The purpose of this guide

We hope that this leaflet will offer some insight into *Aspergillus* bronchitis, providing an overview of the disease, how it appears in people, how it is diagnosed and how it is treated. We will also provide resources where you can find further information.

Overview

*Aspergillus* bronchitis is an illness where the *Aspergillus* fungus causes an infection in the large airways (bronchi). Unlike allergic bronchopulmonary aspergillosis (ABPA), *Aspergillus* bronchitis is not an allergy. *Aspergillus* spores are found everywhere but you might breathe in particularly large amounts if you have mould in your home, or spend a lot of time gardening.

People with abnormal airways (*e.g.* in cystic fibrosis or bronchiectasis) have more risk of getting *Aspergillus* bronchitis after breathing in the fungus. It also affects people who have a slightly weakened immune system, which can be caused by other medications you take—such as steroid inhalers.

It cannot be passed on from one person to another; you cannot give the disease to other people.

Symptoms

Many people with this illness cough up lots of thick phlegm which makes them feel breathless. Symptoms are worse than those related to any problems you had before.

People often have long-lasting chest infection—that does not improve with antibiotics—before they find that they have *Aspergillus* bronchitis.
Diagnosis

To be diagnosed with *Aspergillus* bronchitis you must have:

- Symptoms of a lower airway disease for over one month
- Phlegm containing the *Aspergillus* fungus
- A slightly weakened immune system

The following are also suggestive that you have *Aspergillus* bronchitis:

- High levels of a marker for *Aspergillus* in your blood (called IgG)
- A white film of fungus coating your airways, or plugs of mucus seen on a camera test (bronchoscopy) if performed
- A good response to antifungal medication after eight weeks of treatment

The *Aspergillus* fungus causes different illnesses so it can be hard to know where *Aspergillus* bronchitis fits into the larger picture. The table below shows factors that increase your risk of having one of these illnesses.

<table>
<thead>
<tr>
<th>FUNGAL ILLNESS</th>
<th>RISK FACTOR(S)</th>
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<tbody>
<tr>
<td>CPA</td>
<td>Lungs that were previously damaged (<em>e.g.</em> have had tuberculosis (TB) before).</td>
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<tr>
<td>ABPA</td>
<td>Having asthma or cystic fibrosis.</td>
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<tr>
<td>INVASIVE ASPERGILLOSIS</td>
<td>Having a very weak immune system, such as after having chemotherapy.</td>
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<tr>
<td>ASPERGILLUS BRONCHITIS</td>
<td>Bronchiectasis, or a slightly weakened immune system (<em>e.g.</em> using steroid inhalers).</td>
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Treatment

The antifungal medicine itraconazole (Sporanox®) keeps Aspergillus bronchitis under control. Your symptoms should start improving after taking itraconazole for four weeks.

People taking itraconazole need to have their blood pressure taken, as well as having regular blood tests. This checks that you are on the right dose and that enough of the medicine is getting into your blood. Some people may need other medicines which their doctor will discuss with them individually. The physiotherapist can also teach you exercises to make it easier clearing phlegm from your lungs, which can help improve your breathing.

It is also very important to continue taking other medications to control other health problems that you have.

Further information

For more information about Aspergillus bronchitis, visit the National Aspergillosis Centre Patients website at www.nacpatients.org.uk. You can also find details of local support groups where you can discuss the disease with other people in the same position.

The Aspergillosis Support Group, on Yahoo!, is also available and currently has over 1000 members.

Finally, Mon-Fri 9am-5pm, there is a support phone line available: call 0161 291 5866.