The Allergist

A newsletter from the Oklahoma Allergy & Asthma Clinic

Oklahoma Allergy & Asthma Clinic 1925-2020
95 Years of Allergy & Asthma Innovation

Summer 2020

Summer Asthma Q&A with Dr. Gharfeh

Maya N. Garfeh, M.D.,
OAAC Board Certified Allergist

This summer seems to be particularly brutal for allergy and asthma sufferers. The best way to avoid an asthma flare-up is to ensure children are being diligent in taking all of their asthma drugs over the summer months. In our experience, families being very supportive of their children staying compliant with their prescriptions is one of the best ways to avoid asthma-related issues.

The American Academy of Allergy, Asthma & Immunology says that studies have shown patients who reduce or stop taking their asthma medications during the summer months are at greater risk of serious asthma symptoms in the fall. This so-called 'drug holiday' can lead to a spike in hospitalizations and emergency department visits due to asthma, especially among children and young adults.

Managing Asthma

Long-acting medications (like inhaled corticosteriods) are taken daily to reduce inflammation in the lungs, preventing asthma flare-ups. Even though your child may feel fine, the lungs depend on the medication to control inflammation.

Short acting medications like albuterol should be used as prescribed only when immediate relief is needed. If a rescue medication is being used more than twice weekly for relief of symptoms, discuss with your OAAC allergist about other treatment options to help control symptoms.

"There are many triggers for asthma, and everyone is different," said OAAC Board-Certified Allergist Dr. Maya Gharfeh.

Your allergist can help develop a plan for avoiding asthma symptoms from triggers such as pollen, dust, pet dander and other allergens. Other triggers can include smoke, exercise and certain medications.

"Asthma is a constant companion – don't use a family vacation or summer camp as an excuse to stop taking medications," Dr. Gharfeh said.

What are common symptoms of asthma?

Dr. Gharfeh says symptoms include coughing, wheezing, shortness of breath and chest tightness.

"Asthma can lead to loss of sleep and can interfere with the ability to exer-

(continued on page 6)

Do your part to slow the spread of Covid-19: wear a face covering or mask

Increasing evidence supports the value of wearing cloth face coverings or masks to prevent the transmission of the virus (SARSCoV-2) that causes COVID-19. We know that the primary method of transmission of this virus is by droplets that are produced when coughing, sneezing, talking, yelling or singing and that these droplets travel about six feet before falling to the ground. This is the basis for the physical distancing that is recommended. Physical distancing, however, is not always possible.

We also know that anywhere from 10 to 30 percent of people who have the virus may not have symptoms and still spread the virus to others. Those who do become symptomatic can still spread the virus in the first few days before symptoms "appear". So simply avoiding close contact with sick people isn't enough to prevent the spread of disease. There is also concern that smaller droplets, called aerosols, may be infectious. These are also produced when coughing, sneezing or talking, and can stay in the air longer and travel further.

For these reasons, physical distancing isn't enough by itself. We know that masks or cloth face coverings only provide a small protection for the wearer, but the most important reason to wear them is to prevent YOU from spreading the virus to others. You may have the virus and not know it, and thus could spread it to other people who are nearby, to your family, friends or relatives who don't live with you but who

(continued on page 6)

Could Asthma increase Covid-19 Risk?

The research on Covid-19 is starting to show there is a link to asthma and it is far more complex than experts anticipated. When the pandemic first began, researchers were trying to find the most commonality of symptoms and focused on lung conditions which included asthma. Emerging research including a retrospective analysis of Covid-19 patients in 10 hospitals complicated the connection between asthma and critical cases of Covid-19.

According to an article on Stat.com, an online medical news service, the data from more than 1,500 patients determined those with Covid-19 who had asthma were no more likely than patients without asthma to be hospitalized. However, the study didn't examine if people with different types of asthma have different levels of risk.

"I was expecting asthma patients (with Covid) to possibly fare worse. So what was surprising was that we actually did not see that," said study co-author Gayartri Patel, a physician and allergy and immunology fellow at Northwestern University.

Breaking the data down by asthma subtype could reveal different risk levels

Another study conducted by public health researchers at Harvard looked at allergic asthma and non-allergic asthma as separate risk factors. Allergic asthma flares with exposure to allergens like pollen and mold. Non-allergic asthma can be brought on by exercise, stress, cold weather and other triggers.

