



NEW YORK CITY
 DEPARTMENT OF HEALTH
 AND MENTAL HYGIENE
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 Commissioner

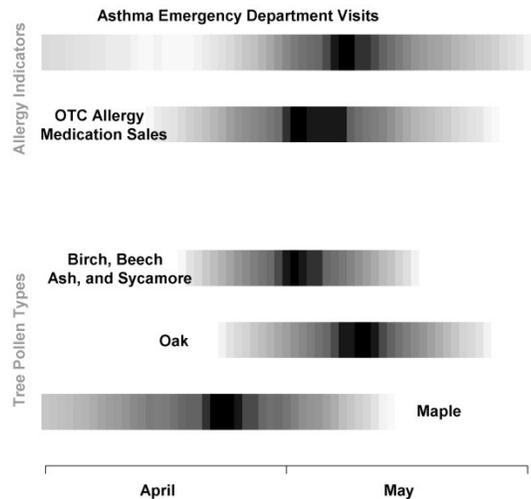
2013 Advisory #11: Health Department reminds providers to help patients with asthma be ready for the spring tree pollen season.

April 24, 2013

- Tree pollen released each spring can exacerbate asthma and allergic rhinoconjunctivitis in sensitive patients.
- Health care providers should provide medication and education to patients with asthma and seasonal allergy to prevent exacerbations and symptoms
- Inhaled corticosteroids are the most effective treatment for persistent asthma.

Dear Colleagues:

Tree pollens released each spring are an important cause of seasonal allergic illness including rhinoconjunctivitis and asthma exacerbation among sensitive patients. While different types of trees release their pollen throughout the spring season, Health Department syndromic surveillance data shows that in New York City, increases in over-the-counter (OTC) allergy medication sales in New York City typically occurs in late April to early May, coinciding with peak concentrations of certain tree pollens¹ including maple, birch, beech, ash, and oak to which sensitivity is common.² Asthma emergency department (ED) visits are also associated with tree pollen;³ the peak in asthma ED visits typically occurs in early to mid-May about one week after the peak in OTC allergy medication sales. The pollen-associated asthma ED peak usually lasts about two weeks. Tree pollen associated with allergic illness has been present at low levels in recent days, OTC allergy sales are not yet increasing. The precise timing and severity of the peak spring pollen allergy season is difficult to predict and is affected by weather and other factors.



Providers can help their patients with a history of springtime seasonal allergic illness and asthma prepare to minimize the impact of spring pollen exposure by making sure that their asthma is under control, that they are on the most effective treatment, and that they have written asthma management plans for maintenance medications and for handling exacerbations. Inhaled corticosteroids (ICS) are the most effective treatment for persistent asthma.

Medical providers should:

- Assess asthma control periodically. More frequent assessments are needed when medication is initiated or changed. Ensure that patients with persistent asthma are on inhaled corticosteroids or other controller medication as per the National Asthma Education and Prevention Program guidelines.⁴
- Advise patients who are sensitive to tree pollen to monitor pollen forecasts and consider limiting outdoor

* The shading is proportional to average percentage of the maximum of seasonal peaks based on the 2002-2009 data. The width of the darkest shaded band reflects year-to-year variability in the peak dates. The Health Department tallies emergency department visits from 49 NYC hospitals accounting for 95% of annual emergency department visits in NYC. Emergency department visits for the asthma syndrome are defined as any visit with a mention of asthma or wheezing in the chief complaint. The data do not represent all asthma related visits to emergency departments in NYC. The Health Department monitors OTC sales for several pharmacy chains in NYC, but not all OTC sales throughout NYC. Source of pollen data Fordham University, Aero-Allergen Monitoring Station, Armonk, NY.

activities on days when pollen levels are forecast to be high.

- Review other asthma triggers and develop an individual trigger avoidance plan.
- Note to Pediatricians: Parents of children in NYC public schools and nonpublic schools with school nurses should be advised to provide school nurses a Medical Administration Form (MAF) signed by their pediatrician so nurses can treat their children and older students can self-administer their medication. The MAF should include a rescue medication for all children with asthma. In addition, authorizing administration of inhaled corticosteroids in school may be a useful strategy for those patients with poorly controlled asthma and adherence problems.⁵

Providers should systematically identify and follow-up with patients who have persistent asthma. An electronic health record system (EHR) can improve adherence to best practice guidelines and can help providers identify patients in need of outreach. The Primary Care Information Project (PCIP) helps providers select and implement an EHR system. Visit <http://nyc.gov/pcip> for more information. For more information about asthma among NYC children and for provider asthma training, call 311.

Thank you,

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References

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