



NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
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Commissioner

2017 Advisory # 5:

Health Department reminds providers to prepare patients with asthma for spring pollen season

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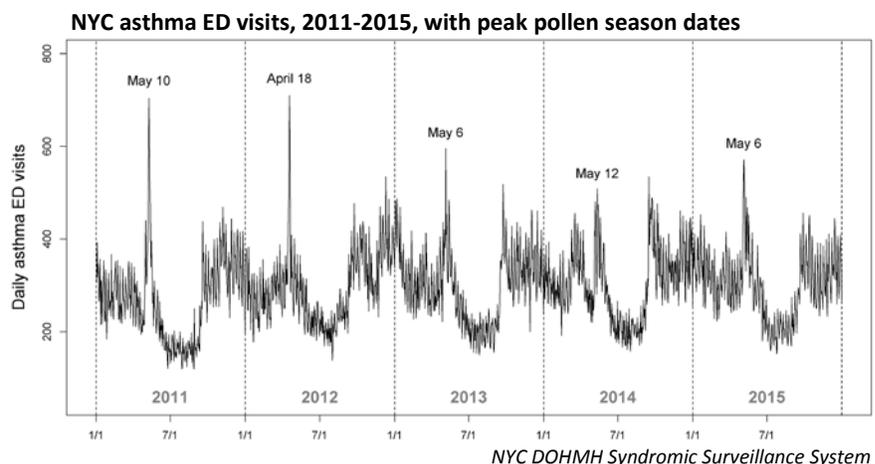
Spring pollen season exacerbates asthma and allergic rhinoconjunctivitis in sensitive patients. **Health care providers can help minimize the impact of pollen season by preparing patients now.**

- Evaluate patients' current respiratory symptoms and ensure that patients are on appropriate medications for their asthma severity.
- Know that inhaled corticosteroids are the most effective treatment for persistent asthma.
- Advise patients to monitor pollen forecasts and consider limiting outdoor activities when forecasts are high.

Dear Colleagues:

Tree pollens released each spring are an important cause of seasonal allergic illness, including rhinoconjunctivitis and asthma exacerbation, among sensitive patients. Health Department data show that in New York City, over-the-counter allergy medication sales typically increase in late April to early May, coinciding with peak concentrations of certain tree pollens^{1,2} (maple, birch, beech, ash, oak) to which sensitivity is common.³ Asthma emergency department (ED) visits also increase in association with tree pollen season in early to mid-May, particularly among children.^{2,4}

While the precise dates and severity of spring pollen allergy season vary (see graph), the narrow timeframe for the increase in ED visits (2-3 weeks) makes it advisable to prepare patients in advance to reduce asthma exacerbations.



Providers can help patients with a history of springtime seasonal allergic illness and asthma prepare for pollen season.

- Work with patients to make sure that their asthma is under control before pollen season begins.
- Evaluate patients' current level of asthma control and adjust therapy accordingly. Prescribe inhaled corticosteroids (ICS) for patients with [persistent asthma](#).
- Develop or update written [asthma management plans](#).
- Advise patients to monitor pollen forecasts and consider limiting outdoor activities on high-pollen days.

Providers should give parents of school children with asthma a signed Medical Administration Form (MAF), so school nurses can either administer treatment or monitor students who self-administer 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 The Office of School Health (OSH) provides albuterol and fluticasone for in-school use only when authorized with a signed MAF. If you have questions about school services for children with asthma, email OSH@health.nyc.gov.

Providers should systematically follow-up with patients who have persistent asthma in advance of the spring pollen peak season. An electronic health record system (EHR) can improve adherence to best practice guidelines. Use EHR reporting functionality to create asthma-specific order sets and patient outreach lists. For more information about asthma among NYC children and for provider asthma training, call 311.

Thank you,

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