A population-based study analyzed medical records from 492,768 people registered in the U.K. Biobank found that non-allergic asthma led to an likelihood of a more severe case of Covid-19. Fortunately, those with allergic asthma did not have the same experience.

"Allergic asthma may actually decrease the rate of infection," said Jonathan Spergel, a physician and chief of the Allergy Program at Children's Hospital of Philadelphia. He said that allergic asthma accounts for most pediatric cases of asthma and about half of adult cases.

Another complication of how high the risk of developing a more severe Covid case is how severe the asthma is and how well the asthma is being controlled.

Scientists aren't clear as the role asthma medications might play in Covid-19 severity. Patel's study found that corticosteroid usage didn't make a significant difference in increasing or decreasing the risk of hospitalization among asthmatics with Covid.

As Covid-19 continues to evolve, we will gather more data on how asthma and Covid interact with each other.

FDA Advises Consumers to Avoid Hand Sanitizer with Methanol

FDA is warning consumers and health care providers that the agency has seen a sharp increase in hand sanitizer products that are labeled to contain ethanol (also known as ethyl alcohol) but that have tested positive for methanol contamination. Methanol, or wood alcohol, is a substance that can be toxic when absorbed through the skin or ingested and can be life-threatening when ingested.

The agency is aware of adults and children ingesting hand sanitizer products contaminated with methanol that has led to recent adverse events including blindness, hospitalizations and death.

Methanol is not an acceptable active ingredient for hand sanitizers and must not be used due to its toxic effects. FDA's investigation of methanol in certain hand sanitizers is ongoing. The agency will provide additional information as it becomes available.

Consumers who have been exposed to hand sanitizer containing methanol and are experiencing symptoms should seek immediate treatment for potential reversal of toxic effects of methanol poisoning. Substantial methanol exposure can result in nausea, vomiting, headache, blurred vision, permanent blindness, seizures, coma, permanent damage to the nervous system or death. Although all persons using these products on their hands are at risk for methanol poisoning, young children who accidently ingest these products and adolescents and adults who drink these products as an alcohol (ethanol) substitute, are most at risk.

FDA reminds consumers to wash their hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after coughing, sneezing, or blowing one's nose. If soap and water are not readily available, the Centers for Disease Control and Prevention (CDC) recommend consumers use an alcohol-based hand sanitizer that contains at least 60 percent ethanol (also referred to as ethyl alcohol).

For the entire list: www.fda.gov/drugs/drug-safety-and-availability/fda-updates-hand-sanitizers-methanol#products

Research Shows Most Penicillin Allergic Kids Actually are Not Allergic

About 5 million children in the United States ages 18 and younger are identified as allergic to penicillin according to the American Academy of Pediatrics. Most children are labeled penicillin allergic before their third birthday which can often stay with them for the rest of their lives.

A study of 500 kids' ages 4 to 18 reported to be penicillin allergic was published in the Pediatrics journal in 2017. Using medical records, patient questionnaires with children's symptoms and medical history, researchers found that three-quarters of the children had never had a bad reaction and probably never would. This was followed up with allergy tests in 100 of the low-risk children and none were truly allergic to penicillin.

The doctor who led the study was inspired by his son who was labeled as penicillin allergic after a breaking out in a rash when treated with amoxicillin for an ear infection. David Vyles, D.O., said that his child's doctor blamed the antibiotic reaction and added allergic to penicillin to his medical records. After working in the allergy department of the hospital, while finishing up his residency at the Medical College of Wisconsin, Dr. Vyles saw many cases like his son and wondered if the mild symptoms were truly a real penicillin allergy.

"We would recommend that you talk to your allergist if your child has been labeled penicillin allergic in the past," said OAAC Board-Certified Allergist Dr. Gregory Metz. "With testing, we can determine if he or she does indeed have a penicillin allergy."

