

# The Allergist

A newsletter from the Oklahoma Allergy & Asthma Clinic

Fall 2023



## Ragweed Allergy Season is here

Just when you think tree pollen has calmed down, it's too hot to mow grass and the summer heat is on, here comes ragweed pollen. In late summer to early fall, ragweed begins its pollination season and can affect about 50 million people in the United States alone.

Ragweed can also cause asthma symptoms for those who have allergic asthma. This can cause life-threatening reactions.

Pollination season of ragweed starts usually in August in Oklahoma and will last until a hard freeze kills the plant. One plant can produce 1 billion pollen grains. As nights grow longer, ragweed flowers release their pollen into the night sky. Warm temperatures, humidity and wind helps blow the pollen across the land.

Ragweed grows in rural areas; you'll see it growing along road sides with its long green spikes. It can also be found in metropolitan areas. Often found along riverbanks, roadsides

and vacant lots and fields, ragweed's dormant seeds can live for decades until conditions are right to sprout.

With climate change, ragweed seasons are getting longer and more intense. Plants are releasing higher pollen amounts and increased carbon dioxide gas in the air stimulates ragweed to make even more pollen.



Ragweed has greenish flowers on tall spikes, wind-blown pollen, and branches out to many branches from the bottom up.

It is an annual plant which means it grows and dies each year. Unfortunately, 17 different types of ragweed grow in North America. It belongs to a larger plant family that spreads pollen by wind: sage, burweed marsh elder, rabbit brush, groundsel bush and eupatorium. These plants can also cause symptoms.

### Ragweed Pollen Allergy Symptoms

If you are allergic to ragweed, you will develop symptoms when ragweed pollen is in the air. Also called seasonal allergic rhinitis or hay fever, symptoms include:

- Runny nose
- Stuffy nose
- Postnasal drip
- Sneezing
- Itchy nose, ears, eyes and mouth
- Red and watery eyes
- Swelling around the eyes
- Moody and irritable
- Tired
- Sleeping issues

For those who have asthma – ragweed allergy can trigger asthma symptoms. Also, pollen food allergy can occur or oral allergy syndrome. Eating bananas, cantaloupe, cucumber, honeydew, watermelon white potato, zucchini and sunflower seeds can cause pollen food allergy responses like itchy or swelling in or around the mouth.

Consult with your OAAC allergist for more information.



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# 10 Myths About Allergies

More than 50 million Americans each year suffer from allergy-related conditions. Yet myths and misperceptions persist about allergies, the sixth leading cause of chronic illness in the country.

“Many early medical beliefs have been proven to be incorrect as research has advanced,” explained allergist David Stukus, MD, at a meeting of the American College of Allergy, Asthma, and Immunology (ACAAI). “Unfortunately, some of these beliefs are still on the internet.”

Don't let misinformation keep you from getting the best advice and treatment to manage your allergies. Here are 10 common allergy myths, and the true facts behind them:



*Don't be fooled by these common allergy myths. The first step to getting relief from allergy symptoms is to learn the facts.*

## Myth 1: Allergies Are Just for Kids

Not true, says Neeta Ogden, MD, a fellow with the ACAAI. “You can definitely develop allergies as an adult,” she says. Research presented at the ACAAI's annual scientific meeting in 2017, for example, showed that nearly half of food-allergic adults developed their allergies in adulthood. (2)

Most people who develop adult-onset allergies usually do so in their twenties and thirties, though it's possible to develop them at any age, says W. Edward Davis, III, MD, an allergist at Ochsner Medical Center in New Orleans. “I've even had 85-year-olds walk into my office with allergic rhinitis or hay fever,” he says. “It's unusual, but I've seen it.”

“Nearly half of food-allergic adults developed their allergies in adulthood.”

## Myth 2: You Can't Outgrow Allergies

“A lot of people do outgrow allergies over time,” says Princess Ogbogu, MD, chief of the Division of Allergy, Immunology, and Rheumatology at University Hospitals Rainbow Babies & Children's Hospital in Ohio. According to the Mayo Clinic, about 60 to 80 percent of young children outgrow allergies to milk or eggs by the age of 16, for instance.

