

COVID-19



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One of the main messages to get out to you today is that this is a very rapidly changing area, as most of you will know, and I would urge you to look at the HSE website daily for updates, both for healthcare providers and for patients and their families.

The truth is we don't have much specific information on kidney patients. We don't think they're at higher risk of acquiring the COVID-19 infection but obviously we would be concerned that they could develop significant complications from it. But most of the studies, as you know, coming from China suggest that the risks of severe infection are greater in those who are over 60 years of age and have significant other medical conditions."

– Dr. Colm Magee

MARK MURPHY, CEO, Irish Kidney Association invited DR. COLM MAGEE, Consultant Nephrologist and Kidney Transplant Physician, Beaumont Hospital, to address questions about COVID-19 Coronavirus and its impact on transplant and dialysis patients in Ireland.

MM: Are transplant and dialysis patients more susceptible to catching the virus than the general public?

CM: The data we have to date does not suggest that kidney patients are more susceptible to acquiring the virus.

MM: Will dialysis and transplant clinics be going ahead as normal?

CM: Dialysis will proceed as normal although patients and their families will be updated if there are changes with scheduling, transport etc. There may well be significant changes over the next few weeks.

MM: It is likely that there will be announcements from all the major hospitals about changes and cancellations of clinics.

CM: Of course we may well move to much more telephone consultations and long-distance management of patients.

So, expect announcements in this area over the next few weeks.

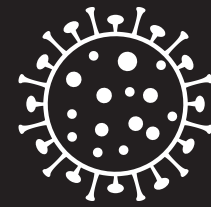
MM: Am I ok to continue with my renal medication if I am being treated for COVID-19?

CM: Yes. We would advise all patients to continue with their current dialysis schedule, their current kidney medications and all medications both now and if they do acquire the COVID-19 infection, unless they are told otherwise by their doctor.

MM: Are there any job categories where a transplant recipient, or a person on dialysis, should be particularly concerned?

CM: I think the main message here is that whatever your job you need to practice the recommendations which are on the HSE website – safe distancing of one metre, avoiding close personal contact, frequent hand washing, etc. That, we think, is more important than commenting on specific jobs.

Q&A



MM: What added precautions could dialysis patients take to avoid catching the virus, e.g. if we started to take our temperature every day and log the results – would it help if we notice a jump in our temperature – as an early warning? Would taking our blood pressure daily help in any way?

CM: We don't have specific recommendations there but one thing I really want to get across today is that if a patient becomes unwell and has symptoms suggestive of the infection such as fever, sore throat or cough, we really urge them to call ahead and not present to the hospital, or the GP or the Dialysis Unit. We really want to emphasise that today – they should call ahead! So, that means if they are a dialysis patient they can call the Dialysis Unit or their GP. If they are a transplant patient or a kidney patient they can call their local kidney clinic, or kidney day ward or their GP. But please, if you think you have been infected or closely exposed to the COVID-19 virus, do not present without calling first.

MM: Even a dialysis patient arriving by taxi?

CM: Absolutely, that dialysis patient arriving by taxi should call ahead and not come to the Dialysis Unit without going through a phone conversation with the Dialysis Unit. That's very important to emphasise.

MM: We know social distancing is recommended but how safe are dialysis patients when we have 3 or 4 other patients travelling in the same transport?

CM: That is an interesting question and I suspect there will be recommendations and developments in this area over the next few weeks. Plans are being drawn up to deal with transport of patients who may be infected, and we may well resort to some kind of cohorting of patients or special transport arrangements. That is being discussed at present.

MM: If a dialysis patient becomes positive for COVID-19 they can't be isolated at home so where will they go? Who should they ring?

CM: This is an evolving area. If they are sick they will be admitted to the hospital and treated in hospital. It may well be if they are not sick they will be recommended to go home and practice as much isolation as is possible. But for now patients are being admitted to hospital if they are diagnosed with the infection but that may well change.

MM: We are aware that COVID-19 is an airborne virus. Can it pass from person-to-person through a dialysis machine?

CM: No it cannot pass through a dialysis machine, to the best of my knowledge.

MM: Would a fistula site or catheter require extra protection or even a wound/cut?

CM: Not necessarily, but we would advise appropriate standard precautions, before and after needing a fistula. Standard precautions should take care of problems like that.

MM: It is becoming obvious that a lot of the dialysis patients might have to change their times for dialysis as things move or even change centres for their dialysis. Obviously we would like co-operation from the patients but they have to realise they might have to move from their current comfort zone to consider the greater good of all dialysis patients, rather than themselves?

CM: Plans about whether or not dialysis patients will be moved to different centres or time slots is being discussed at present. But we would urge patients and their families to be flexible. Of course we are mindful that we don't want to cause unnecessary disruption or worry. It could well be that, for example, a group of dialysis patients who are infected with the virus will all be treated on the same shift.

Thank you **Dr Magee** for being so frank and giving up your valuable time to do this interview.