Gregory M. Metz, M.D., OAAC Board Certified Allergist

"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.
Send to:
The Allergist
750 NE 13th Street
Oklahoma City, OK 73104-5051
Phone: 405-235-0040
www.oklahomaallergy.com

Chelsea Robinson One Year Later

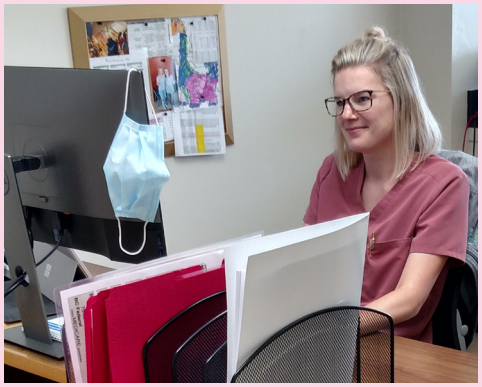
Chelsea Robinson rejoined OAAC last year after previously serving as staff nurse.

What it is like to come back on staff now as a nurse practitioner after previously serving as a nurse?

I have learned and grown so much in the last year. It has been a great experience transitioning from my previous nursing role here to a provider role. I have had great support from other providers and the nursing staff, for which I am very grateful. Being a nurse here first gave me a great understanding on interaction with patients, providers and other nurses which made the transition to a provider role much easier.

What is a typical day like for you?

A typical day for me is roughly 87 degrees with a slight breeze, low humidity and overcast. I typically eat 3 to 4 times a day and drink at least 64 ounces of water and get 8 hours of sleep. All kidding aside my days are variable depending on the weather, pollen seasons, etc. but that keeps things interesting and sure makes the days go by quickly.



Chelsea E. Robinson, APRN-CNP

How is it working at the different satellite clinics?

I enjoy going to the Midwest City office, I like getting a change of scenery each week and am happy that I can provide care for patients at a location that may be more convenient for them.

How much are you enjoying being a provider and seeing patients?

I love getting to spend time with patients and families each day and helping them feel their best. I like being able to educate and empower our patients to be their healthiest selves, seeing a change in their lifestyle for the better makes it well worth it.

First and Only Digital Rescue Inhaler with Built-In Sensors Now Available By Prescription to Patients in the U.S.

"The launch of ProAir® Digihaler® and its companion app provides a great opportunity for bringing a new digital health tool to asthma and COPD patients in the U.S."

Teva Respiratory, LLC., a U.S. affiliate of Teva Pharmaceutical Industries Ltd. (NYSE and TASE: TEVA announced the launch of ProAir® Digihaler® (albuterol sulfate 117 mcg) Inhalation Powder, the first and only digital rescue inhaler indicated in patients four years or older for the treatment or prevention of bronchospasm who have reversible obstructive airway disease, and for prevention of exercise-induced bronchospasm (EIB). The device features built-in Bluetooth® Wireless Technology sensors, which connect to a companion mobile app and provide inhaler event information.

"The launch of ProAir® Digihaler® and its companion app provides a great opportunity for bringing a new digital health tool to asthma and COPD patients in the U.S.," said Brendan O'Grady, Executive Vice President, North America Commercial at Teva Pharmaceuticals. "We are especially proud to provide our first Digihaler® product at a time when digital health technology is growing and continues to transform patient care, since it will enable patients to electronically record and monitor their rescue inhaler use."

The ProAir® Digihaler® inhaler detects, records and stores objective inhaler event data, including timestamp and inhalation characteristics such as peak inspiratory flow. Patients are then able to view this data on the ProAir® Digihaler® app, which informs patients if their inhaler technique may need improvement. If desired, patients can share these data with their healthcare providers (HCPs) to help facilitate dialogue around the assessment and management of their condition and discuss if their inhaler technique may need improvement.

"It is our belief that ProAir® Digihaler® and the companion app will help address an unmet need for HCPs by providing objective rescue inhaler use data when managing their patients," said Sven Dethlefs, Executive Vice President, Global Marketing & Portfolio at Teva Pharmaceuticals. "Ultimately, this technology may help patients who use ProAir® Digihaler® and its accompanying app to have a better-informed dialogue with their HCP about their disease management and treatment decisions."

ProAir® Digihaler® was approved by the U.S. Food and Drug Administration (FDA) in December 2018 and is a part of Teva's Digihaler® portfolio, which also includes AirDuo® Digihaler® (fluticasone propionate and salmeterol) Inhalation Powder and ArmonAir® Digihaler® (fluticasone propionate) Inhalation Powder. AirDuo® Digihaler® is indicated for the maintenance treatment of asthma in patients 12 years of age and older and ArmonAir® Digihaler® is indicated for the maintenance treatment of asthma in patients 12 years and older. Both products are expected to become commercially available to patients in the coming months.