Research has shown that allergic sensitization, or the body's reaction to allergens, is higher in younger people. A study found that aging was associated with lower levels of sensitization, specifically to dusts mites and cats.

## Myth 3: Pollen and Food Allergies Don't Overlap

People with hay fever can suffer from pollen-food syndrome. Also known as oral allergy syndrome, it occurs when the body's immune system reacts to allergens found in pollen as well as in certain raw fruits, vegetables, or tree nuts. The following are some examples of types of pollen associated with certain foods:

- Alder: apples, cherries, peaches, pears, celery, almonds, and hazelnuts
- Birch: apples, apricots, cherries, nectarines, tomatoes, carrots, and walnuts
- Grass: melon, oranges, watermelon, potatoes, and peanuts
- Ragweed: bananas, cantaloupe, honeydew, cucumbers, squash, and zucchini

These fruits and vegetables may not trigger an allergic reaction when they're cooked, but the best way to treat pollen-food syndrome is to avoid these foods in the first place.

## Myth 4: You Can't Tell Colds and Allergies Apart

Colds and allergies are two entirely different things. While the common cold is caused by viruses, seasonal allergies occur when the immune system overreacts to an allergen. Still, colds and allergies can share some symptoms in common, such as a runny nose, sneezing, and congestion.

Other cold symptoms, such as body aches and fever, are not associated with allergies, and the itchy eyes common to an allergic reaction rarely occur with a cold.



*Bathing your outdoor pets can help get rid of pollen on their fur.*

### Myth 5: The Only Treatment for Allergies Is to Avoid Triggers

Prevention is key when you have allergies. Whether you have seasonal, persistent, or food allergies, you should always avoid exposure to anything that triggers an allergic reaction.

Colds and allergies also differ in terms of how long they typically last. “Colds last 7 to 10 days,” Dr. Ogden says. “Allergies are a little more persistent.”

When in doubt, see an allergist to determine if your symptoms are due to allergies, a cold, or something else.

There is no cure for allergies, but there are several treatment options that can reduce symptoms.

Common remedies include decongestants, antihistamines, steroid nasal sprays, or saline.

Allergy shots, known as immunotherapy, can reduce your sensitivity to certain allergens by exposing the body to small but gradually increasing doses of known triggers. “Allergy shots do a wonderful job, but this treatment takes dedication and time,” Dr. Ogden says. The treatment can also be performed using tablets placed under the tongue, which is known as sublingual immunotherapy.

If you have severe allergic reactions and are at risk for anaphylaxis, then your doctor may recommend that you carry a dose of epinephrine, a chemical that quickly improves breathing in an emergency.

### Myth 6: Allergy Medication Should Only Be Taken After You Have Symptoms

The fact is that an allergic reaction may be prevented if medication is taken before symptoms develop. “Many people with seasonal allergies only take medication when they

have symptoms,” Dr. Ogden says. “The best thing to do is to start treatment before you have any symptoms to protect your immune system from the assault of pollen.”

Drugs such as nasal steroids or mast cell stabilizers work by blocking the release of immune system chemicals that trigger allergic reactions of the nasal passageways or eyes. These drugs are given to people with seasonal allergies starting about two weeks before allergy season begins.

### Myth 7: Short-Haired Breeds Are Fine for People With Pet Allergies

Pet hair and fur are not allergens, but they can collect other allergens, like dust and pollen. If you’re allergic to animals, the real culprits are dander (dead skin cells), saliva, and urine.

You may be less sensitive to certain animal breeds, but there is no truly hypoallergenic pet. Cat allergies are twice as common as dog allergies, and exposure to a cat can trigger a severe asthma attack.

If your allergy is not severe and you can’t part with a beloved pet, there are some things you can do to reduce your risk of having an allergic reaction:

- Limit contact with your pet (for example, keep it out of the bedroom).
- Wash your hands after petting a pet.
- Use a high-efficiency particulate air (HEPA) cleaner to reduce airborne allergens.
- Vacuum floors and furniture frequently.
- Bathe pets after they’ve been outdoors to get rid of any pollen on their fur.
- Take allergy medication as directed before symptoms develop.

