

ASTHMA & ALLERGY BULLETIN

ASTHMA AND ALLERGY FOUNDATION OF AMERICA • NEW ENGLAND CHAPTER • VOL. 25, No. 3

From the Executive Director

Dear Friends,

Happy New Year from all of us at AAFA New England! The articles in this issue remind you that if you follow your doctor's advice, take your medicine and carefully monitor your asthma and allergies, you can enjoy a healthy, active life.

We have many new activities for you and your family to enjoy. The Read-a-Thon program encourages children to read and to give back to the community. The 5K race/walk being held in Watertown, MA benefits AAFA New England and promises to be a great day for runners and families.

Contact us for details and to join in the fun.

*Elaine Erenrich
Rosenburg*
Executive Director



**Encourage
Children
to Read**

AND

**Support a
Worthy Cause**

If you'd like AAFA New England to run a Read-a-Thon program at your child's school, please contact Elaine Rosenburg at 781-444-7778 or elaineer@aafane.org

H1N1 Flu Hits Asthmatics Hard It's not too late to get protected!

If you have asthma, you must take the flu seriously. People with asthma have been hospitalized for complications from H1N1 flu at a much higher rate than those with other underlying conditions, according to a report released by the Massachusetts Department of Public Health at the end of December, 2009. Almost a third of those who needed hospital care due to influenza in late 2009 had asthma, overwhelmingly higher than any other chronic disease. Children as well as adults with asthma are at risk for severe problems resulting from a bout of either seasonal or H1N1 flu.

"Not enough people with asthma are receiving flu vaccinations," says Jean Zotter, director of the statewide asthma program for the Massachusetts Department of Public Health, which continues to urge everyone to be immunized against both seasonal flu and the H1N1 virus.

- Flu season is not over
- Flu can be very serious for people with asthma
- H1N1 vaccine is now widely available
- Protect yourself and your family!

The new H1N1 virus was identified last spring and quickly spread through the United States. Outbreaks occurred at summer camps and spread rapidly on college campus in early fall – months when flu is generally not a problem. Health agencies continue to report a higher than expected number of cases of influenza-like illness in the community for this time of year. H1N1 vaccine was in short supply until recently, but is now widely available.

Public health officials are encouraging everyone to get immunized now, while the vaccine is plentiful. It is possible that a new wave of this virus could emerge in the months ahead. If more people are vaccinated, the disease is less likely to spread.

Contact your local health department, health care provider, or drug store to schedule flu shots for both "seasonal" and H1N1 flu. People with asthma should not use the nasal spray version.

Choosing a Summer Camp? Our Free Checklist Can Help



Are you thinking of sending a child with food allergies or asthma to a day camp or overnight camp this summer?

Careful planning and good communication with camp staff can help assure that your child has a safe and happy summer.

Contact us for a free copy of "Summer Camp Tips" and a checklist for evaluating food allergy management at overnight camps.

Peanut Allergy: Does it Start in the Home?

Allergy or sensitivity to peanut continues to be a major problem and as yet has no specific cure. One unanswered question is how children become sensitized to peanut – the precursor to becoming allergic – since reactions seemingly often occur after

the first time that a child ingests this food.

A new report from England attempted to answer this question by trying to identify peanut exposure



in the households of children. To avoid bias, the questionnaire was distributed to families before any allergy symptoms occurred.

When the researchers reviewed the survey results, they made several interesting observations:

- It appears that sensitization to peanut may occur not by eating this food but either by contact

or inhalation. Peanut allergy was significantly more common in households where peanut products, especially peanut butter, were routinely consumed. The researchers speculate that skin contact with “residual” peanut butter – either on the hands of others in the family, left on furniture, or elsewhere in the house – was an important route of sensitization. There was ten times as much peanut eaten in those families in which sensitivity occurred than in the non-sensitive group.

- There was no correlation between a mother’s eating peanut products during pregnancy or while nursing and the onset of peanut allergy in her child/children.
- Egg allergy appears to increase the risk of developing peanut allergy. These investigators suggest that egg-allergic children have a 20% chance of developing peanut allergy.

