



OFFICERS/OFFICERS DU CONSEIL

President / Pr sident
Dr. Sanjay Pandeya
Oakville, ON

President-Elect / Pr sident- lu
Dr. Claudio Rigatto
Winnipeg, MB

Past President/Pr sident sortant
Dr. Deborah Zimmerman
Ottawa, ON

Secretary-Treasurer/Secr taire Tr sorier
Dr. Manish Sood
Ottawa, ON

DIRECTORS / DIRECTEURS

Dr. Ahsan Alam
Montr al, QC
(Quebec Representative)

Dr. S. Neil Finkle
Halifax, NS
(Atlantic Representative)

Dr. Fabrice Mac-Way
Montr al, QC
(Quebec Representative)

Dr. Amber Molnar
Hamilton, ON
(Ontario Representative)

Dr. Krista Ryz
Winnipeg, MB
(Western Representative)

Dr. Michael Walsh
Hamilton, ON
(Ontario Representative)

Dr. Juliya Hemmett
Calgary, AB
(Chair, Education Committee)

Dr. Rita Suri
Montreal, QC
(Chair, Scientific Committee)

Dr. Gihad Nesrallah
Toronto, ON
(Chair, Clinical Guidelines Committee)

Dr. Bhanu Prasad
Saskatoon, SK
(Western Representative and
Chair – Community Nephrology
Committee)

Dr. Guido Filler
London, ON
(President, Canadian Association of
Paediatric Nephrologists)

Director of Operations
Ms. Filomena Picciano
Montreal, QC
Email: admin@csnscn.ca

January 18th, 2021

To: All Provincial and Territorial Ministers of Health and Deputy Ministers of Health

Cc: The Honorable Patty Hajdu, Minister of Health
Minister Darren Fisher, Parliamentary Secretary to Minister of Health
Dr. Stephen Lucas, Deputy Minister of Health
The Honorable Anita Anand, Minister of Public Services & Procurement

(sent by email)

RE: Urgent Prioritization of Dialysis Patients for COVID-19 Vaccinations

Honorable Ministers:

The Canadian Society of Nephrology [CSN] is grateful for the efforts at all levels of government contributing to the production and distribution of COVID-19 vaccinations. At the same time, the CSN is concerned that our vulnerable dialysis population not be marginalized or worse, overlooked as a prioritized group of citizenry by our policymakers in the distribution of the vaccine.

We appreciate the difficult work conducted by the National Advisory Committee on Immunization [NACI] in providing a framework leading to the *Recommendations on the use of COVID-19 vaccine(s)*. We also understand the principle of maximizing benefits while minimizing harm as well as the principle to protect those at greatest risk of serious illness and death.

We must point out, however, that the dialysis patients our members provide care to and for, are largely elderly, frail, and have multiple complex chronic conditions. Moreover, these patients must leave their residences multiple times each week to receive life-sustaining hemodialysis sessions located inside and outside of hospitals. In addition, many in our dialysis population are residents of long-term care and retirement homes. These environments make it difficult, even impossible, for these vulnerable patients to self-isolate. Dialysis patients are also required to interface with nursing and other healthcare personnel, as well on many occasions with transportation providers and other patients.

Outbreaks have occurred in multiple dialysis facilities to date and have involved disease spread not only to patients but to healthcare professionals and providers which places a tremendous strain on the delivery of kidney care.

Now in the depths of the second wave of this pandemic, where case counts and deaths are soon anticipated to surpass the devastation of the first wave of the pandemic, we know that there is undoubtedly more pain and suffering to be incurred by our fellow citizens and particularly our dialysis patients. These individuals receiving dialysis need to be high on the vaccination priority list.

/...2



In Ontario, the prevalence rate of COVID–19 infections in facility-based hemodialysis and home dialysis are 3.6% and 1.5% respectively, with a 60% hospital admission rate. They are very resource intensive once admitted to hospital. The Canadian dialysis population is amongst the highest risk of mortality from COVID–19 infections, with a case fatality rate upwards of 25% in the first wave and an overall mortality of 20% to date. Based on this data, the CSN is of the opinion that these patients should be urgently prioritized to receive COVID–19 vaccinations.

We are aware that there are ongoing discussions in all jurisdictions regarding the current state of the pandemic and resultant pressures placed on all aspects of healthcare systems, including and most importantly in the intensive care units. Difficult, painful algorithms are being crafted with respect to allocation of ventilatory resources based on the principles of maximizing benefits to save the most lives, thereby prioritizing those patients predicted to have the best chance of survival. In our opinion, in these circumstances it is more than a reasonable assertion that dialysis patients may be amongst those that would be prevented access to ventilatory support based on survival expectations, obviously resulting in higher deaths in this population.

This frightening potential makes it even more vital in the collective opinion of the CSN, that those in policy and decision-making settings prioritize the COVID–19 vaccine for our very high-risk dialysis population without delay.

Respectfully submitted,

Sanjay Pandeya, MD, FRCPC, FACP
CSN President