*(continued on page 5)*

“The Allergist” is published quarterly by the Oklahoma Allergy & Asthma Clinic. Contents are not intended to provide personal medical advice, which should be obtained directly from a physician.

“The Allergist” welcomes your letters, comments or suggestions for future issues.

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# FDA Approves RSV Vaccine for Pregnant Women

The U.S. Food and Drug Administration (FDA) recently approved the world's first injection to protect newborns and young infants against respiratory syncytial virus (RSV). The vaccine called Abrysvo (Respiratory Syncytial Virus Vaccine) is given to pregnant women who develop and pass on protective antibodies to their babies. The single shot injection is given at 32 to 36 weeks of pregnancy and it will protect children from birth to 6 months of age when they are at highest risk of RSV-related complications.

RSV sends tens of thousands of infants to U.S. hospitals each year. It can cause cold-like symptoms but can also cause pneumonia and bronchitis (swelling in the small airway passages in the lungs.) It is the top cause of lower respiratory tract illness in infants and toddlers.

An adult version was approved in May for adults who are 60 and older who can be more vulnerable to serious illness from RSV.

The RSV shot should be available before the upcoming season which begins in the fall and runs through the winter.

“RSV is a common illness in children and infants are among those at higher risk for severe disease, which can lead to hospitalization,” said Peter Marks, MD, Ph.D., director of the FDA’s Center for Biologics Evaluation and Research. “This approval provides an option for healthcare providers and pregnant individuals to protect infants from this potentially life-threatening disease.”

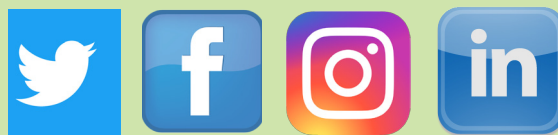
RSV is the top cause of lower respiratory tract illness in infants and tod-



dlers. An estimated 6.6 million babies younger than 6 months get RSV annually. About 45,000 infants die from complications associated with the infection. In the U.S., as many as 300 children younger than age 5 die each year and up to 80,000 are hospitalized. Since RSV was discovered in 1956, scientists have been working on developing an effective way to protect young children.

According to the CDC, children at greatest risk for severe illness from

RSV include premature infants and children who are 12 months or younger and in particular, those 6 months and younger. Other highly vulnerable children include those younger than 2 with chronic lung diseases or congenital (present from birth) heart disease, those with weakened immune systems and those with neuromuscular disorders – such as difficulty swallowing or clearing mucus.



**Remember to Follow OAC on Facebook, Twitter, Instagram & Linked In**

In addition to posting pollen and mold counts each day, OAC also uses social media to post announcements or educational allergy news updates.

Follow us on **Facebook** at [www.facebook.com/oklahomaallergyasthmaclinic/](http://www.facebook.com/oklahomaallergyasthmaclinic/)

**Twitter** @ okallergyasthma

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# 10 Myths About Allergies

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## Myth 8: Moving to Another Part of the Country Can Get Rid of Allergies

Allergens exist virtually everywhere, so relocating probably won't help you escape allergies.

Remember that regional plants pollinate year-round all over the country, airborne allergens like pollen can travel great distances, and indoor allergens, like pet dander and cockroaches, can exist anywhere.

A change of climate may reduce your exposure to certain allergens. Dust



mites, for example, thrive in heat and humidity, so they're less common in drier climates. But if you have allergies, you also run the risk of eventually developing new allergies in a different environment.

## Myth 9: Allergies Don't Happen in the Winter

Winter may be the best time of year for many people with allergies, but that doesn't mean allergic reactions can't occur during the cold months.

Outdoor allergens are less of a concern because "you don't have pollens in winter," says Douglas H. Jones, MD, of the Tanner Clinic in Layton, Utah. "But you still have the indoor [allergens]," such as mold spores and dust mites. During the winter holidays, you're more likely to be

exposed to potential allergens, like wreaths, Christmas trees, and smoke from a fireplace or candles.

Cold urticaria, a relatively rare condition that usually occurs in young adults, is an allergy to the cold. When the skin is exposed to colder temperatures, the affected area develops red, itchy hives. In severe cases, it can cause anaphylaxis.

