Happy Autumn of 2015; and welcome to a new issue of the Asthma and Allergy Center newsletter! You’ll find this issue packed with information to help you and your family make the most of this season.

If you or a member of your family have questions or concerns about asthma, allergies or their treatment, we are all here to serve you. Contact any of us at 304-343-4300, or visit our website.

Fall Allergies

It’s hard to believe that we are almost halfway into the fall, but from the amount of sneezing and coughing in our office, we know it’s been here for a while! Ragweed pollen came out in mid-August and has peaked over the last couple of weeks. We all have different ways of dealing with our symptoms, but how do we create an effective plan to stave off allergies?

The first step is to know your triggers. For example, if you are allergic to ragweed, starting allergy medication around mid-August and paying attention to pollen reports can dramatically reduce your suffering. Every person has a different reaction to seasonal allergens, ranging from insignificant to severe enough to send you to the doctor.

For people allergic to ragweed and mold, fall can be especially difficult. These are not the only allergens to trigger symptoms during the fall. Here are four things you might not know about fall allergies, courtesy of the American College of Allergy, Asthma and Immunology:

**Hay Fever:** This is a general term used to describe the symptoms of late summer allergies. Ragweed is a common cause of hay fever, also known as allergic rhinitis. Ragweed usually begins to pollinate in mid-August and may continue to be a problem until a couple of hard freezes put an end to it.

**Indian Summer:** Warm weather into the fall can make rhinitis symptoms last longer. Mold spores can also be released when humidity is high, or the weather is dry and windy. Be sure to begin taking medications before your symptoms start.

**Leaves:** Keeping up with leaf raking is hard enough, but raking up those leaves can release mold and pollen into the air, causing allergy and asthma symptoms. Those with allergies should wear a good Pollen Mask (Look for NIOSH rated N95 mask at your pharmacy) when raking leaves, mowing the lawn and gardening.

**School Allergies:** Besides the outdoors mold and pollen, there are other perils to contend with when children return to school. Animal dander, particularly cat dander, travels well on kid’s clothes and hair. Irritant Chalk dust, Gym and Sports for children with Exercise-Induced
Asthma, and Food Allergens in the cafeteria are always there. Talk with children and teachers about recognizing and avoiding triggers and using emergency medication. Ask us to give you letters or notes for the school nurse or gym teacher about your child's special needs with reference to asthma and/or allergies.

**Tips for Fall Allergies**

- **Monitor pollen and mold counts.** Weather reports in newspapers and on radio and television often include this information during allergy season. The Patient Education page of our website has links national pollen count websites.
- **Keep windows and doors closed** at home and in your car during allergy season.
- **Stay inside midday** and during the afternoon, when pollen counts are the highest.
- **Take a shower,** wash your hair and change clothes after working or playing outdoors.
- **Wear a Pollen Mask** when mowing the lawn or doing other chores outdoors, and take your allergy medication beforehand.

No matter the season, it is important to stay in control of Allergies and Asthma. You must have a treatment plan for when your symptoms act up. If you don't have one, talk to us when you are in for your office visit, or call us.

**Don’t Get Tricked by Allergies this Halloween**

Halloween can be a scary time for kids with food allergies, allergic rhinitis and asthma. Triggers that lurk in candy, costumes, makeup and decorations may cause a reaction that spoils the spooky fun. **ACAAI** suggests the following tips to keep little goblins with Allergies safe this Halloween.

- **Keep an eye on all treats, especially the “fun size” treats** – Even if the full-sized version of a treat is allergen-free, don’t assume the “fun-size” is safe, too. The mini versions can contain different ingredients or might be made at a facility where peanuts or other allergens are present.

- **Unmask allergens in costumes, makeup and decorations** – Masks and costumes may contain latex and other common allergens, so be sure to read their labels. Makeup, hair dyes and decorations can include ingredients that: trigger asthma; cause itchy allergic reaction called contact dermatitis; or make existing eczema worse. Use hypoallergenic makeup or steer clear of makeup altogether.

- **Be sure your child totes more than a candy bag** – If your goblin has asthma or a life-threatening allergy, carry emergency medicines such as rescue-inhaler or injectable epinephrine in case of a severe reaction. Children with severe allergies or severe asthma also should wear medical alert identification bracelets or necklace stating their diagnosis. You can find a link to the Medic-Alert on Patient Education page of our website.

- **Scare asthma away** – Masks can interfere with breathing, so children with asthma should wear a half mask or no mask at all. Also keep in mind that cold weather, running from house to house for candy, and exposure to allergens such as mold spores hiding in piles of leaves, can cause asthma and allergy flare ups.

