

Respiratory medicine

A Background

The British Thoracic Society Pandemic Flu Guidelines Working Party of the Standards of Care Committee, with the British Infection Society, the Health Protection Agency and in collaboration with the Department of Health, recently published guidelines for the clinical management of patients with influenza-like illness during an influenza pandemic.¹

The recommendations below must be considered out of the ordinary and apply only during a pandemic period. It is acknowledged that during a pandemic, the usual standards of care in relation to outpatient priorities may not be achievable.

As a specialty, respiratory medicine will be significantly affected by a pandemic, not only during the peak of a pandemic but also in its aftermath, as many patients recovering from the complications of influenza may require specialist respiratory input. A significant increase in clinical workload following a pandemic should therefore be allowed for, which may require the following priorities to be applied for a period of time beyond the pandemic.

B Specialty priorities for outpatient review

Patients with respiratory disorders will be particularly at risk from influenza and its complications. Therefore, almost all patients with chronic respiratory disorders will require remote access (email, fax or telephone) to specialist advice during a pandemic, and should be issued with a Blue Access Card (see Appendix).

Symptoms consistent with an exacerbation of an underlying respiratory disorder may resemble or be indistinguishable from the symptoms of pandemic influenza. Patients with symptoms of pandemic influenza will be best managed according to local pandemic flu pathways to ensure timely access to antivirals, and timely assessment for influenza-related complications. Also, these patients should be seen in settings where the appropriate infection control measures are in place.

Respiratory outpatient clinics will need to carefully consider infection control issues, bearing in mind the possible overlap in symptoms relating to influenza and the respiratory disorder in question. Triage according to infection control risks may be appropriate.

For any prioritisation system to work in an emergency when medical records and clinic staff will be depleted and under severe work pressure, preparatory work will need to be very extensive to pre-identify individual patients in the categories below and prepare follow-up/access cards etc. Patient involvement in this process will be important, challenging and time consuming.

C Follow-up of established outpatient attenders

Patients who may require follow-up during a pandemic (Yellow Card)

The following are considered groups of patients whose condition may very likely suffer if they are automatically excluded from planned outpatient follow-up for over four months, and for whom a Yellow Follow-up Card (see Appendix) should be considered:

- ▶ patients with proven malignancy
- ▶ patients with unstable or brittle asthma
- ▶ patients with cystic fibrosis
- ▶ patients with tuberculosis
- ▶ patients with lung transplantation
- ▶ patients with pulmonary hypertension.

Patients who may require priority access/advice during a pandemic (Blue Card)

Patients with the following conditions may be suitable for a delay of four months for planned follow-up and should be issued with a Blue Access Card. Individual patients will require assessment for a Yellow Follow-up Card, depending on their medical requirements.

- ▶ interstitial lung disease
- ▶ sarcoidosis
- ▶ allergic lung and bronchial disorders
- ▶ chronic obstructive pulmonary disease (COPD)
- ▶ bronchiectasis
- ▶ neuromuscular disease-related respiratory disorders.

Patients who are unlikely to require access or follow-up during a pandemic

Patients with the following conditions are likely to be suitable for a four-month delay in outpatient follow-up:

- ▶ sleep-disordered breathing
- ▶ occupational lung disease
- ▶ chronic cough and upper airway disorders.

D New patient appointments

In the context of a pandemic, respiratory symptoms and signs such as cough, purulent sputum, breathlessness and clinical signs of lower respiratory tract infection will be very common and may be due to pandemic influenza. Patients with symptoms of pandemic flu should be treated according to pandemic flu pathways (see above) and not referred as new patients to respiratory clinics. Infection control considerations must be taken into account in all instances.

Examples of acute respiratory symptoms, not thought to be due to pandemic flu, that will require the patient to be issued with a Yellow Card and referred for outpatient consultation during an emergency pandemic period (together with priority indicator P1, P2, P3; see Table 2, p4) include:

- ▶ stridor (P1)
- ▶ severe breathlessness (P1)
- ▶ large volume haemoptysis (P1)
- ▶ small volume haemoptysis (P2/3)
- ▶ suspected malignancy (P2)
- ▶ suspected tuberculosis (P1/2 – also public health priority)
- ▶ pleural effusion (P2/3)
- ▶ abnormal chest X-rays (P2/3 – depending on abnormality).

All other new referrals should be delayed (either by the GP or by the consultant) for four months, unless agreed otherwise on a case-by-case basis.

This emergency strategy will undoubtedly affect usual standards of best care.

Reference

1 Lim W S. Pandemic flu: clinical management of patients with an influenza-like illness during an influenza pandemic. Provisional guidelines from the British Infection Society, British Thoracic Society, and Health Protection Agency in collaboration with the Department of Health. *Thorax* 2007;62(suppl 1);1–46. (Accessible at www.brit-thoracic.org.uk/pandemicflu)

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