## Myth 10: Hay Fever Is Just a Nuisance

Millions of Americans are diagnosed with hay fever, or allergic rhinitis, every year. The condition can be seasonal — triggered by allergens like pollen and mold spores — or occur year-round in response to triggers like dust mites, pets, mold, or cockroaches. There is also nonallergic rhinitis, which does not involve the immune system and can be triggered by irritants in the air, like smoke and perfume, medication, and foods.

Hay fever is most commonly associated with sneezing, coughing, nasal congestion, and itchy eyes. Treatment usually involves limiting exposure to triggers and taking medicines, like decongestants or antihistamines, to relieve symptoms.

But hay fever can lead to more serious complications. Its symptoms can disrupt your sleep, and it can make you more susceptible to sinusitis and ear infections.

Hay fever can also trigger or worsen asthma symptoms. "The problem with allergies is that they can lead to other issues, such as asthma, especially during pollen seasons," says Blanka Kaplan, MD, an adult and pediatric allergist at Northwell Health in Great Neck, New York.



## Staff Spotlight: Meet Diane Grammer

If you have scheduled an appointment at OAAC in the last four years, you may have spoken with Diane Grammer. She is the existing patient scheduler for all of OAACs' providers.

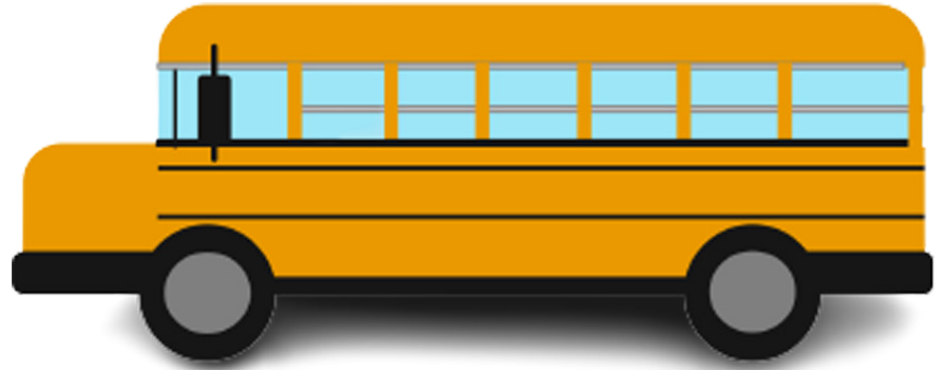
Originally from Enid, Okla., Dianne is the third of six children. While in school, she enjoyed playing all sports.

She joined the Oklahoma Department of Human Services and worked there until 2006 when she married her best friend, Rick, and moved to Columbus, MS. She served as a social worker for 10 years in Mississippi until they decided to move back to Oklahoma to be close to family.

Their blended family includes Diane's three children and Rick's four children and 14 grandchildren. Rick is a helicopter mechanic and they built their cozy home on 5 acres near Choctaw.

"I enjoy serving the variety of patients seen at the clinic," Diane said. "I love the flexibility the clinic has given me on work locations and assisting the providers with their schedules."

When not working, Diane enjoys kayaking, making cheesecakes and scratch bread. She also appreciates spending time with her husband, children, grandchildren, mother and dogs.



The school bell has rung for most children in Oklahoma. Here are some resources for families with children with asthma or allergies. To have a safe and healthy school year, Allergy & Asthma Network has developed a number of school planning resources on their website.

Managing Asthma in School: A Guide for Parents is a great resource for parents of children with asthma. Partnering with your child's school is essential as you prepare for when school starts. Communicating your child's asthma needs to the school nurse, school staff, and your child's teacher are part of the preparation.

### **Asthma at school for school staff**

Managing Asthma in School: A Guide for Schools was developed for school staff working with children with asthma. This includes school nurses, teachers and support staff. We review the importance of developing an asthma policy. We advocate for partnering with parents to help manage symptoms while in school. We offer a printable guide for symptoms that can be posted around the school and in the nurse's office. We also go over asthma management throughout the school year. And we discuss training that may be helpful for school staff.

