British Thoracic Society Advice for Managing Patients with Bronchiectasis in the endemic phase of the COVID-19 pandemic

Purpose: This advice is designed to help clinicians looking after patients with bronchiectasis in the endemic phase of the COVID-19 pandemic.

The current situation will be subject change at short notice - this document has been prepared on 30 June and may be updated regularly.

All advice is general. Clinicians, after discussion with their patients, may choose alternative actions in some situations due to specific individual circumstances. Please also refer to the links to useful resources.

General: what is the risk of COVID-19 in patients with bronchiectasis, or chronic pulmonary infections (*e.g.* Chronic Pulmonary Aspergillosis, or Non-Tuberculous Mycobacterial infections)?

No data clearly exists to answer this question directly yet. Chronic lung disease is a major risk factor for severe COVID-19 disease in the ISARIC4C study, but subgroups such as bronchiectasis haven't yet been explored. As lockdown eases across the UK, patients firstly should be encouraged to seek care if it is needed using their usual channels, and not to delay accessing help when it is needed. Decision-making regarding clinical reviews and extent of easement of Shielding should be made together with the patient, reflecting severity of underlying condition and general health. For example, use of the Bronchiectasis Severity Index, as mentioned in the BTS advice on Shielding previously, can help add weight to these processes and discussions. Local prevalence of COVID-19 may help to frame these risk discussions too.

Other important considerations:

1. **Access to timely, effective Physiotherapy for Sputum Clearance and Pulmonary Rehabilitation**
   - The use of digital or video consultations is strongly encouraged here.
   - Consider use of supportive materials such as videos to help reinforce techniques; follow-up appointments may be needed, especially if equipment (*e.g.* Airway Clearance Devices) are being sent to a patient after initial assessments.
   - The Association of Chartered Physiotherapists in Respiratory Care have indicated that techniques to aid sputum clearance may generate aerosols[1], and so Trusts/Boards may want to develop their own risk assessments reflecting local COVID-19 prevalence and availability of SARS-CoV2 testing during face-to-face physiotherapy sessions.
   - There is no evidence that different adjuncts or devices for airway clearance vary in their risk of generation of aerosols so use should be directed to patient need as appropriate.
   - Nebulised Hypertonic Saline for the induction of sputum is considered an Aerosol Generating Procedure (AGP) by Public Health England and Health Protection Scotland[2], and so appropriate local risk assessments including consideration of the use of appropriate PPE should be used for this.
   - Discuss with your organisation your core needs given that teams will have been deployed to help with the acute COVID-19 response.
   - Always monitor the effectiveness of what you are doing.

2. **Management of patients who are Shielding or who are anxious about hospital visits**
   - Be aware that many patients will still be very anxious about lockdown easing and may be worried about hospital visits; this may be worse for patients who have an MDT support structure for usual care - *e.g.* Primary Ciliary Dyskinesia.
   - Try to find safe ways for them to have their care optimised using what is available locally - or innovate: video consultations as above; use of 'clean' hubs for bloods for Therapeutic Drug Monitoring.
   - Written self-management plans will help reassure patients and help communicate across primary and secondary care more easily; their use is encouraged.
   - Some patients with bronchiectasis will already have rescue packs of oral antibiotics as part of their management plan; considering making these available to them at home is also encouraged.
   - Most patients with bronchiectasis will not require regular monitoring of FEV1, as symptoms and exacerbation frequency are good measures of disease activity. There are some groups - such as Primary Ciliary Dyskinesia - where longitudinal FEV1 is an important test however, and the use of remote or home spirometry could be explored locally to help in this regard. If this is not possible, reviewing the need for spirometry in hospital should be done carefully, and reflect local and national guidance on infection control.
   - The increased use of Outpatient and Home Parenteral Antibiotic Therapy (OHPAT) services, alongside enhanced or novel community respiratory services may allow care to be maintained in the community and we strongly support the use of these where possible.
   - Some patients *may* be suitable for remote Drug Reaction Assessment (DRA) trials for inhaled/nebulised therapies in some circumstances, to avoid hospital visits. Evidence for this is limited[3], and local guidance could be developed to consider this in appropriate patients where the risk of complications is low (e.g. where %FEV1 is >55%).
   - Use of 'Green' or 'Clean' pathways where planned ambulatory, face-to-face appointments or DRA trials are needed.
   - Sputum sampling is an important part of the management of bronchiectasis. Local arrangements may exist to allow patients to safely deposit samples at Hubs, or with GP practices. It may also be possible to arrange remote sampling with postal return and some centres are using this approach, with appropriate packaging and processing as per PHE guidance.
   - Reassuring environments for patients in outpatients where face-to-face appointments are needed.

3. **Advice on use of Face Masks**

Patients may be specifically anxious around using these as they may make dyspnoea worse, or be difficult if sputum is being expectorated frequently. Patients should be reassured that they can have a dispensation to not use these and can discuss with their team about this if concerned. They can also be directed to the British Lung Foundation website which has advice in this area.

Useful links

British Lung Foundation: https://www.blf.org.uk/support-for-you/coronavirus
BTS advice on shielding: https://www.brit-thoracic.org.uk/about-us/covid-19-identifying-patients-for-shielding/

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1. https://www.acprc.org.uk/Data/Resource_Downloads/COVID19RespiratoryPhysiotherapyOnCallInformationandGuidanceV2.pdf?date=26/06/2020%2016:44:50

2. https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe

3. Dennis BB, Rinaldi G, Housley G, Shah A, Shah OA, Loebinger MR. The utility of drug reaction assessment trials for inhaled therapies in patients with chronic lung diseases. *Respir Med*. 2018;140:122-126. doi:10.1016/j.rmed.2018.06.008