

ASTHMA & ALLERGY

BULLETIN

ASTHMA AND ALLERGY FOUNDATION OF AMERICA • NEW ENGLAND CHAPTER

ALERT: Children with asthma are at higher risk for severe illness from Enterovirus D-68

An outbreak of the rare enterovirus (EV D-68) is hospitalizing kids across the country. Most people who are infected will experience typical cold-like symptoms. However, children - especially those with asthma - are at higher risk for complications from these respiratory infections.

If you have a child with asthma, be sure that your child has an up-to-date asthma action plan created with his or her primary care doctor or asthma specialist. Be sure to keep up with daily controller medications and have your child's quick-relief medicine (bronchodilator such as albuterol) on hand at school, sports, etc.

The illness worsens quickly, so keep a close watch for severe respiratory symptoms, especially wheezing and difficulty breathing. Call your doctor promptly if your child has nighttime awakenings due to asthma.

Teach your children to wash their hands often with soap, to not share drinks or utensils, and to avoid close contact with anyone who is ill.

There is no vaccine and no cure for this viral infection, which typically runs its course in about a week.

* * * * *

Get your flu shot as soon as possible!

Flu season is upon us. Make sure everyone in your family over the age of 6 months is protected. People with asthma are at higher risk of serious complications from the flu.

Nasal Steroid Spray: Should you still get a prescription?

By John A. Saryan, MD

In 2013 the FDA approved the use of Nasacort Allergy 24 Hour® (triamcinolone acetonide), a nasal corticosteroid or "steroid spray," for over-the-counter (OTC) treatment of seasonal and year-round nasal allergies or allergic rhinitis. This type of medication had previously been available by prescription only.

The OTC product began to appear in pharmacies this spring. More recently, Flonase Allergy Relief® (fluticasone propionate), another steroid nasal spray, was also approved for OTC use

and should be available at pharmacies soon.

Until this year patients could only purchase medications such as antihistamines, decongestants and cromolyn nasal spray (Nasalcrom®) over-the-counter for relief of their nasal and eye allergy symptoms. Antihistamines that are available OTC include Claritin®, Zyrtec®, Allegra®, Benadryl®, Chlor-Trimeton® and others, as well as their non-branded or generic versions. The OTC availability of Nasacort® and Flonase® will eliminate the need to see a physician for many patients who suffer from nasal allergies.

(continued on page 5)



RESEARCH UPDATE

Delayed Reaction to Eating Meats Traced to Tick Bites

By Frank J. Twarog, MD, PhD

Doctors across the country have seen a recent increase in allergies to red meat, including severe symptoms that often don't occur until several hours after eating. It is thought that bites of a specific tick, known as the Lone Star, are to blame.

The relationship of tick bites and food allergy is a fascinating story dating back approximately a decade. At that time, a "monoclonal"

antibody, cetuximab, was being developed for treatment of cancer. Curiously, some patients, especially those living in southeastern states, experienced anaphylaxis following their first injection. Studies of this reaction finally determined that it was caused by allergy to a sugar component of the medicine (galactose-alpha-1,3-galactose/alpha gal). This sensitivity seemed to emerge following tick bites,

(continued on page 2)

RESEARCH UPDATE (continued from page 1)

Delayed Reaction to Eating Meat Traced to Tick Bites

specifically the Lone Star tick (*Amblyomma americanum*). These are called Lone Star ticks because of a white spot present on their backs.

Further evaluation of individuals with antibodies to the alpha gal found that some had experienced hives, swelling, or anaphylaxis without any identifiable cause. There was initially no relationship found to food, medicine, or insect stings. In fact, food skin testing was negative. Subsequently, however, some of these patients began to suspect their reactions were caused by eating red meats, particularly beef, lamb, and pork. However, these reactions, in contrast to the usual episodes of anaphylaxis, were delayed by hours, usually 3-4 hours after a meal. Most of the subjects were adults and had no prior history of food allergy. They also noted that the reactions seemed to evolve after tick bites which seemed to itch for several weeks or more.

