

## **Recommendations for returning to school or day care for children with kidney diseases (Nephrology)**

We have tried to give information about the most common problems treated in Nephrology. If you still have questions after reading this, please contact us by phone at 514-412-4461.

### **Who CAN go back to school?**

The majority of the children followed for chronic kidney conditions at the MUHC **can go to school** and should not develop significant symptoms from COVID-19. Most children taking immunosuppressive medications, including kidney transplant recipients, can go back to school.

Children who have chronic kidney disease and who receive hemodialysis or peritoneal dialysis treatment **can** go back to school.

Children who are waiting for a kidney transplant **can** go back to school, **except if they have any other conditions predisposing them to more severe complications of COVID-19.**

### **Who should NOT go back to school?**

We recommend that children with kidney disease who are highly immunocompromised (have a very weak immune system), or who have newly started immunosuppressive medications (in the past month) should **NOT** return to school this fall.

- 1) **Children who received a kidney transplant in the last 6-12 months or who have been treated for rejection in the last 6 months:** These children are considered highly immunocompromised and at higher risk of infections. They should delay return to school until at least 6 months after the transplant or rejection treatment.
- 2) **Children who started immunosuppressive medications for their kidney disease in the past month or who had an increase in the dose or number of immunosuppressive medications in the past month.** If your child has recently started or increased their immunosuppressive medication, they should delay school entry until their doctor says they are stable enough to return to school. You should discuss timing of school return with your child's doctor.
  - Start of immunosuppressive treatment within the past month

- New immunosuppressive medication added or significant increase of dosing
- 3) **Children who are treated with a high dose of corticosteroids (prednisone, prednisolone):** Children taking a high dose of prednisone or prednisolone defined by the following criteria:
- Corticosteroids given orally or intravenously  
**and**
  - Treatment for 2 weeks or more  
**and**
  - Corticosteroids dose equal or higher than 2mg/kg/day or 20 mg once a day or an equivalent dose

If your child is taking high doses of corticosteroids, you will need to delay school start until your child has been taking a dose less than 20 mg of prednisone per day (or equivalent) or less than 2 mg/kg/day for at least 2 weeks. Discuss the best time to return to school with your child's nephrologist.

### **Are there some cases where it is not clear whether school return is ok or not?**

**For some medications, the risks of developing more serious disease related to COVID-19 are not clear.** In particular, for children taking Rituximab (Rituxan) infusions, we do not yet know the risk of COVID-19. It is possible that people taking this medication have a higher risk than the general population. If your child is taking Rituximab, you should discuss return to school with your child's nephrologist to balance risks and benefits.

### ***What about siblings (brothers and sisters) and parents?***

Most siblings of patients with kidney disease can safely go back to school and parents can return to work. However, we recommend that the siblings of highly immunocompromised children (as described above) postpone the return to school, and parents delay return to work if this is possible. If your child with kidney disease is being kept home because their immune system is too weak, we suggest that their siblings and parents also stay home. If this is not possible, precautions should be taken to protect the highly immunocompromised child.

### **Children with other kidney conditions**

It is not clear how COVID-19 might affect the kidneys. Adults sick with COVID-19 often have some signs of kidney involvement like small amounts of blood and/or protein in the urine. These usually recover once the person gets better. However, it only appears to be those who are critically ill who have loss of kidney function. Loss of kidney function may happen with any critical illness (not just with COVID-19) so it hard to tell whether it is really caused by COVID-19.

Children with mild kidney conditions do **not** appear to have any higher risk of kidney problems from COVID-19 than other children. These children **can safely return to school**. The only children who should not return to school are those with very weak immune systems (described above).