

ELHCP Children's Asthma Guidance – COVID 19 Coronavirus Pandemic

This guidance is aimed at families with children and young people with asthma and wheeze in the North East London Health and Care Partnership Area. It may also be useful for those with a role in their medical care. It is based on current national guidance and expert consensus and has been compiled by clinicians in primary and hospital care across the network. Recommendations will change as the pandemic progresses and patients and clinicians should pay attention to local and national advice.

What is COVID-19?

COVID-19 is the name given to the disease caused by a novel coronavirus. Coronaviruses affect the respiratory system and can cause severe disease.

Why is COVID-19 so severe?

Lack of immunity

This virus strain is different to those that have circulated in recent years. Because of this most people have little or no immune defence. Some people experience severe lung infection and cannot get enough oxygen without medical help.

Highly infectious

The virus has long incubation period during which people can be infectious without feeling unwell, and some people (especially children) can be infected with minimal or no symptoms at all. It can also persist for several days on hard surfaces such as door handles. This means that it can spread rapidly through and between communities.

Lack of treatment options

At the time of writing there is no available vaccine and no specific treatment. Some people may need nothing more than over the counter cold remedies while a substantial proportion need admission to hospital, some will need a breathing machine, and some of these will die.

Who can get COVID-19?

Anyone of any age can get COVID-19. Children appear to be less severely affected on average but can still, as with the seasonal flu, become very ill or even die. Older people and those with severe underlying lung, heart, immune or certain other medical conditions may be less able to recover from severe COVID-19 disease. Coronaviruses change their genetics and appearance rapidly, we do not know whether people who have had COVID-19 can get it again.

What can I do to protect myself from COVID-19?

HYGIENE Wash your hands, thoroughly and often, avoid touching your face

ROUTINE Follow your asthma plan, use your preventer inhaler as prescribed;
Know and avoid your triggers
Ask your doctor or asthma nurse to review your treatment plan if you are using salbutamol often or have recently attended the hospital or had oral steroids. **Most clinics are now being run remotely by telephone or videolink**

SEPARATE (the 3S Strategy)

- **S - Social Distance** – this means keeping a minimum of 2 metres (6ft) from people who don't share your home, whether or not they have symptoms.
- **S - Self-Isolate** – this means avoiding all contact with others (including not leaving the house) if you or a household member has symptoms
- **S – Shielding (below)** – people in **HIGH RISK** groups should avoid ALL contact for at least 12 weeks by following the shielding guidance within the red box below:

I have asthma - Am I in a HIGH RISK group?

Most children with asthma and wheeze do not fall into a HIGH RISK GROUP

Government Guidance recommends SHIELDING (below) for people with asthma receiving high levels of treatment, these include:

- Injected biologic therapy such as Xolair (Omalizumab) or Nucala (Mepolizumab)
- Steroid tablets or liquid every day
- Antibiotic tablets or liquid for asthma every week (e.g. azithromycin)
- Tiotropium (Spiriva Respimat)
- A high daily steroid dose WITH montelukast OR in a combination inhaler that also contains a long-acting bronchodilator (see the list below)

Table 1 - High Dose Inhaled Steroids

Inhaler	12 and over	Under 12
Clenil Modulite* ¹ + montelukast	250 mcg 2 puffs 2x/day	200 mcg 2 puffs 2x/day
Flixotide* + montelukast	250 mcg 2 puffs 2x/day	125 mcg 2 puffs 2x/day
Pulmicort Turbohaler + montelukast	400 mcg 2 puffs 2x/day	200 mcg 2 puffs 2x/day
Qvar + montelukast	200 mcg 2 puffs 2x/day	100 mcg 2 puffs 2x/day
Seretide*	250/25 two puffs 2x/day	125/25 two puffs 2x/day
Symbicort Turbohaler	400/12 two puffs 2x/daily	200/6 two puffs 2x/day
Relvar Ellipta	184/22 one puff 2x/day	92/22 one puff 1x/day

High dose inhaled steroids



If you need more than this you should follow shielding advice

If you are not on the medicines listed above, but any of these apply to you:

- You have had an admission to hospital in the last year
- You have needed 2 or more courses of oral steroids in the last year, OR
- You are using your blue reliever inhaler 3 or more times per week

Then you may benefit from following shielding guidance (below). If you are using your reliever inhaler more than 3 times a week we would also recommend that you speak to your GP or asthma nurse about improving your asthma control as soon as possible. If you think you should be shielding but have not been notified please contact your GP for advice.

¹ Or equivalent.

Figure 1 - Shielding Guidance (see [Asthma UK Coronavirus Pages](#) for more information)

1. Strictly avoid contact with someone who is displaying symptoms of coronavirus (COVID-19). These symptoms include high temperature and/or new and continuous cough.
 2. Do not leave your house.
 3. Do not attend any gatherings. This includes gatherings of friends and families in private spaces for example family homes, weddings and religious services.
 4. Do not go out for shopping, leisure or travel and, when arranging food or medication deliveries, these should be left at the door to minimise contact.
 5. Keep in touch using remote technology such as phone, internet, and social media.
- Do use telephone or online services to contact your GP or other essential services.

Specific advice for those on biologic (Mepolizumab/Nucala or Omalizumab/Xolair) therapy

- Please see the [NICE Asthma Guidance](#).
- We have made individual arrangements for these patients to receive their treatment in alternative locations where possible.

What to do if I am having an attack:

- Follow your asthma action plan – if this suggests changing your preventer or reliever treatment or starting oral steroids you should do so, if it doesn't you should not.
- You should remain at home while following your plan if it is safe to do so
- If you feel you need medical assessment you should follow your plan but also seek advice from NHS111 or attend the emergency department as you would normally.
- It can be dangerous to delaying attending hospital due to coronavirus fears.

If I am seen at the hospital I should expect that:

- Staff may be wearing additional personal protective equipment including masks, goggles, gowns and gloves. Young children should be prepared for this likelihood.
- Treatment and discharge thresholds (including steroids, inhaler frequency, nebulisation and oxygen) will be unchanged.
- Preventer medication may be increased.
- The hospital team will inform the GP that I have been seen/admitted
- **It is my responsibility to arrange 48 hr review following discharge with my GP, your local hospital may be able to help you with is.**
- Where hospital follow-up is needed this may be by telephone.
- I may be advised to follow shielding guidance (above) during the COVID-19 pandemic.

Advice for GPs and Local Specialist Nurses:

- Have a low threshold to escalate preventer therapy based on:
 - reported symptoms (An [ACT](#) score can be helpful here)
 - salbutamol usage (more than three times per week)
 - emergency attendance

- Consider delaying weaning preventer therapy until your patient has been robustly well for 4-8 months depending on the season (at your discretion).
- Please contact your local Community Asthma or relevant specialist nurse for advice
- Please follow-up hospital discharges by telephone at 48 hours using the following suggested [template \(click to download\)](#) or local equivalent.
- Consider whether your patient should be following above shielding advice.