The anaphylactic events were sometimes severe. They were characterized by typical hives but also respiratory symptoms, abdominal

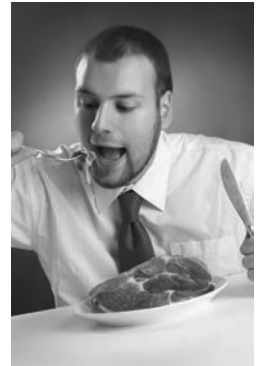
pain, and diarrhea. Traditional prick skin tests were negative, though in retrospect was somewhat equivocal, but RAST testing for the alpha gal was strongly positive. Intradermal testing, usually not performed in evaluating food allergy, was positive

not been an adequate study which has studied the time course for resolution of sensitivity. Preventing tick bites may have some benefit, but certainly it would prevent this unusual and troublesome sensitization.

The habitat for Lone Star ticks has now spread from the southeastern states to as far north as Maine. We anticipate this problem will be increasing.

If you have been bitten by a tick:

- Watch for a reaction up to 5 hours after eating red meat, milk, or products containing gelatin.
- If you become sensitized to alpha gal, always carry epinephrine with you, as reactions can be sudden and severe.



in these individuals. The reactions do not occur with white meats such as chicken or turkey.

This problem has become more relevant to those of us living in the northeastern United States, as the habitat for Lone Star ticks has now spread from the southeastern states to as far north as Maine. We anticipate this problem will be increasing. The ticks which are traditionally associated with Lyme disease do not cause alpha gal sensitivity. Similar problems are being seen in other places, such as Australia and Europe, though the ticks involved in other countries are not the same as we see in the USA.

Unfortunately, there is no treatment once sensitization develops. Experts suggest avoiding red meats. Over a period of years, the RAST levels tend to decrease, though whether or not this reflects a decrease in sensitivity is unclear. The potential for reactions remains, as clinical sensitivity seems to persist. As of this time, there has

As usual, for treatment of anaphylaxis, epinephrine auto-injectors must be kept available. Individuals with this sensitivity should be aware of the delayed nature of reactions related to eating red meat. As with any food allergy, avoidance is important. Interestingly, the antigen causing this sensitivity is present in all mammalian meats. It can be found in gelatin, jellied candy, marshmallows, lard, and suet, etc. Although milk is usually well tolerated, occasionally individuals with alpha gal antibody will develop chronic hives, which seem to improve with milk avoidance.

Reference:

Tripathi, A., Commins, S.P., Heymann, P.W., and Platts-Mills, T.A.E. Delayed anaphylaxis to red meat masquerading as idiopathic anaphylaxis. *Journal of Allergy & Clinical Immunology: In Practice*, 2:259-65, 2014.

Frank J. Twarog, M.D., Ph.D., is an allergist in Brookline and Concord, MA, and Clinical Professor at Harvard Medical School.



Watch for LUPIN if you have peanut or soy allergy

The U.S. Food and Drug Administration recently issued an alert urging consumers with peanut and soybean allergies to read labels carefully before buying products that may contain lupin (sometimes spelled “lupine”), a legume that is becoming increasingly popular as a wheat-replacement in gluten-free foods.

Be sure to check ingredient lists every time you buy a product. For more information, go to www.FDA.gov and search for “lupin.”

AAFA New England

EDUCATIONAL SUPPORT PROGRAMS

provide you with opportunities to

- Learn from experts • Get your questions answered
- Meet others who share your concerns • Find resources and gain confidence

For upcoming meeting dates and topics:

visit our website (www.asthmaandallergies.org) or call 781-444-7778.

To receive support group program announcements, send your e-mail address and your location to aafane@aafane.org.

METRO-BOSTON ALLERGY & ASTHMA SUPPORT GROUP **Newton, MA**

Meets at Newton-Wellesley Hospital,
2014 Washington St. (Rt. 16)

NORTHWEST SUBURBAN BOSTON AREA SUPPORT GROUP - Lexington, MA

Meets at Beth Israel and Children's
Hospital Medical Care Center,
482 Bedford St.

FOOD ALLERGY GROUP OF THE NORTH SHORE **Salem, MA**

Meets at Salem Hospital, 81 Highland
Ave. (Davenport Conference Area)

METRO-WEST ALLERGY & ASTHMA SUPPORT GROUP

Framingham, MA

Meets at Allergy & Asthma Treatment
Specialists, 475 Franklin St., Suite 206

MERRIMACK VALLEY ASTHMA & ALLERGY SUPPORT GROUP

Meets at St. Michael's School, Main St.,
Andover, MA

PIONEER VALLEY FOOD ALLERGY SUPPORT **Ludlow, MA**

Meets at St. John the Baptist Pastoral
Center, 201 Hubbard St.

