NICE National Institute for Health and Care Excellence

Appendix B: Stakeholder consultation comments table

2019 surveillance of Bronchiolitis in children: diagnosis and management (2015)

Consultation dates: Thursday, 06 June 2019 until 5pm on Wednesday, 19 June 2019

1. Do you agree with the proposal to not update the guideline?			
Stakeholder	**Overall response**	**Comments**	**NICE response**
The Royal College of Radiologists	Yes	No comment provided	Thank you
UK Clinical Virology Network	No	No comment provided	Thank you
Association of Paediatric Chartered Physiotherapists	Yes	No comments provided	Thank you
Royal College of Paediatrics and Child Health	Yes	The BIDS study is sufficient evidence to recommend target saturations of 90%. Is there evidence that current says the target of > 90% is safe? HFOT or nasal CPAP can be included in treatment	Thank you for your comments and for highlighting the Cunningham et al 2015 study. This has been included in our review. We agree the study (n=615) shows that infants who only needed 90% oxygen saturation were fit for discharge and discharged sooner than those

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		It is agreed that there is currently no new evidence to support changes to the current recommendations. However, the wording on points 1.2.3, 1.3.3, 1.1.6 need to be clarified and changed	infants who needed 94% oxygen saturation. The study stated that discharging infants at 90% oxygen saturation was also cost effective for the NHS, however this is not statistically significant. The study stated that there were more adverse effects in the standard group who were discharged at 94%, however we are unsure (from an assessment of the study) if this was statistically significant. However, after considering the consultation comments and topic expert feedback we agree that this could have resource implications, and that there is enough directly relevant evidence around the safety and efficacy of lowering the limit at this time to update the recommendation regarding oxygen saturation levels at discharge. The original recommendation was based on committee consensus and not on direct evidence and therefore it is felt that this small but important update is necessary within the guideline. Thank you for your comments on HFOT and nasal CPAP. We searched for studies that involved these measures. We found three RCTs which compared HFOT with either standard care or hypertonic saline. There was little evidence that suggested the use of HFOT showed significant differences in outcome in standard practice. CPAP is already recommended in NG9 in recommendation 1.4.5 “Consider continuous positive airway pressure (CPAP) in children with bronchiolitis who have impending respiratory failure”. Thank you for your comments and support for our editorial amendments.
AbbVie LTD	No	No comment provided	Thank you

2. Do you have any comments on areas excluded from the scope of the guideline?			
Stakeholder	**Overall response**	**Comments**	**NICE response**
The Royal College of Radiologists	No	No comment provided	Thank you
UK Clinical Virology Network	Yes	The obvious omission is testing for respiratory virus infection. Bronchiolitis is a clinical syndrome, and there is not an absolute need to determine the cause, but there should at least be a line about the value and purpose of testing, supportive or not- currently there is an infection control need if admitted, and going forward there will be improved antivirals and a vaccine (the latter will need good surveillance data, although not strictly a clinical need).	Thank you for your comments. The scope for NG9 Bronchiolitis in Children lists the clinical issues that will not be covered by the guideline which include screening for RSV in primary care and viral testing in hospital to prevent transmission. We searched for evidence regarding the identification of different viruses that are associated with bronchiolitis however no studies were found. Therefore, we will not be updating the guideline at this time. Please note that this guideline is around the diagnosis and management of bronchiolitis and therefore antivirals and vaccines will be outside of the remit of this guideline.
Association of Paediatric Chartered Physiotherapists	No	No comments provided	Thank you
Royal College of Paediatrics and Child Health	Yes	The obtaining of Nasopharyngeal aspirate is widespread. NICE should include a comment about this The guideline could include a comment about pulmonary prognosis according viral aetiology Some clarity is needed on the use of high flow vs low flow respiratory support. Dr Sinha at Alder Hey Hospital has	Thank you for your comments. The scope for NG9 Bronchiolitis in Children lists the clinical issues that will not be covered by the guideline which include screening for RSV in primary care and viral testing in hospital to prevent transmission. We searched for evidence regarding the identification of different viruses that are associated with bronchiolitis however no studies were found. Therefore we will not be updating the guideline at this time. Please note that this guideline scope covers the diagnosis and management

