



Source: Hospital Episode Statistics, ONS Mid Year Population Estimates

In 2013/14 there were 281 emergency hospital admissions for children aged under 19 with lower respiratory tract infections in Cheshire West and Chester.

As a rate per head of population, Cheshire West and Chester had a significantly higher admission rate than the England average. Rates for both Vale Royal and West Cheshire CCGs were also significantly higher than England. Within Cheshire West and Chester there is local variation but no significant differences between localities or CCGs.

Children living in our more deprived areas have a higher rate of admission than their peers in other areas of Cheshire West and Chester but rates in these areas decreased between 2012/13

and 2013/14 compared to an increase in our less deprived areas. Differences are not statistically significant.

Ellesmere Port locality and Northwich and Winsford locality have significantly higher rates than England and are comparable with the worst 25% of local authorities nationally, the lowest rates locally are in the Rural locality.

Over 90% of children admitted were aged under five. This is a similar age profile to England.

The majority (85%) of admissions had a primary diagnosis of bronchitis, the rest were for pneumonia, there were no admissions for influenza.

Evidence of what works

Bronchiolitis is the most common disease of the lower respiratory tract during the first two years of life. Usually caused by respiratory syncytial virus (RSV), cases are generally mild but can be severe and follow a seasonal pattern (peaking during the winter). Although death is rare, a small proportion of cases will need to be admitted to hospital.

The majority of children can be managed at home under the direction of the GP. Only the severe cases (as assessed by the GP) will need to go to hospital.

Recommended actions

NICE are publishing guidance on the diagnosis and management of bronchiolitis in children in May 2015. Treatment is generally supportive and can be managed by parents or carers with the GP being used to identify the severe cases (as characterised by respiratory distress, lethargy, poor feeding or reduced oxygen saturation.)

There is some evidence that cold, damp or mouldy housing exacerbates respiratory illnesses in children. It is not unreasonable to suggest that housing refurbishment and fuel poverty reduction schemes be targeted to those areas with affected children.