### **Allergies at school for parents**

Allergies at school for parents was developed to address the concerns of parents of schoolchildren with an allergy or allergies. Environmental allergies such as pollen or mold, allergies to furry animals, food aller-

gies, insect venom allergy and latex allergy are some of the common allergens that students may experience at school. This guide will help parents ensure their child's allergies are appropriately managed while they are in school. Complete when page done.

### **Allergies at school for school staff**

Allergies at school for school staff was created to guide school support staff working with children with allergies.

### **School planning for food allergies**

Planning for School with Food Allergies is a great resource for families of children with a food allergy. Sending your food-allergic child to school can be scary. We discuss how parents and schools can prepare for kids with food allergy to safely attend school. We also review any special precautions that should be taken. We include the importance of making sure students have access to epinephrine in the event of a severe allergic reaction, called anaphylaxis.

### **School planning for COVID-19**

COVID-19 School Resources for Managing Asthma and Allergies is your guide for school and COVID-19. COVID-19 has brought a

whole new set of concerns for people living with asthma and allergies. We answer frequently asked questions about COVID-19 and schools.

### **Resources for schools and parents**

The School Health Resources page is your one-stop shop for all the resources Allergy and Asthma Network has available for schools. We have many printable PDFs about important considerations involving asthma and allergies. These resources includes symptom lists, back to school checklists, treatment posters, and much more. We also offer educational videos on inhaler use.

### **Questions and Answers: Back to School**

Back to school season raises many questions for parents of children with asthma and allergies. We developed a Q & A section to address common questions.

### **Q: What is the September Asthma Peak?**

A: The September Asthma Peak is a time of the year when asthma symptoms peak among school-age children. Data shows that asthma attacks and hospitalizations peak in September. It is usually in the third week of September. Not coincidentally, this corresponds with the back to school

season. In September, schoolchildren are exposed to more respiratory viruses. Ragweed pollen is in full bloom. Kids are back in classrooms breathing in molds and other indoor allergens. All of these factors play a role in worsening symptoms during September.

## Ways to Stay Healthy During the September Asthma Peak

### Q: Does my child need to wear a mask at school this year?

A: Schools no longer require masks to attend in person. CDC recommends universal Indoor masking when a community hospital is experiencing high COVID-19 admission rates. For moderate rates, masking is advised for those immunocompromised or at high risk for severe illness. People who have a known or suspected exposure to COVID-19 should wear a mask around others for 10 days from their last exposure. CDC also states that anyone who chooses to wear a mask should be supported, even if the community rates are low.

### Q: When should child with allergies be kept home from school?

If your child has an allergy, they should be kept home if experiencing:

- Fever of 100.4° or higher
- Feels too sick to participate in school activities
- Moderate to severe cough
- Shortness of breath
- Stomach throat
- Vomiting or Diarrhea
- Neck pain
- Rash
- Bloodshot eyes
- Feels extra tired
- Needs fever or pain medication to feel good



### Q: When should a child with asthma be kept home from school?

Your child with asthma should be kept home from school if experiencing any of the above symptoms and/or:

- Sleepless night due to asthma symptoms
- Significant wheezing, coughing, shortness of breath
- Experiencing a flare that is not well controlled with quick-relief medication

### Q: When should a child with COVID-19 be kept home from school?

A: Per the CDC, a child diagnosed with COVID-19 should stay home and isolate for 5 days from the first positive test or the start of symptoms. They may return to school after 5 days if they are fever-free for 24 hours (without fever medication). They should wear a mask for 5 days after returning (or 10 days from the start of isolation).

### Q: What if I can't afford asthma medications for school?

A: If you cannot afford your asthma medication, let your healthcare provider know. They may be able to prescribe cheaper alternatives. Additionally, you can shop around (GoodRx lets you compare prices between various pharmacies). You can also contact the manufacturer for discounts and assistance programs. Visit here for additional options and links to some assistance programs.

### Q: What if I can't afford allergy medications for school?

A: If you cannot afford your allergy medication, let your healthcare provider know. They may be able to suggest a less expensive alternative. You can also look for generic or store brands rather than buying the name brand. Shop around between stores to compare costs or buy in bulk at a place like Costco or Sam's Club. You can use coupons or store cards to reduce costs or earn store credits.