The Wholesale Acquisition Cost (WAC or "list price") for ProAir® Digihaler® is $146.67. Actual costs to individual patients and providers for ProAir® Digihaler® are anticipated to be lower than WAC because WAC does not account for additional rebates and discounts that may apply. Savings on out-of-pocket costs may vary depending on the patient's insurance payer and eligibility for participation in the assistance program. ProAir® Digihaler® is also supported by a co-pay card program. Patients can register for, and download, the card on ProAirDigihaler.com.

PROAIR® DIGIHALER® APPROVED USES

ProAir® Digihaler® (albuterol sulfate) Inhalation Powder is a prescription medicine used in people 4 years of age and older to:

- treat or prevent bronchospasm in people who have reversible obstructive airway disease
- prevent exercise-induced bronchospasm
- ProAir Digihaler contains a built-in electronic module that detects, records and stores inhaler event information. ProAir Digihaler may be used with, and transmits information to, a mobile app. ProAir Digihaler does not need to be connected to the mobile app in order for patients to take their medicine.

PROAIR® DIGIHALER® IMPORTANT SAFETY INFORMATION

- Do not use ProAir Digihaler (albuterol sulfate) Inhalation Powder if you are allergic to albuterol sulfate, lactose, milk proteins, or any of the ingredients in ProAir Digihaler.

Ask your OAAC provider if you have any questions.

Pandemic Food Labeling Causes Issues for Food Allergies

Due to the Covid pandemic, the Food and Drug Administration (FDA) issued new temporary guidelines allowing manufacturers with supply chain shortages to make ingredient substitutions without changing the labels on May 22.

Originally set to expire on July 25, the FDA's temporary labeling guidance will remain in effect for the length of the public health emergency (PHE) due to the spread of the new coronavirus (SARS-CoV-2).

According to FDA spokesman Peter Cassell, the new guidelines were developed in conjunction with other federal agencies as one of several temporary measures.

"It's a temporary guidance in order to make sure that the supply chains throughout the country are able to provide safe and ample food for America," he said.

Since the guidelines were an emergency measure, no public comment period preceded them. The FDA is now accepting comments on the new guidelines that will remain in place until the end of the declared public health emergency. The FDA would then decide if the policy should be continued.

The good news is the top eight United States food allergens – milk, eggs, fish, shellfish, peanuts, tree nuts, wheat and soy and other priority allergens – sesame, celery, lupin (a legume), buckwheat, mollusk shellfish and mustards – can't be substituted under the new guidelines. The FDA still requires those ingredients to be listed on packaging labels.

However with these new guidelines, minor ingredients can be temporarily substituted. With 170 known food allergens with cross-contact possibly happening among ingredients, those with food allergies could naturally be concerned. Most people with food allergies usually have more than one food allergy.

U.S. Food Labeling Requirements	Before COVID-19	During the Temporary Guidance Due to COVID-19*
Are the eight major allergens (milk, eggs, fish, crustacean shellfish, tree nuts, peanuts, wheat, soybeans) required to be listed in plain language on the ingredient label?	Yes	Yes
If a food manufacturer changes ingredients, do they have to change the label?	Usually**	Manufacturers can make minor formulation changes without updating the label, as long as they are not adding major or priority allergens*** (see below). They are strongly encouraged to notify consumers by posting information to their website, placing stickers on labels, or through point of sale labeling. Many manufacturers have committed to do so.
If a food manufacturer changes ingredients, do they have to alert consumers?	No	They are strongly encouraged to notify consumers by posting information to their website, placing stickers on labels or through point of sale labeling. Many manufacturers have committed to do so.
Are priority allergens (sesame, celery, lupin, buckwheat, molluscan shellfish and mustard) required to be listed in plain language on the ingredient label?	No	Yes, if substituted into a product that did not previously include it.**
Are highly refined oils derived from a major allergen required to be listed in plain language on the ingredient label?	No	No
If the composition of "spices" changes to include a priority allergen (sesame, celery, lupin, buckwheat, molluscan shellfish and mustard), does the label have to be updated?	No	No
Are expeller pressed, cold pressed or extruded oil from a major allergen required to be listed in plain language on the ingredient label?	Yes	Yes, if substituted into a product that did not previously include it.
Are expeller pressed, cold pressed or extruded oil from a priority allergen (sesame, celery, lupin, buckwheat, molluscan shellfish and mustard) required to be listed in plain language on the ingredient label?	No	Yes, if substituted into a product that did not previously include it.
Are glutamates and sulfites required to be labeled in plain language on the ingredient label?	Sometimes	Yes, if substituted into a product that did not previously include it.

