

VACCINATIONS FOR PEOPLE ON DIALYSIS



RESPIRATORY ILLNESS PROTECTION RECOMMENDATIONS FOR FALL 2025

Vaccines are intended to decrease the risk of severe illness resulting in hospitalization and possibly death. People with kidney diseases are especially at risk. Note: Most vaccines are available at a local pharmacy or primary care provider. Dialysis organizations also provide many of the vaccines below.

1 COVID-19

Recommended yearly in the fall.

2 INFLUENZA (HIGH-DOSE VACCINE) *

Recommended yearly in the fall. Check with your doctor to see if you should receive the high-dose vaccine.

3 PNEUMOCOCCAL PNEUMONIA

One or two doses recommended depending on vaccine history. All adult dialysis patients should receive a full series.

4 RESPIRATORY SYNCYTIAL VIRUS - RSV (AGE 60 AND OLDER)

When: initial dose late summer/early fall

OTHER IMPORTANT VACCINES:

HEPATITIS B *

When: initial 3- or 4-dose series, with yearly titers

SHINGLES VACCINE (AGE 50 AND OLDER)

When: two doses, 2-6 months apart

**Vaccines for influenza and hepatitis B are often given at the dialysis facility*

IF MY PATIENT RECEIVES THE COVID AND FLU VACCINES, DOES THAT MEAN THEY WILL NOT BECOME ILL WITH THOSE DISEASES?

Receiving the COVID and FLU vaccines does not guarantee patients will not become ill from the virus. However, receiving vaccinations lowers the risk of becoming severely ill. The risk of hospitalization and death have been shown to be decreased with vaccination.

WHY DO PEOPLE ON DIALYSIS NEED THE PNEUMOCOCCAL VACCINE?

Pneumococcal bacteria can cause severe illness resulting in pneumonia, and, if it gets into the blood stream, sepsis. People with kidney disease need the initial series and may need an additional booster dose in 5 years.

WHY DO PEOPLE ON DIALYSIS NEED THE RSV VACCINE?

There is epidemiologic evidence that adults aged 60-74 with advanced chronic kidney disease (stage 4-5, dependence on hemodialysis or other renal replacement therapy) are at increased risk of severe RSV.

IMPORTANT NOTE

Patients who have had severe anaphylaxis to a prior dose or component, and patients with a history of Guillain-Barre syndrome, should consult their physician before receiving vaccines.



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