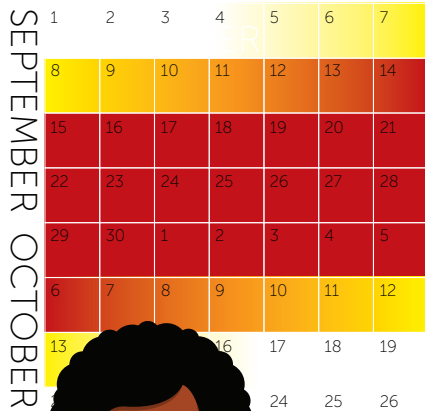
### Q: What if I can't afford epinephrine auto-injectors for school?

A: Epinephrine is the only treatment for anaphylaxis. If you cannot afford your epinephrine, let your healthcare provider know. There may be a cheaper alternative. You can compare costs between different epinephrine options. Contact the manufacturer for coupons and shop around to see if other pharmacies are cheaper.

We hope these resources provide guidance for families and schools as planning for the new school years begins in earnest. Feel free to contact us with questions.

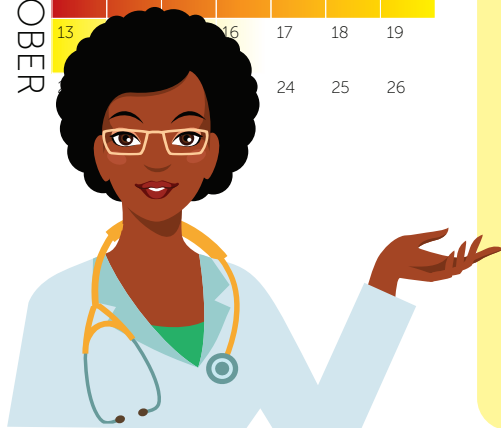
[allergyasthmanetwork.org/allergies-and-asthma-at-school](http://allergyasthmanetwork.org/allergies-and-asthma-at-school)

# How to AVOID the September Asthma Peak



Asthma attacks requiring a hospital or ER visit begin to spike in early-to-mid September and decline in mid-October. It's especially common among schoolchildren but can also happen to adults.

3rd week of September = peak week for asthma flares, hospitalizations and ER visits



## WHY DOES IT HAPPEN?

### A Perfect Storm of Triggers

- High levels of ragweed pollen in outside air
- Return to school = increased exposure to allergens (indoor mold) and respiratory irritants (air pollutants from idling school buses, cleaning products)
- Start of cold and flu season – schoolchildren, in particular, bring home colds, flu and/or COVID-19 to parents and caregivers.
- Missed medication use during summer – when children and adults skip doses of their controller inhaler, they are more likely to have an asthma flare in September when exposed to allergy and asthma triggers
- Increased anxiety and stress with the start of a new school year

## ASTHMA STATS

**20-25%**  
of all children's asthma  
**HOSPITALIZATIONS**  
occur in September



**13.8**  
**MILLION**  
school days missed  
annually due to asthma



**14.2**  
**MILLION**  
work days missed  
annually due to asthma



## BE PROACTIVE AND PREVENTIVE

### 10 Steps

1. Schedule an asthma check-up for children and adults before school begins. Discuss your current asthma control at this checkup.
2. Review your Asthma Action Plan. If necessary, adapt it to plan for increased exposure to asthma triggers during September. For children, give a copy to the school nurse/
3. Make sure all asthma medications are refilled prior to the start of the school year.
4. Take controller inhalers as prescribed.
5. Carry a quick-relief inhaler with you at all times, including at home, school and work.
6. Use a peak flow meter so you are alerted to brewing lung problems.
7. Know your asthma triggers. If ragweed pollen tends to trigger symptoms, consider staying indoors as much as possible.
8. Get the flu and COVID-19 vaccines. If you're 65+ years of age, get the pneumonia vaccine.
9. Encourage frequent handwashing or use hand sanitizers to reduce the risk of catching a cold or a virus.
10. Talk with an asthma specialist if symptoms are severe and not well controlled despite taking a daily controller medication. New medications may help.