- **Control consumption** – Feed your goblins before they go trick or treating so they are less tempted to snack on potentially problematic candy. When you’re back home, trade allergen-free candy you’ve purchased for the candy they’ve collected. Or have allergic kids do a candy swap with their non-allergic friends.

- **Make YOUR home the haunted house** – Consider skipping trick or treating altogether and invite your child’s friends for a Halloween Party, where you can control the food and offer fun activities such as bobbing for apples. Set up trick or treat stations around the house, each of which offers a different allergen-free treat.

**Reducing the Risk of Severe Reactions To Insect Sting**

Stinging insects can stay active on warm days well into the fall season. So make sure you don't leave home without your Epi Injector at least until THanksgiving!

A recent research paper in The New England Journal of Medicine cites venom immunotherapy (Venom Allergy Shots) as the best treatment option for people who are allergic to stinging insects as it reduces the risk of a future severe reaction to the same as that of persons who have never had a reaction.

Patients who have experienced a severe allergic reaction to an insect sting should see an allergist/immunologist, who can provide appropriate testing and determine if venom immunotherapy is the right treatment option. Venom immunotherapy is given in the form of shots, and about 80 to 90% of patients who receive it for 3 to 5 years do not have a severe
reaction to a future sting. Epinephrine is still the first course of action for anaphylaxis. Delay in administration of epinephrine is a common cause of fatal outcome of any form of anaphylaxis, be it from insect sting or food. Anyone who has had an anaphylactic reaction after an insect sting, should carry, and know how to use, an auto-injectable epinephrine and use it as soon as exposed, and seek medical attention immediately.

**What is Oral Allergy Syndrome?**

Has your mouth ever felt itchy when you eat fresh fruit or vegetables? If so, you may have what is called Oral allergy syndrome (OAS). Also called Pollen-Food Syndrome, this condition occurs in some people with pollen induced allergic rhinitis. Symptoms are usually limited to the mouth. This reaction is caused by an allergic response to proteins in foods that are similar to the related pollen antigens. Often times the foods and the pollen come from related plant species. Symptoms usually resolve within minutes after the food is swallowed or preferably removed from the mouth, and treatment generally is not necessary. OAS typically presents in older children, teens or young adults. Often, patients have been eating the offending foods without problems for many years. But food avoidance and carrying an Epipen is recommended for anyone who has symptoms more severe than simple oral itching.

**Common pollen-food associations**

- Birch Pollen: apple, carrot, peach, plum, cherry, pear, almond, hazelnut
- Grass Pollen: peaches, celery, tomatoes, melons, and oranges
- Ragweed: honeydew, cantaloupe, watermelons, zucchini, cucumber, kiwi, sunflower seeds, dandelions, chamomile tea.

*These are potential associations. Not every individual allergic to pollen develops symptoms with cross-reacting fruits or vegetables. Individuals may react to a few but not all of the above.*

**Asthma and the Flu**

Fall is also the harbinger of the annual flu epidemic. Flu or Influenza is an extremely contagious viral illness that attacks the nose, throat and lungs. It spreads when an infected person coughs or sneezes and the virus is sprayed into the air. The victims may inhale the airborne viral particles, get them through their eyes, or pick up the virus from contaminated surfaces with their fingers and acquire the illness when they touch their lips, nose or eyes with the same finger. Flu patients are contagious at least one day before developing the symptoms and up to seven days after the onset of sickness.

The best time to get your Flu Shot is as soon as it is available in September or October, as it typically takes two to three weeks for sufficient protective antibodies to develop. In the US, the flu season peaks in December, January and February. But it is not too late to take your flu shot even in March, as flu continues to make its rounds well into April and May. Flu shot is particularly important for people with asthma as flu can cause severe and prolonged asthma exacerbation. Asthma patients should only get the Inactivated (Killed) Flu Vaccine Shot.

A second type of flu vaccine, administered through a nasal spray, contains Live Attenuated (weakened) virus that can provoke an asthma exacerbation in patients with asthma. The best strategy for recovering from the flu is to rest, drink plenty of fluids and avoid using alcohol and tobacco. Over-the-counter medications can relieve the symptoms of the flu, but never give aspirin to children or teenagers who have symptoms of the flu — particularly fever — without consulting a doctor first. Aspirin use in children and teenagers with flu-like symptoms has been linked to Reye’s syndrome, a serious condition that causes swelling in the liver and brain. Your doctor also may prescribe an antiviral medication, but these are effective only if started within the first two days of experiencing symptoms.

With a little planning, you and your families can enjoy all the fun that comes with cold air plus warm sunshine. All of us at the Asthma and Allergy Center are at your service to help you have a HEALTHY, HAPPY, ALLERGY FREE AUTUMN!

Sincerely,

Chandra M Kumar MD

**Asthma & Allergy Center**