at high risk**

Children and Young People who may be at intermediate risk (clinically vulnerable)

This group of children includes those:

- Coming into hospital for **dialysis**
- With kidney **transplants**
- On moderate amount of immunosuppression medication**, those who are currently receiving or have received the following in the past three months e.g.:
 - More than one immunosuppressive medication at the same time, this includes prednisolone steroid
- Who **had previous significant complications from immunosuppression** (such as severe infections)
- With **active or frequently relapsing nephrotic syndrome** where they are likely to need increase in treatment
- Your kidney team determines with you that your child is at increased risk**

In this group we recommend the following:

- To discuss with the kidney team whether there are additional risk factors which means it would be prudent to shield your child or to return to school
- To leave the house for exercise but only with the immediate family group and practice strict social distancing. Government guidance here: <https://www.gov.uk/government/publications/staying-alert-and-safe-social-distancing/staying-alert-and-safe-social-distancing#clinically-vulnerable-people>
- Extra protective measures have been put in place at schools before reopening to minimise infection risk. Return to school is encouraged but will also depend on a number of factors such as: patient and parental choice, how common COVID-19 is in the community, and the ability to maintain social distancing at school.

The government advice about how schools should protect children is available at: <https://www.gov.uk/government/publications/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings#shielded-and-clinically-vulnerable-children-and-young-people>

Specific patient groups who are considered not at increased risk

This group of children includes those:

- Patients on maintenance eculizumab for atypical Haemolytic Uraemic Syndrome. This is following guidance from the National Renal Complement Therapeutics centre (<http://www.atypicalhus.co.uk/>)
- On maintenance rituximab infusions for stable kidney conditions
- On home peritoneal dialysis or home haemodialysis
- With chronic kidney disease such as congenital anomalies of the kidney and urinary tract (e.g. renal dysplasia, renal hypoplasia or posterior urethral valves)

Your kidney team will determine if your child needs extra protection because they have additional conditions, such as severe lung disease for example.

Children on the waiting list for a kidney transplant

- Shield children for a short period (1-2 weeks, or as advised by your transplant team) before a planned living donor transplant to ensure they are well for surgery
- Unless they have other risk factors, children on the waiting list for a deceased kidney transplant are not at increased risk of catching COVID-19 or being more unwell with the infection. However your kidney unit will decide with you on a case-by-case basis if additional protection is required before activation on the on call list.

Frequently asked questions (F.A.Q.s)

I am not sure whether my child with kidney disease needs to be shielded - how do I find out?

Your kidney nurses or doctors from your hospital team will be able to advise and support you in understanding your child's needs and will recommend whether extra precautions are required.

Can siblings go to school?

Government advice is here: <https://www.gov.uk/government/publications/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings#shielded-and-clinically-vulnerable-children-and-young-people>

Siblings of shielding patients (clinically extremely vulnerable)

It is advised that siblings only attend school or childcare if stringent social distancing can be maintained and, in the case of young children, they are able to understand and follow those instructions. This may not be possible for very young children or some older children without the capacity to follow instructions on social distancing. If stringent social distancing cannot be adhered to, we do not expect those siblings to attend. They should be supported to learn or work at home.

Siblings of intermediate risk (clinically vulnerable) patients

They can attend their school, education system or childcare setting.

Can parents go to work?

Government advice is here: <https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/covid-19-guidance-on-protecting-people-most-likely-to-get-unwell-from-coronavirus-shielding-young-peoples-version>

Parents of shielding patients (clinically extremely vulnerable)

It is advised that a parent can return to work but to discuss with their employer the requirement to adhere to stringent social distancing and to discuss appropriate measures to ensure safety in the work place.

What will happen if there is a confirmed case of coronavirus in school?

Government advice is here: <https://www.gov.uk/government/publications/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings#shielded-and-clinically-vulnerable-children-and-young-people>

If a classmate or staff member tests positive, the rest of their class should be sent home and advised to self-isolate for 14 days. The other household members of that wider class or group do not need to self-isolate unless the child, young person or staff member they live with in that group subsequently develops symptoms.