- Peanut butter seemed to be a much higher risk than other peanut products, including peanut candy or peanuts themselves. Peanut butter, they note, is extremely high in peanut protein and is also a “sticky” product.
- These researchers also note that several research studies with animals have demonstrated that applying foods such as egg white and peanut onto the skin of the animals can result in sensitization. This is consistent with observations from this study suggesting skin contact with peanut protein causes sensitization.
- Pre-existing eczema was also a risk factor. Contact through inflamed skin may be responsible for sensitization.

Source: Fox, A.P. et al. Household peanut consumption as a risk factor for the development of peanut allergy. *Journal of Allergy and Clinical Immunology*, 123:417, 2009.

Asthma Medications: They Only Work if You Use Them

Although our current medications for treating asthma can be very effective, the response to treatment is sometimes disappointing. Factors such as continued exposure to allergens or workplace irritants are important. Complicating “comorbidities” (other conditions such as sinus disease or gastroesophageal reflux) as well as incorrect diagnosis can also play a role. But a person’s consistency in using medications is particularly important in gaining good control over asthma.

An article from Northern Ireland illustrates why poor asthma control may not be due only to ineffectiveness of medications, but also because

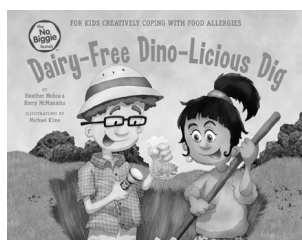
patients often simply don’t use the medication that their doctors prescribe. The investigators reviewed prescription refill records for six months and compared refills with what was originally prescribed. They found that 35% of the population studied filled 50% or fewer of their inhaled medication prescriptions.

When questioned, 88% of the participants reported poor adherence with using their inhaled steroid medications. Forty-five percent of subjects filled between 51% and 100% of their prescriptions. Of those given a prescription for oral steroid, a total of 45% did not use the medication as prescribed.

A similar study in adolescent patients here in the USA revealed less than 50% used their inhaled steroid medications as advised. I have observed the same dilemma in my own practice, and it can lead to confusion or misguided treatment plans. It is important to inform your doctor if, for any reason, you are not following through with taking the preventive medications that have been prescribed, or are relying mainly on quick-relief inhalers to manage your asthma.

Source: Gamble, J. et al. The prevalence of non-adherence in difficult asthma. *American Journal of Respiratory and Critical Care Medicine*, 180:817, 2009.

FROM THE BOOKSHELF: For Kids Creatively Coping with Food Allergies



Dairy-Free and Dino-Licious Dig *By Heather Mehra & Kerry McManama*

Illustrations by Michael Kline
Available February, 2010
Hardcover, \$13.95

Dairy-Free and Dino-Licious Dig is the newest addition to a delightful children's book series designed to help kids cope creatively with food allergies. The books feature a group of characters known as the "No Biggie Bunch," typical children who are diverse and adventurous in all the ways young children are. While they have food allergies, they are not defined by them. They are smart, prepared and safe while maintaining a great attitude and having fun.

The first three of these beautifully illustrated hardcover books follow the adventures of the No Biggie Bunch as they attend a birthday party at a soccer field, enjoy a safe and silly "tea party," and navigate Halloween together by swapping candy they are allergic to for space-age surprises.

In the newest book - the first No Biggie Bunch adventure dedicated to only one allergen - the kids remember to bring along a healthy snack on a back-yard dinosaur dig, and demonstrate how to feel comfortable making a simple statement about why they can't share a snack that may be offered to them by someone else.

While food allergies are taken seriously in these books, the social

challenges they impose are treated as "no biggie" by the characters and the people who care for them. Each story ends with a question that is an excellent springboard for conversation with children, to help them become comfortable talking about their food allergies and prepared to handle typical social situations.

These creative Massachusetts authors have come up with a unique and wonderful resource for pre-school and early elementary school children with food allergies, and their families and friends. Learn more about them, their upbeat "no biggie" philosophy, and their terrific books at their website: www.nobiggiebunch.com.



Special Offer!

Discounted price benefits both YOU and AAFA New England!

Order any No Biggie Bunch books and receive a 10% discount by placing your order at this special website: www.nobiggiebunch.com/aafane. When you do, the publishers of No Biggie Bunch will donate 10% of the order price to AAFA New England.

