



# Kidney disease and immunisation

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**This leaflet outlines the immunisations recommended for renal patients.**

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## Why do I need to get immunised?

Patients with kidney disease are more prone to some sorts of infection. Immunisation is recommended against some infections in patients at increased risk. With your current kidney damage we suggest that you have the following immunisations:

- **Flu:** You should go to your GP every autumn for the flu immunisation.
- **Pneumovax:** Kidney patients are at increased risk of certain sorts of pneumonia. This immunisation should only be needed once.
- **Hepatitis B:** Kidney patients may need dialysis at some point in the future, where contact with blood and machines may carry a small risk of infection. This vaccine is less likely to work in advanced kidney disease. The government recommendation is, therefore, that kidney patients should be immunised against Hep B as early as possible, if there is the slightest chance they may eventually need dialysis.

This is a course of four injections with a blood test at the end to confirm immunity. Some patients will need a booster dose and a few patients will fail to become immune even after these doses.

You will probably need a booster every five years.

## How do I arrange the immunisations?

- **Hep B:** Please discuss with your Renal Team (PD, HD, Transplant or Kidney Care) – they will arrange administration and the subsequent monitoring of the vaccines.  
It is important that bloods are taken eight weeks after your last injection. This will tell us whether you have become immune or if additional doses are required.
- **Flu and Pneumovax:** Please make arrangements with your GP.

## Contacting us

Kidney Care Nurses 0118 322 7899

Out of hours / Bank holidays – Victoria Renal Ward 0118 322 7476

To find out more about our Trust visit [www.royalberkshire.nhs.uk](http://www.royalberkshire.nhs.uk)

**Please ask if you need this information in another language or format.**

RBFT Department of Renal Medicine, February 2025. Next review due: February 2027.