



NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
Ashwin Vasani, MD, PhD
Commissioner

2023 Health Advisory #4: Spring is Here: Prepare Patients with Asthma for Spring Pollen Season

Please distribute to all clinical staff in primary care, family medicine, geriatrics, internal medicine, psychiatry, pharmacy, and emergency medicine.

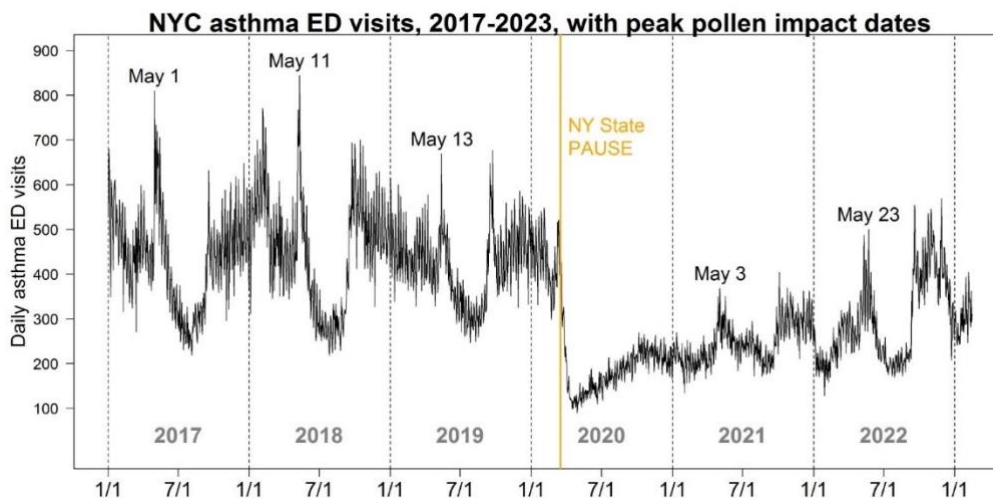
April 3rd, 2023

Dear Colleagues,

The upcoming Spring pollen season will exacerbate serious seasonal allergy-related illness, including asthma and allergic rhinoconjunctivitis in patients allergic to certain tree pollens (e.g., maple, birch, oak).

Over-the-counter allergy medication sales and asthma emergency department (ED) visits (particularly in children) typically increase in April and May, coinciding with peak tree pollen concentrations. The timeframe of related increases in ED visits is often short (2–3 weeks) but varies from year to year, so it is critical to prepare patients, weeks ahead of the pollen season, for asthma and allergy exacerbations.

The start of COVID-19 in Spring 2020 [reduced the overall volume of ED visits](#), including those for asthma, but pollen impacts (peak ED visit dates indicated in the figure below) were observed in 2021 and 2022, despite fewer ED visits. Pollen impacts in 2023 are likely to reflect the increasing trend in asthma ED visits since 2020.



Grass pollen starts in late spring and peaks in summer months. Weed pollen (such as ragweed) and mold spores plague kids mainly in the late summer and fall.

Recommendations

- Work with patients with persistent or uncontrolled asthma and seasonal allergies to control their symptoms before pollen season begins.
- Advise patients that certain medications, like allergy medications, oral antihistamines and intranasal corticosteroids, should be started at least several weeks before symptoms begin.
- Advise parents to consult with you before administering nasal decongestants and oral decongestants.
 - Nasal decongestants can cause rebound runny nose and oral decongestants can cause high blood pressure, insomnia and irritability in children.
- A simple nasal saline spray is best to relieve congestion and flush out allergens.
- Patients should avoid using any product containing a vasoconstrictor (such as Visine, Clear Eyes, and Murine) for more than 2–3 days.
 - This helps avoid rebound redness and developing a dependency on eyedrops. Some examples of vasoconstrictors are naphazoline, tetrahydrozoline, phenylephrine, and oxymetazoline.
- Artificial tears can help soothe irritated eyes.
- Evaluate patients' current level of asthma control and adherence and adjust therapy accordingly. Prescribe inhaled corticosteroids for patients with [uncontrolled and/or persistent asthma](#).
- Develop or update written [asthma management plans](#), emphasizing when to seek immediate medical consultation, when to go to the ED, and when to call EMS. Asthma deaths may be associated with ambient aeroallergen overload.
- Advise patients and caregivers to monitor pollen forecasts and how to minimize exposure to allergens/irritants, such as by keeping windows closed, limiting outdoor activities on high-pollen days, keeping pets out of sleeping areas, and pest-proofing your home.
- For pediatric patients, use the [Childhood Asthma and Environmental Triggers](#) fact sheet to educate families about trigger avoidance.
- Use electronic health record (EHR) reporting to create both asthma- and seasonal allergy-specific order sets and patient outreach lists. EHR vendors can help.

Asthma management for children in school

Provide caregivers with a completed and signed [Medication Administration Form](#) (MAF) each year.

- The MAF allows schools to administer treatment or monitor students that self-administer treatment and should include a rescue medication.
- The Health Department provides albuterol or fluticasone for free in public schools to children, but it can only be administered with a signed MAF on file or PCP order. Any other asthma medication must be provided to the school with the signed MAF.
- Email OSH@health.nyc.gov with any questions.

Sincerely,

Carolyn Olson

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