The guidelines don't require new ingredient labels. The FDA recommends an informational sticker be applied to products with the substituted ingredients. Or, the company can post substituted ingredients on their website.

In addition, these guidelines can cause issues for families who are on government food assistance program. The selection of allergy-safe food allowed under the program is already limited. The guidelines can also affect the hospitality industry, schools and day-care centers.

BACK TO SCHOOL

For those who have children going back into the classroom, have your filed your asthma action plan with your child's school? You can easily download a form from the OAAC website,

OAAC's website also has a downloadable form to share with your school/teacher about your child's asthma.

Masks…

(continued from page 1)

you visit, and even to your doctors and their staff. Some of those people may be at high risk of severe disease should they catch it.

INFORMATION FOR ALLERGY AND ASTHMA PATIENTS

People with allergies and asthma are more likely to have symptoms that can cause the production of droplets, and so could be of more danger to those around them. Wearing a face covering can help prevent this.

An additional benefit from face coverings for patients with asthma and allergies is that they may reduce the exposure to pollens and pollutants that make their symptoms worse. They can also help reduce the risk of catching other viruses that can trigger your asthma.

We know that some people may feel uncomfortable wearing masks and there is concern among patients with nasal allergies and asthma that they wouldn't be able to breathe when wearing facial coverings. That is why there are several alternatives for face coverings so you can select one that you are comfortable wearing.

As far as breathing with a face covering or mask, it doesn't require any more ef-

fort to breathe through than it does to use some of your asthma inhalers. If you feel like you can't wear a face covering because of your allergies or asthma, please take the time to discuss this with your allergy/asthma specialist.

Perhaps some modification of your rhinitis and asthma treatment is necessary. If your asthma is bad enough that you can't wear a face covering, perhaps it is best that you stay at home and avoid exposures that could make it worse.

As an alternative for those that have problems wearing face masks, face shields appear to be as effective as masks for wearer protection from the virus, but data currently is lacking on efficacy for controlling transmission of the virus to others. Presumably, they are likely to be effective.

DISPELLING COMMON MYTHS ABOUT FACE MASKS

You may also have heard some statements about adverse effects of wearing masks, such as an increase in infections due to bacteria or fungi in the mask or adverse effects of the higher levels of carbon dioxide in the mask. There is no credible scientific basis to support these claims and many do not make physiologic or even common sense. Washing your masks daily prevents any bacterial or fungal issues.

As far as medical and public health experts know, there is no harm in wearing a mask or face covering for most people. There are a few exceptions, which include age, mental health issues and respiratory issues, and these are usually included in the guidelines for face coverings.

Asthma…

(continued from page 1)

cise," she said. "Boys, adult females and African-Americans are most likely to be diagnosed with asthma. People living in urban areas are also at greater risk of developing asthma, secondary to increased allergen exposure and pollution.

Dr. Gharfeh added that doctors aren't sure why some asthma patients stop using their medications in the summer.

"There is no evidence supporting taking a break. In fact, stopping medications can you put at higher risk for an asthma attack," she said.

To learn more about asthma, discuss with your OAAC allergist.

Social Media Also Used for Important Announcements

Remember to Follow OAAC on Facebook, Twitter & Instagram

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

Follow us on **Facebook** at www.facebook.com/oklahomaallergyasthmaclinic/

Twitter @ okallergyasthma

Instagram @oklahomaallergyasthmaclinic

Expanded Days for OAAC's Nurse Practitioners

Stefanie Rollins, APRN-CNP, AE-C, is now seeing patients at the Yukon satellite clinic on Tuesdays and Thursdays.

Chelsea Robinson, APRN-CNP, is now seeing patients at the Midwest City satellite clinic on Fridays.

Immediate appointments are available!