



NEW YORK CITY DEPARTMENT OF  
HEALTH AND MENTAL HYGIENE  
Michelle Morse, MD, MPH  
*Acting Commissioner*

## 2025 Health Advisory ##: Spring is Here: Prepare People 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 an individual's current level of asthma control, assess technique *before* pollen season begins and adjust therapy accordingly.
- Use shared decision-making to prescribe inhaled corticosteroids for people with [uncontrolled and/or persistent asthma](#).
- Develop or update written [asthma action plans](#). Asthma deaths may be associated with ambient aeroallergen overload.
- Advise people with asthma and caregivers to track pollen levels and reduce exposure to allergens.

---

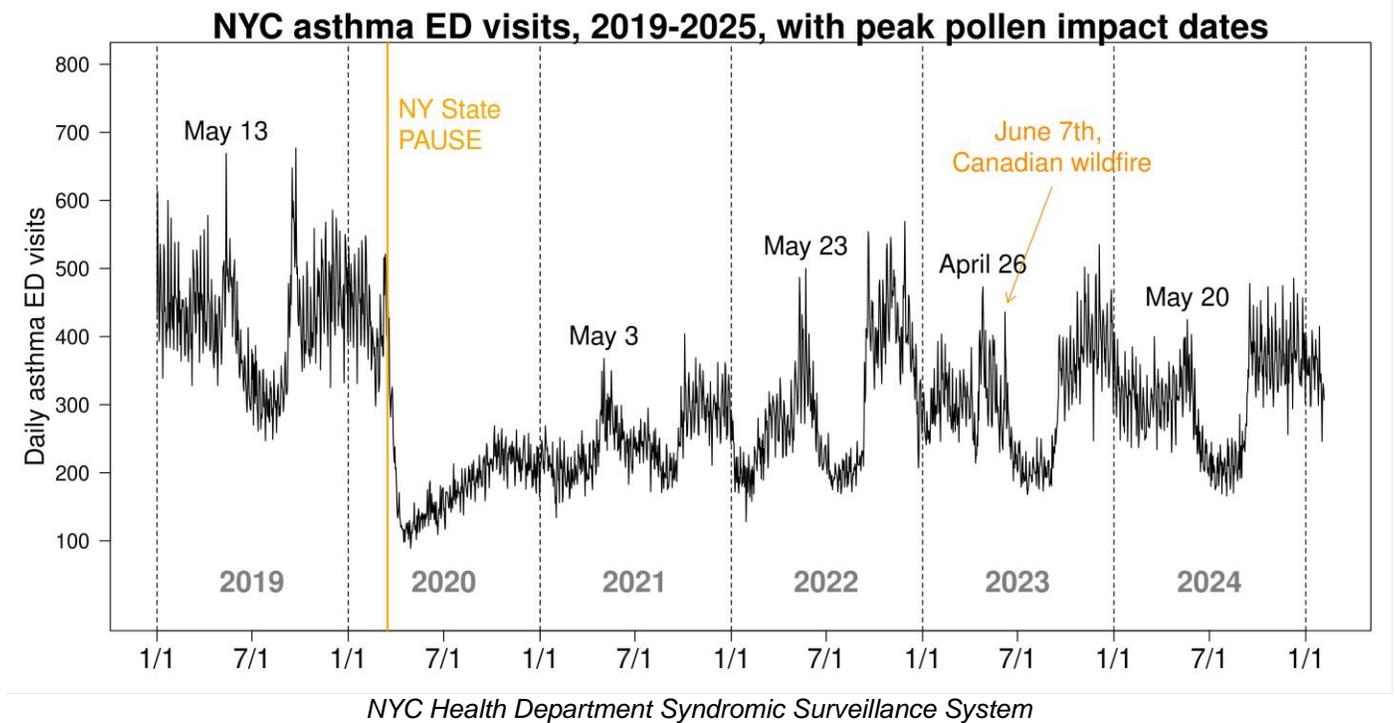
March 14, 2025

Dear Colleagues,

The upcoming Spring pollen season will exacerbate serious seasonal allergy-related illness, including asthma and allergic rhinoconjunctivitis in people 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 people, 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 2024 peaked on May 20 at a lower level than the 2022 peak but similar magnitude as the June 7 peak from Canadian wildfire smoke event (also noted in the figure).



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 people with persistent or uncontrolled asthma and seasonal allergies to control their symptoms before pollen season begins.
- Consider [SMART therapy](#) for children with moderate and severe asthma over 5 years old.
- Advise people 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 people 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 the 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 people with uncontrolled and/or persistent asthma.
- Develop or update written [asthma action 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 people with asthma and caregivers to monitor pollen forecasts and minimize

exposure to allergens or irritants: they can try to keep windows closed, try to limit outdoor activities on high-pollen days, try to keep pets out of sleeping areas, try to and [pest-proof their home](#).

- For pediatrics, 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 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 Office of School Health provides albuterol or fluticasone for free in public schools to children, but it can only be administered with a PCP signed MAF submitted to the school on file. Any other prescribed asthma medication must be provided to the school with the signed MAF.
- Email [OSH@health.nyc.gov](mailto:OSH@health.nyc.gov) with any questions.

Sincerely,

*Carolyn Olson*

Carolyn Olson, MPH

Assistant Commissioner

Bureau of Environmental Surveillance and Policy

*Cheryl Lawrence*

Cheryl Lawrence, MD, FAAP

Medical Director

Office of School Health