Advice on Shielding for Respiratory Patients during COVID-19 outbreak

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Shielding is a way to protect people who are extremely vulnerable from coming into contact with the coronavirus by minimising all interaction between them and other people.

This paper covers additional information around patients with respiratory conditions, see PHE guidance on shielding and protecting people defined on medical grounds as extremely vulnerable for full details of patients who should be shielding.

Guidance on the implications for general practice and FAQs for clinicians (latest 3 April) are available on the NHS England website.

We have been asked for more specific advice on which respiratory patients should be shielding – this is our best interpretation of the information which is currently available.

People with severe long-term lung conditions, this group includes people with:

- All types of cystic fibrosis
- Severe asthma
- Severe chronic obstructive pulmonary disease
- Lung cancer and mesothelioma, who are having active chemotherapy or radical radiotherapy
- Severe bronchiectasis
- Interstitial lung disease including pulmonary fibrosis
- Sarcoidosis
- Pulmonary hypertension
- People on immunosuppressive drugs
- Admission to hospital in the last 12 months due to an acute attack of a lung condition
- Home oxygen or non-invasive ventilation

This document will cover severe asthma and severe COPD in more detail.

Asthma

Asthma UK is regularly updating its advice on which asthma patients should be shielding here:

www.asthma.org.uk/advice/triggers/coronavirus-covid-19/shielding-advice-high-risk/

The Government's advice is for any patient with severe asthma to shield. The criteria are defined as those who have been prescribed a LABA or LABA/ICS or leukotriene over the past six months AND who have had four or more prescriptions for prednisolone over the six months

https://digital.nhs.uk/coronavirus/shielded-patient-list/methodology/rule-logic

The following is a summary of what local respiratory experts believe to be reasonable current advice regarding the criteria of severe asthma:

- All patients on a biologic therapy for asthma also called a mAb (Xolair/omalizumab, Nucala/mepolizumab, Cinqaero/reslizumab, Fasenra/benralizumab) - these should have been identified and written to by STH but if any patients have not received letters or information or are querying the information received, they should be advised to shield.

- People meeting the Government criteria of asthma with ICS and a second controller who need continuous oral steroids or four or more courses per year of prednisolone.

- For people not immediately fitting the criteria above, we suggest advice re shielding or some form of enhanced social distancing may also need to be given to those who are known to have severe lung function impairment and a requirement for significant therapy, eg. on high dose inhaled corticosteroid* (ICS) therapy in combination with one or more additional controllers i.e. Long acting beta agonist (LABA), Montelukast, Tiotropium, or azithromycin as an anti-inflammatory antibiotic, and occasional courses of steroids.

- People who have had recurrent admissions, or previous life-threatening episodes of asthma taking them to intensive care, should also be advised re shielding and/or taking great care with social distancing.

Patients on a single ICS/LABA +/- montelukast but who have excellent control (no admissions, no or extremely rare oral steroid use, a background of good lung function, no other comorbidities) probably not need to shield, but should be advised regarding social distancing and working from home wherever possible.

*High dose ICS is as defined by NICE:
https://www.nice.org.uk/guidance/ng80/resources/inhaled-corticosteroid-doses-pdf-4731528781

COPD

- Patients with severe or very severe airflow obstruction (FEV1 < 50)
- Patients who are limited by their breathlessness - MRC score 3+
- Patients who have had an admission to hospital with COPD
- Patients who have had 2+ exacerbations in the past 12 months needing rescue treatment with oral steroids and/or antibiotics
- Patients on regular oral steroids
- Patients with home oxygen
- Patients who use non-invasive ventilation at home

PLEASE NOTE – the advice contained within this paper is our best understanding at this point in time. Guidance continues to evolve and we will update when required.

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