RESEARCH UPDATE (continued from page 2)

Adverse Effects from Singulair Are Disputed

Several years ago, concerns arose regarding possible suicidal thoughts and behavioral issues in patients taking Singulair®. Montelukast, the chemical name of this medicine, was introduced approximately a decade before these reports appeared. It had been and continues to be a very commonly prescribed asthma controller medication. Because of concerns regarding possible side effects, however, the frequency with which this medication is used has significantly decreased.

Two recent articles in the *Journal of Allergy and Clinical Immunology* have questioned whether or not there is any association of either suicidal thoughts or behavioral issues with the use of montelukast. Researchers

reviewed "behavior-related adverse events" that were reported in a number of studies completed during clinical trials of the medication. They concluded that those investigations do not support the association of either suicidal activities or thoughts or behavioral concerns in individuals using montelukast. Although these studies were retrospective, they did include a large number of participants.

The authors acknowledged that these studies were not designed specifically to evaluate psychiatric or behavioral issues. They used a variety of statistical means, however, to reassess these data and were confident in the results. These conclusions should be reassuring to people who are continuing to use

Singulair®. Nonetheless, that the FDA recommends that people should be aware of the possible risks and should notify their doctor if they suspect behavioral problems.

Source: Philip, G. et al. Reports of suicidality in clinical trials of montelukast. *Journal of Allergy and Clinical Immunology*, 124:691, 2009; Philip, G. et al. Analysis of behavior-related adverse experiences in clinical trials of montelukast. *Journal of Allergy and Clinical Immunology*, 124:699, 2009.

Frank J. Twarog, M.D., Ph.D., is an allergist in Brookline and Concord, MA, and serves as President of the Asthma and Allergy Foundation of America, New England Chapter. He is a Clinical Professor at Harvard Medical School.

SHARE YOUR STORY

Two parents relate their experiences

Navigating Food Allergy Plans at School

By Ruth Lovett Smith

I thought I had this food allergy thing down. It had been three years since my son's diagnosis and I was used to carrying two EpiPens®, Benadryl®, hand wipes, a variety of "safe" snacks, and more. We were vigilant about everything from reading labels, to ordering food in a restaurant, to only eating food from home at play dates and birthday parties. Then came Kindergarten.

I never once worried about my son going to school. I hadn't thought about the fact that I would no longer be with him to help him make safe choices. Then the day came and I realized I was expected to trust numerous strangers to take care of him and keep him safe.

I left EpiPens® at the school, gave the nurse the forms signed by our allergist, signed a form the nurse gave me, and dropped my son off, assuming he was in good hands. I didn't ask if the school had a policy for managing life threatening food allergies. I didn't think I had to, considering that food allergies were on the rise and the Massachusetts Department of Education had published guidelines several years prior encouraging schools to implement food allergy policies and protocols.

I quickly learned that there wasn't a written food allergy policy at our school and that there seemed to be a lack of information and education amongst the staff. Within the first few months of Kindergarten my son found

himself eating alone at the "allergy aware table" at lunch. On a holiday he was given a cookie and was told it was safe by a teacher, after which he developed an itchy tongue. He often felt left out of classroom birthday celebrations when cupcakes were brought in.

I brought my concerns to the attention of the school principal who unfortunately was less than

sympathetic. It didn't seem right to me that my son could be left out or pushed aside due to his food allergies. Weren't all children supposed to be treated equally?

It was then that I realized I needed to educate myself more to keep my son not only safe but fully included in school.

Through research I quickly learned that many children have some form of a care plan in school. I consulted with the school nurse and realized that the form I brought in from my allergist was a Food Allergy Action Plan and that the form I signed that was provided by the nurse was an Individual Health Care Plan. The Food Allergy Action Plan was on the top and the Individual Health Care Plan was on the back. It was blank with the exception of headings like Bus, Classroom, and Field Trips.

This started a yearlong process of trying to get accommodations to fill in the information under those headings. Since I met with some resistance I pursued a 504 plan, which carries

more legal weight than an Individual Health Care Plan. I think the fact that my son already had an Individualized Education Plan (IEP) for a social delay put us in a better position.

A group consisting of members of the special education team, school nurse, principal, classroom teacher and my husband and I sat down multiple times to draft an Individual Health Care Plan. It addressed numerous concerns such as classroom accommodations, where my son would sit at lunch, field trips and other issues. This IHCP would be attached to his current IEP.

