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They are also at increased risk for SARS-CoV-2 infection compared to the general population (1-6). | | Most people with kidney failure are treated in dialysis facilities. These patients are unable to self-isolate, because they must travel to dialysis facilities three days a week, and stay in the facilities 3-4 hours each day, to receive these lifesaving treatments. They are also typically too sick and vulnerable to travel to public vaccination locations, underscoring the need to provide them access to the vaccine in their dialysis units. | | As detailed in [this recent editorial](https://www2.theisn.org/e/463452/3eoP3pF/xz14kw/467556332?h=uGsi5JsfLA0ftugGFSRItO2rqJoYzJyuGLGdm4BCou4), “vaccinating dialysis patients may have the highest relative impact of all health care groups, through reducing infections, mortality, and burden on the health care system.”(7) These patients, and the frontline staff and clinicians who care for them, urgently need direct access to the vaccine. Dialysis center staff are highly skilled at caring for patients, including providing annual influenza and other vaccinations, and will be able to advise patients, and deliver vaccines, in a safe environment | | **ASN**, **ERA-EDTA**, and **ISN** stand ready to support efforts to act on this urgent need to expedite dialysis patient, staff, and clinician access to the COVID-19 vaccine in dialysis units, which will save lives and improve public health. | | |  |  | | --- | --- | |  | **Vivekanand Jha**, MBBS, MD, DM, FRCP, FAMS President, International Society of Nephrology | |  | **Susan E. Quaggin**, MD, FASN President, American Society of Nephrology | |  | **Christoph Wanner**, MD President, European Renal Association-European Dialysis and Transplant Association | | |  | | |  |  | | --- | --- | | *1.* | *ERA-EDTA Council; ERACODA Working Group. Chronic kidney disease is a key risk factor for severe COVID-19: a call to action by the ERA-EDTA. 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