		recently submitted/published a meta-analysis on this topic which could be considered Failure to thrive has not been added as a risk factor, but FTT may reflect a chronic (potentially undiagnosed) condition, which may result in increased risk of severe illness. This may be due to the disease (with poor immune function or a lung condition for example) or due to poor status of an infant that does not have the energy reserves to work hard for long. It might be helpful to consider this at some point	of bronchiolitis and therefore antivirals and vaccines will be outside of the remit of this guideline. NICE found three RCTs which compared HFOT with either standard care or hypertonic saline. It is not clear if standard care involved low flow respiratory support. There was little evidence that suggested using HFOT caused significant differences in outcome in standard practice. Due to the lack of evidence on safety and efficacy NICE will not be recommending the use of this specific treatment. Unfortunately we did not find the meta-analysis by Dr Sinha during our recent search of the literature. Our inclusion criteria was based around the scope of NG9 Bronchiolitis in Children and the previous search for NG9 conducted in 2014 where studies were excluded if they involved children in neonatal units or ICU. A focused search on failure to thrive as a risk factor for severe bronchiolitis was conducted for the surveillance review. It was not noted to be associated with bronchiolitis in terms of increasing the risk of diagnosis or increasing the risk of illness post diagnosis. NICE will amend the list of risk factors in recommendations 1.2.3 and 1.3.3 to state: "When deciding whether to admit a child with bronchiolitis, take account of the following any known risk factors for more severe bronchiolitis such as" as per our surveillance report. It is hoped that this will encourage clinicians to consider all possible risk factors for severe illness, not just those listed in the recommendation that were included due to the evidence found during the original search. We will not be updating the guideline any further at this time.
AbbVie LTD	Yes	AbbVie would like NICE to consider including the guidance from the JCVI (Joint Committee on Vaccinations and Immunisations – 'Green Book') with regards to RSV	Thank you for your comments. The Green Book has the latest information on vaccines and vaccination procedures, for vaccine preventable infectious diseases in the UK and it would not be the

		immunisation for those infants hospitalised with bronchiolitis during the winter season. Ensuring eligible at risk infants continue the course of prophylaxis; or are identified and commenced on the course for the remaining RSV season as appropriate. The green book states that: 1) Those infants that have begun a course of Synagis® treatment but are subsequently hospitalised should continue to receive Synagis® whilst they remain in hospital. 2) If, during the RSV season, an infant is identified to be at risk but there is no reliable history of previous Synagis® prophylaxis within the season, then doses should be started and administered monthly for the remainder of the RSV season. (Page 8; Green Book Chapter 27a v2_0; https://www.gov.uk/government/publications/respiratory-syncytial-virus-the-green-book-chapter-27a)	role of the NICE guideline to duplicate this content. Please note that this guideline is around the diagnosis and management of bronchiolitis and therefore antivirals, vaccines and vaccination procedures are outside of the remit of this guideline.

3. Do you have any comments on equalities issues?

Stakeholder	Overall response	Comments	NICE response
The Royal College of Radiologists	No	No comment provided	Thank you
UK Clinical Virology Network	No	No comment provided	Thank you

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Association of Paediatric Chartered Physiotherapists	No	No comment provided	Thank you
Royal College of Paediatrics and Child Health	No	No comment provided	Thank you
AbbVie LTD	No	No comment provided	Thank you

4. Could you please provide feedback on applying the recommended respiratory rates in NG9 in clinical practice and whether you have encountered any issues around applying the recommended respiratory rates to the different range of ages this guideline covers?

Stakeholder	Overall response	Comments	NICE response
The Royal College of Radiologists	No comment provided	No comment provided	Thank you
UK Clinical Virology Network	Cannot comment	No comment provided	Thank you
Association of Paediatric Chartered Physiotherapists	We have not encountered any problems with the recommended respiratory rates in NG9.	No comment provided	Thank you

Royal College of Paediatrics and Child Health	Yes	As a guide respiratory rates are useful but the reviewer would encourage GP/nurse practitioners to discuss their concerns with a tertiary care centre if they are worried or want further clarification/support on this	Thank you for your comment. We will not be amending the recommendations around respiratory rates at this time.
AbbVie LTD	No	No comment provided	Thank you