I also addressed the school committee and superintendent of schools about our concerns and what I had learned. Eventually a written food allergy policy and series of protocols was put into place.

Not all food allergies or food allergic children are created equal; therefore, not all school plans will be the same. However all children with life-threatening food allergies should have some type of plan. A written plan keeps parents and all school staff on the same page regarding recognizing allergic reactions, treatments and accommodations in school.

Which Plan is Right for You? (see next page)

Ruth Lovett Smith is a volunteer support group leader of AAFA New England's Nashoba Valley Allergy and Asthma Educational Support Group, and is the founder of Best Allergy Sites, an on-line food allergy directory and resource guide.



Please share YOUR story. How have you handled "real-life" challenges of living with allergies or asthma? Let us know what happened and how everything worked out. (Send to: sharons@aafane.org, or call 781-444-7778.)

Food Allergies at College: Where to Start

By Elisabeth Stieb

Leaving home for college is a major turning point in the life of a young person with food allergies. Here's one parent's description of visiting colleges and her son's successful experience as a freshman.

When looking at schools we contacted a school via the food services department first. If it sounded as if they had some experience or an actual food allergy policy or program, we continued in the process. This ruled out several schools quite quickly.

We made arrangements to visit anyone involved with dietary services when we were visiting a campus. By e-mail we would contact the director of food services to let them know when we would be on campus. It became apparent that some schools were exceptional – both in their understanding of food allergies and their willingness to accommodate my son's needs. (In our case, it was the University of Vermont and Skidmore, but there are obviously many factors other than food allergies to consider when thinking about which colleges to put on your list.)

Matt ended up at a university in Texas. We met the food service director, purchasing director and head chef when he interviewed there. They were wonderful. Communication was key throughout the process.

(Continued on page 6)



This essay is excerpted from:

Food Allergies and College: Planning for Campus Life

A booklet distributed at a forum for high school juniors and seniors and their parents sponsored by AAFA New England in December, 2009.

For a free copy, contact AAFA NE by phone (781-444-7778) or e-mail (aafane@aafane.org).

Food Allergy Plans at School (Continued)

These are the types of documents that you may need to create together with your child's doctor and school nurse.

Emergency Care Plan or Food Allergy Action Plan

This is a written plan based on information from your allergist. It should list the patient's allergies – which ones are life threatening, what the symptoms of an allergic reaction are, and what medications the patient should receive, how much, and when.

Individualized Health Care Plan (IHCP)

An IHCP is a written plan that many food allergic children have in school. It usually includes the Emergency Care Plan but also goes a step further to include other accommodations in school. This plan should be developed with the help of the school nurse and can also include input from the classroom teacher and school principal. Many accommodations can be listed in an IHCP and it is up to the school, parents, and child's needs as to what is appropriate.

Section 504 Plan

Section 504 is a civil rights law that prohibits discrimination on the basis of disability. It applies to

all institutions, including public schools, which receive financial assistance from the federal government. The U.S. Department of Education Section 504 regulation defines an "individual with handicaps" as "any person who (i) has a physical or mental impairment which substantially limits one or more major life activities, (ii) has a record of such an impairment, or (iii) is regarded as having such an impairment." Individuals with life threatening food allergies often qualify for a 504 plan as the major life activity that is limited is breathing. All school districts should have a section 504 coordinator. This is the person to contact to start the process of determining eligibility. A 504 plan can be written in a similar fashion to an IHCP.

Individualized Education Plan (IEP)

An IEP falls under the federal law known as the Individuals with Disabilities Education Act (IDEA). To qualify for an IEP the disability must affect learning. There are currently fourteen specific disabilities covered under the IDEA; life-threatening food allergies and asthma are typically covered under a category called "other health impairment" (OHI). All school districts should have a process for requesting an IEP evaluation. Contact your school or special education director.

