



2021 Health Advisory #5

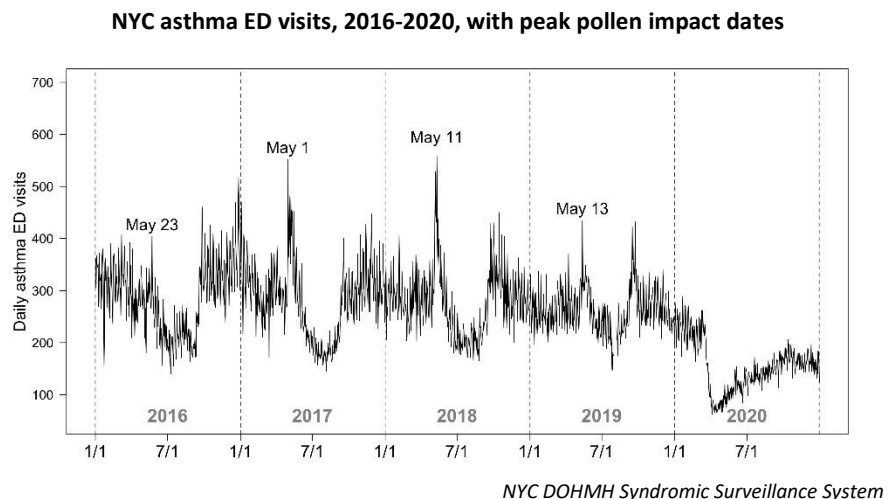
Spring is Here: Prepare Patients with Asthma for Spring Pollen Season

- Spring pollen season exacerbates asthma and allergic rhinoconjunctivitis in sensitive patients. For some patients, asthma or allergy symptoms may be similar to symptoms of COVID-19.
- Health care providers can help minimize the impact of pollen season and avoid unnecessary isolation and quarantine precautions by optimizing asthma prevention and treatment and educating patients on how to prepare.
 - Evaluate patients' current respiratory symptoms and ensure that patients are on medications appropriate for their asthma severity.
 - Prescribe inhaled corticosteroids for patients with persistent asthma.
 - Advise patients to check the pollen forecast every morning on their local TV, radio, or online weather report and consider limiting outdoor activities when pollen forecasts are high.
 - Encourage patients 16 and older with asthma, or otherwise eligible, to get vaccinated against COVID-19.
- Give parents of school children with asthma a signed [Medication Administration Form](#) every year.

March 31, 2021

Dear Colleagues:

Tree pollens released each spring are an important cause of seasonal allergic illness, including rhinoconjunctivitis and asthma exacerbation, among sensitive patients. New York City Department of Health and Mental Hygiene (NYC Health Department) data show that over-the-counter allergy medication sales typically increase in late April to early May, coinciding with peak concentrations of certain tree pollens^{1,2} (maple, birch, beech, ash, oak) to which sensitivity is common.³ Asthma emergency department



(ED) visits also increase in association with tree pollen season in early- to mid-May, particularly among children.^{2,4}

The graph shows that this pattern did not occur in 2020. In contrast to previous years, a sharp reduction in asthma ED visits was observed during the 2020 spring pollen season. This coincided with the first peak of COVID-19 in NYC, during which ED visits for conditions unrelated to COVID-19, including asthma, were drastically lower.

Because the precise dates and severity of spring pollen allergy season vary year to year (see graph) and the related increase in ED visits usually occurs during a relatively short time period (two to three weeks), it is important to prepare patients in order to reduce asthma exacerbations and allergy symptoms. Reducing asthma and allergy symptoms will also reduce the need for COVID-19 testing and isolation for patients whose asthma and allergy symptoms are similar to those of COVID-19.

Providers can help patients with a history of springtime seasonal allergic illness and asthma prepare for pollen season.

- Systematically follow up with patients who have persistent asthma in advance of the spring pollen season and work with patients to make sure that their asthma is under control before pollen season begins.
- Advise patients which medications can be taken in advance of pollen season. Allergy medications should be started at least several weeks before symptoms begin.
- Use your electronic health record (EHR) reporting functionality to create asthma-specific order sets and patient outreach lists. Your EHR vendor can help with these functions.
- Evaluate patients' current level of asthma control and adjust therapy accordingly. Prescribe inhaled corticosteroids for patients with [uncontrolled and/or persistent asthma](#).
- Develop or update written [asthma management plans](#).
- Advise patients to monitor pollen forecasts and consider limiting outdoor activities on high-pollen days.
- Use the [Childhood Asthma and Environmental Triggers](#) fact sheet to educate families about trigger avoidance.
- Refer patients with persistent asthma who have rodents, cockroaches or visible mold in their home to the [Healthy Neighborhoods Program](#) for a free home inspection.

Provide parents with a completed and signed [Medication Administration Form](#) (MAF) every year to submit to their school nurse so school nurses can either administer treatment or monitor students who self-administer medication. The MAF should include a rescue medication, such as albuterol, for all children with asthma. In addition, authorizing administration of inhaled corticosteroids in school may be a useful strategy for patients with poorly controlled asthma and adherence problems.⁵ The NYC Health Department's Office of School Health (OSH) provides free albuterol and fluticasone to public schools in NYC that can be administered in school only with a signed MAF on file. If you would like to prescribe a different type of inhaled corticosteroid for a patient, the family must provide it to the school nurse along with the signed MAF. If you have questions about school services for children with asthma or any health concern, email OSH@health.nyc.gov.

Encourage eligible patients to get vaccinated against COVID-19 as soon as possible. New Yorkers ages 16 and older who have asthma are eligible for COVID-19 vaccination (for a full list of eligible groups,

see nyc.gov/covidvaccinedistribution). The Pfizer vaccine is authorized for people 16 years and older and the Moderna and Johnson & Johnson/Janssen vaccines for people 18 and older. If you practice at a facility that offers vaccination to patients, assist patients in making an appointment. If not, refer patients to NYC's COVID-19 Vaccine Finder portal to make an appointment at one of the many sites around the city: vaccinefinder.nyc.gov. Vaccine Finder lists the vaccines offered at each site so remind patients 16 and 17 years old to find a site offering the Pfizer vaccine (parental consent is required). Patients can also call 977-VAX-4NYC (977-829-4692) for assistance making an appointment at a NYC-run site.

Counsel all patients and parents, whether or not vaccinated, to continue to practice COVID-19 prevention measures, including staying home if sick, maintaining physical distance, washing hands frequently and wearing a face covering. Face coverings worn to mitigate COVID-19 transmission may also aid in filtering out large pollen particles. Face coverings should be disposed of or washed more frequently during pollen season.

For community-level data on asthma prevalence, emergency department visits and hospitalizations in NYC, visit the [Environment & Health Data Portal](#). Visit the [COVID-19 data page](#) for updated COVID-19 data.

Thank you,



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