

# Thematic response to targeted engagement for acute respiratory infection scope

## Background

NICE was asked by NHS England to produce an emergency guideline on the initial assessment and management of suspected acute respiratory infections to inform winter planning for 2023. The rapid nature of this guideline means that NICE was unable to undertake a formal consultation, but instead engaged with selected key informants to ensure the scope for the guideline met the needs of the NHS. Although all of the comments have been considered, brief responses are provided below only for the most commonly reported themes arising from them.

## Scope section 3.1 – who is the focus?

- Comments highlighted the need for similar work to be done for paediatric populations. This may be the topic of a future referral to NICE.
- Comments noted that future testing for COVID was uncertain and that many people would have COVID and not know it.
- We were asked to provide a definition of ARI, however we have not done this because the guideline is set at first contact with the person with 'suspected' ARI, so any presentation that might indicate an ARI should lead to assessment. We added some examples.
- It was suggested that including people with underlying conditions complicated the guideline and they should be excluded. The committee did not agree. They noted that at initial presentation, any assessment they made needed to take into account underlying conditions. They excluded people with bronchiectasis and cystic fibrosis because those people have plans in place to manage infections.

## **Scope section 3.2 – settings**

- We were asked to include email and text messages as settings since a lot of primary care communication uses these.
- Comments noted that different equipment is available in different settings, including at home where some people may have access to pulse oximeters or sphygmomanometers.

## **Scope section 3.3 – Activities, services or aspects of care**

- Added reference to delayed/back-up prescribing of antimicrobials as primary care members of the committee agreed this was a useful strategy.
- Comments pointed out a lack of clarity at the areas that will not be covered, especially in respect of a 'definitive diagnosis'. The wording of this section was reviewed and changed.
- We were asked to be specific about the biomarker and microbiological tests of interest. We will do this in the review protocol for that question, but for the purposes of the scope a broad remit is sufficient.

## **Scope section 3.5 – Key issues and draft questions**

- Comments suggested some useful references that NICE will explore during the reviewing of the evidence.

## **Scope section 3.6 – Outcomes**

- We have clarified some of the outcome measures, for example on patient reported outcome measures and treatment failure in response to queries on these.