RLS

AAFA New England

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- Meet others who share your concerns • Find resources and confidence

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of Rhode Island, 1056 Hope St.,
Providence, RI

*Send your e-mail address if you
would like to receive information
about support group programs.
Let us know which group is closest
to you. Send to: aafane@aafane.org*

Food Allergies at College

(continued from page 5)

When he decided that this was the school, we contacted the school's Office of Disability Services. He had to complete and submit an application in order to be eligible for any accommodations from various departments at the school, such as the housing office. We provided documentation of his allergies and a letter from his allergist. When Matt

received his room assignment he was in a single room with two minifrig/microwaves, in a dorm which had a full kitchen. This was more than we had asked for.

Several days prior to moving in we called the food service director to arrange a meeting sometime that week. When we arrived at the meeting, there were eight staff to meet Matt: the director, catering manager, nutritionist, purchasing manager, chefs, servers, etc. We were both amazed.

Food has not been as difficult as we had both imagined it might be. After a month in school, Matt said, "the food allergy stuff is going well. It is just not like home cooking." I told him that would make him like any other freshman in any college!

Elisabeth Steib, RN, BSN, AE-C, is a nurse at Mass. General Hospital for Children, specializing in allergies and asthma. She is the former volunteer leader of the Food Allergy Group of the South Shore.

Birthday Celebration Includes AAFA New England

When Linda Storer's family and friends asked her how she would like to celebrate her 40th birthday, she asked them to help support AAFA New England, the organization she has turned to for help managing her child's food allergies at home and at school.



We extend Happy Birthday wishes and a sincere "thank you" to Linda and her family and friends, whose generous donations will help us offer vital education programs to many families.

Linda Storer (r) and her aunt, Pauline Brake, one of the organizers of a gala peanut-free birthday celebration.

We can help you to make AAFA New England a part of your milestone or celebration. We will be happy to work with you to design an appropriate project for any age – from nursery school to bar/bat mitzvah or confirmation to retirement.

Newest Member Benefit:
Save on your car and home insurance.
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BECOME A MEMBER OR RENEW YOUR MEMBERSHIP NOW!

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Please remember to ask your company for a matching contribution to AAFA NE.

ASTHMA & ALLERGY BULLETIN

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**Asthma and Allergy Foundation
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The Asthma and Allergy Foundation of America, New England Chapter, is dedicated to helping people with asthma and allergic diseases, and those who care for them, through education, support for research and an array of services.

Information contained in this newsletter should not be used as a substitute for responsible professional care to diagnose and treat specific symptoms and illness. Any reference to available products and procedures should not be construed as an endorsement. AAFA New England, including all parties to or associated with this newsletter, will not be held responsible for any action taken by readers as a result of the newsletter. ©2010. All rights reserved. Material may not be reproduced without permission of the publisher.

**Honor your friends and relatives
by making a donation to
AAFA New England**

**Donations have recently been
received in memory of:**

***Peter Miccichi, III
Joan Provost***

**Donations have recently been
received in honor of:**

***Luke Fraser
Amy Logan
Linda Storer***

To contribute a memorial gift or tribute in honor of a special person or a birthday or other event, please send a check payable to AAFA New England. (MC/VISA accepted by phone or mail.) Please include the name of the person being honored or memorialized, and let us know who to notify of your donation.

Runners, Walkers and Volunteers Needed!



1ST ANNUAL HIBO 5K

Sunday, April 11, 2010 9:00 a.m.
Watertown, MA

A race/walk to help kids and adults with asthma, food allergies and other allergies.

The race benefits the
Asthma and Allergy Foundation of America,
New England Chapter.

Families Welcome!

Sign up today at:

www.hibo5k.com

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If you don't already have a Shaw's Rewards Card, they are free and easy to get at the stores or on-line at www.shaws.com. The card allows you to get the lowest prices on items you purchase.

Ready? Set? Go with Asthma!

Everyone who works with school-age children engaged in sports or other physical activity can benefit from knowing more about exercise-induced asthma. The Asthma and Allergy Foundation of America has created an educational program on this topic that is



designed to be used both for presentations to groups or viewed individually.

This **free** resource includes a slide presentation and script, and a guide for the presenter. Handouts are included on asthma medications and inhaler use, what to do during an asthma attack, quick tips to help students with asthma, and more. To download the program and handouts, go to www.aafa.org. (Click on "Educational Resources," then "On-line resources.")

Join us at our
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Paul Hannaway Golf Classic
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Contact us for details.



Asthma and Allergy
Foundation of America®

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