



NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
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Commissioner

2026 Health Advisory #5: 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 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 management plans](#). Asthma deaths may be associated with ambient aeroallergen overload.
- Advise individuals with asthma and caregivers to track pollen levels and reduce exposure to allergens.

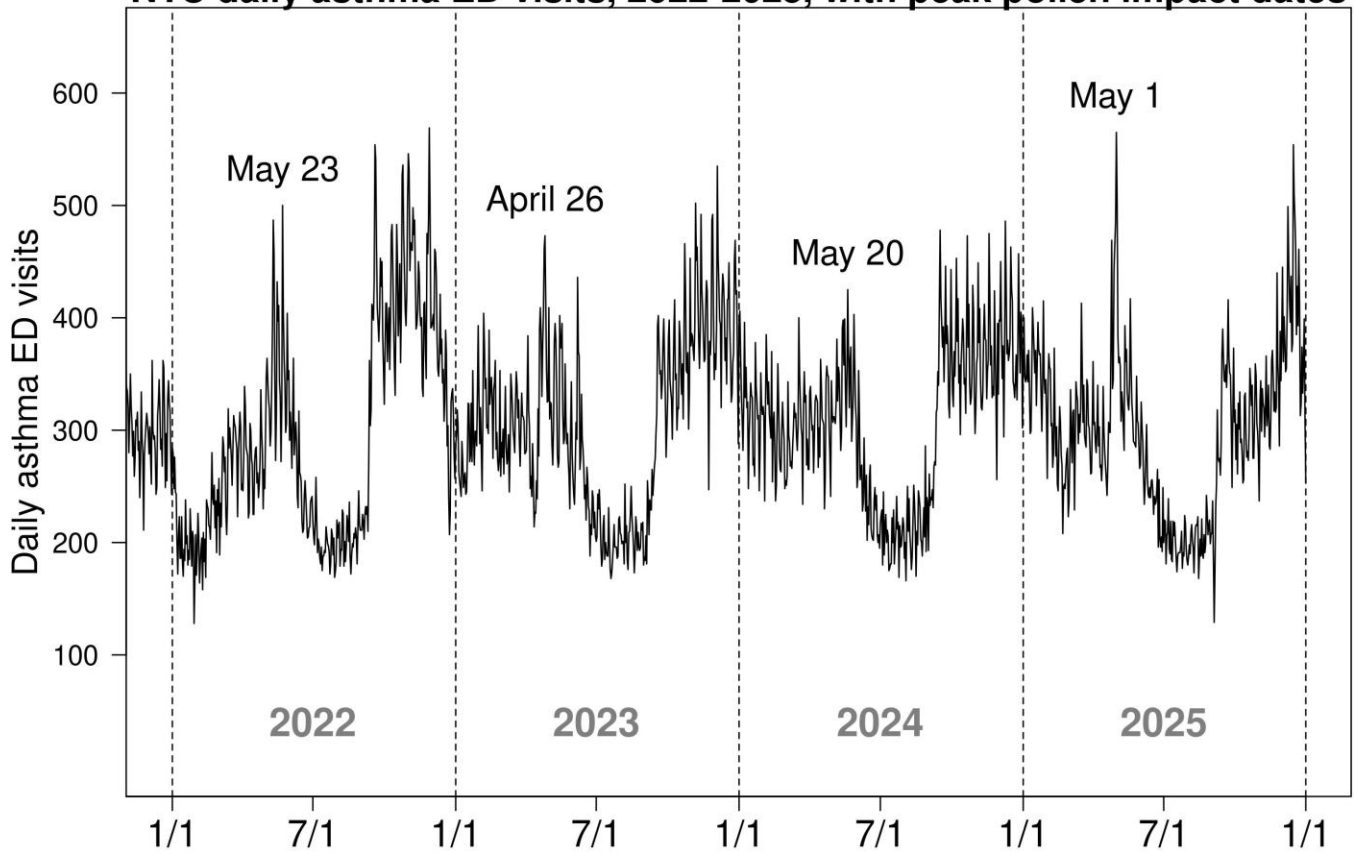
March 16, 2026

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 individuals, weeks ahead of the pollen season, for asthma and allergy exacerbations.

Pollen impacts (peak ED visit dates indicated in the figure below) are observed each year. In Spring 2025, pollen impact on all-age asthma ED visits peaked on May 1.

NYC daily asthma ED visits, 2022-2025, with peak pollen impact dates



NYC Health Department Syndromic Surveillance System

Grass pollen starts in late spring and peaks during the 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 individuals that certain medications, like allergy medications, oral antihistamines and intranasal corticosteroids, should be started at least several weeks before symptoms begin.
 - The Global Initiative for Asthma (GINA) states that montelukast carries “**a boxed warning about the risk of serious mental health effects**” and advises clinicians to discuss these risks with people with asthma.
 - Montelukast carries neuropsychiatric risks such as agitation, depression, sleep disturbances, and suicidal thoughts/actions, and is less effective than inhaled corticosteroids for asthma control.
 - Clinicians need to weigh risks and benefits before prescribing montelukast and should do so with caution, particularly for children.
 - Advise individuals 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.
- Recommend artificial tears to help soothe irritated eyes.
 - 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.
- 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 management plans](#), emphasizing when to seek immediate medical consultation, when to go to the ED, and when to call emergency medical services. Asthma deaths may be associated with ambient aeroallergen overload.
 - GINA views asthma action plans as one of the most [effective, evidence-based tools for preventing severe exacerbations](#).
- Advise individuals with asthma 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 children 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 Primary Care Provider (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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