NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE
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Commissioner

2024 Health Advisory 6: Spring is Here: Prepare Patients with Asthma for Pollen Season

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

The upcoming Spring pollen season will exacerbate serious seasonal allergy-related illness, including asthma and allergic rhinoconjunctivitis. To prepare, the Health Department has issued the following guidance:

- Evaluate patients' current level of asthma control, assess technique *before* pollen season begins and adjust therapy accordingly.
- Use shared decision making to prescribe inhaled corticosteroids for patients with uncontrolled and/or persistent asthma.
- Develop or update written asthma management plans. Asthma deaths may be associated with ambient aeroallergen overload.
- Advise patients and caregivers to track pollen levels and reduce exposure to allergens.

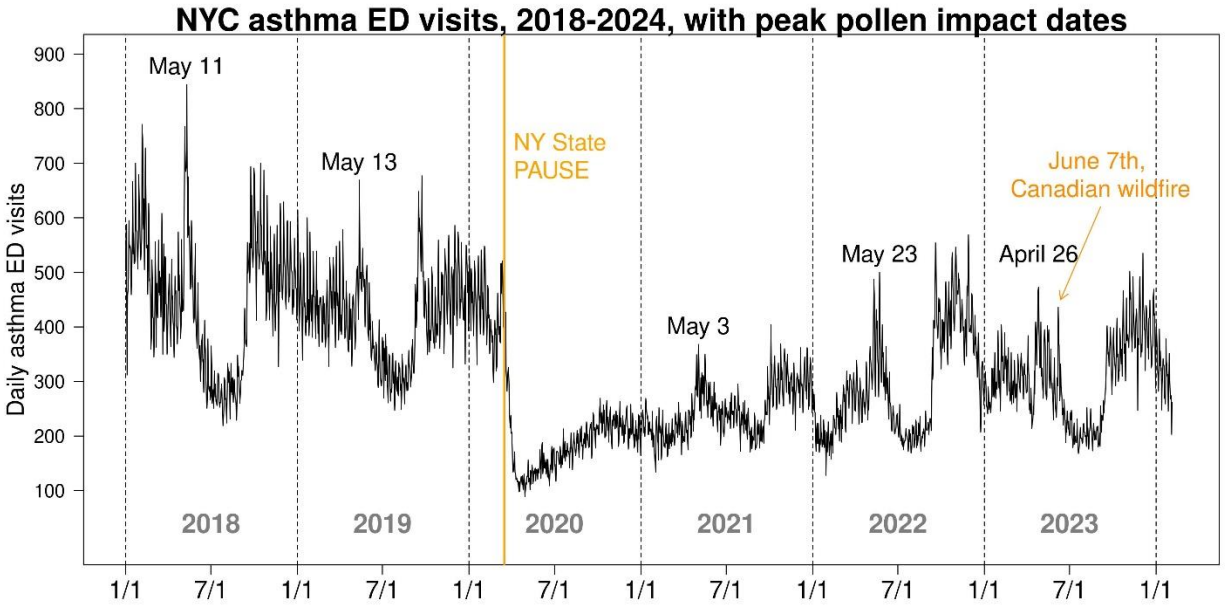
March 8, 2024

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). In addition, evidence points to longer pollen seasons and more pollen production due to climate change.

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, 2022, and 2023, despite fewer ED visits. Pollen impact on all-age asthma ED visits in spring 2023 peaked on April 26 at a lower level than the 2022 peak but similar magnitude as the June 7th peak from Canadian wildfire smoke event (also noted in the figure).



NYC DOHMH Syndromic Surveillance System

Grass pollen starts in late spring and peaks in summer months. Weed pollen (such as ragweed) and mold spores plague people 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.
    - It is important to remember the FDA issued a black box warning for asthma and allergy drug montelukast (Singulair) and advises restricting use for allergic rhinitis.
- 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.
- Remember a simple nasal saline spray is best to relieve congestion and flush out allergens.
- Advise patients to avoid using any product containing a vasoconstrictor (such as Visine, Clear Eyes, and Murine) for more than 2–3 days to avoid rebound redness and dependency.
- Recommend artificial tears to help soothe irritated eyes.
- Evaluate patients' current level of asthma control, including technique and ability to manage medications, and adjust therapy accordingly. Use shared decision making to 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 minimize exposure to allergens or irritants: they can keep windows closed, limit outdoor activities on high-pollen days, keep pets out of sleeping areas, and pest-proof their 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.

Recommendations 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 NYC 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,

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