SHORESIDE ASTHMA & ALLERGY EDUCATIONAL SUPPORT GROUP **Kingston, MA**

Meets at Wingate - The Inn at Silver
Lake, 21 Chipman Way

CAPE COD ASTHMA & ALLERGY GROUP

Yarmouth Port, MA

Meets at Allergy & Asthma Center for
Cape Cod, 244 Willow St.

The following groups are currently temporarily inactive.

NASHOBA VALLEY ASTHMA & ALLERGY EDUCATIONAL SUPPORT GROUP

RHODE ISLAND ALLERGY & ASTHMA EDUCATIONAL SUPPORT GROUP

SOUTHEASTERN MASS. FOOD ALLERGY PARENT SUPPORT GROUP

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Start your AMAZON.COM shopping from our website!

When you do, a portion of what you spend will be donated to our organization at no extra cost to you!

This is an easy way to help support asthma and food allergy education and advocacy.

Go to our home page (www.asthmaandallergies.org) and look for the Amazon.com search box.

Simply type in the "keyword" for the specific item or category of item that you are shopping for and then start shopping as normal.

Please bookmark this on your computer and share it with family and friends.

Thanks, and happy shopping!

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If you donate to AAFA NE directly, don't forget to ask about your employer's "matching gift" program.

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AAFA New England Dr. Paul J. Hannaway Memorial Golf Classic

25th Anniversary - September 15, 2014

Tedesco Country Club - Marblehead, MA

This annual event honors the memory of Dr. Paul J. Hannaway, a preeminent Massachusetts allergist, researcher and author, who founded and ran the tournament for almost twenty years. He was committed to AAFA New England and its education and awareness programs.

Proceeds support AAFA New England patient education and advocacy services.

Grand Sponsor George D. Behrakis The Behrakis Foundation

Kevin Hannaway & Tod Hannaway
Co-Chairs



George Behrakis
(left) and a few of
his golf buddies.

AAFA New England Board members Mark Uzzell and Michele Carrick (far left and far right) and Executive Director Debbie Saryan welcomed AAFA National CEO & President Cary Sennett to the tournament.



Paul Cronin was the first
person in the tournament's
history to get a hole in one!



Holly, Kevin, Kim & Tod continue the
Hannaway family's commitment to supporting
the education programs to which their father
dedicated his career.



(l. to r.) Gary Aprahamian and George
Desko joined allergists John Saryan and
David Riester for a day of golf.

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Special thanks to volunteers Michele
Carrick, Holly Hannaway, Kim
Schillinger and Mark Uzzell.

Nasal Steroid Spray: Should you still get a prescription?

(continued from page 1)

Corticosteroid nasal sprays are the most potent medications currently available for the treatment of seasonal and year-round nasal allergies (rhinitis) and are also effective for people who have non-allergic rhinitis. When used in the nose, these products provide substantial relief of nasal allergic inflammation without the side effects of taking steroids orally by liquid or pills.

Nasacort® and Flonase® both relieve symptoms of runny nose, congestion, sneezing and itching of the nose and Flonase® also is approved for relief of itchy and watery eyes. Unlike fast-acting OTC decongestant nasal sprays such as Afrin® (oxymetazoline) or Neo-Synephrine® (phenylephrine), neither Nasacort® nor Flonase® causes addiction or dependency with daily use.

Until recently allergy sufferers would need a prescription for a nasal steroid spray. The approval of these products was opposed by physician groups, including national allergy organizations, in large part because of the potential for side effects and misuse of these products. The FDA voted against OTC status in 2006 but in 2013, despite objections, the FDA voted to allow these products to become available without a prescription.

Nasal steroid sprays such as Nasacort® and Flonase® have been widely prescribed by physicians because of their effectiveness in relieving symptoms. Unlike antihistamines, which may give fairly prompt relief of nasal and eye allergy symptoms after taking the product, corticosteroid nasal sprays may take up to a week to provide full relief, although some people's

symptoms may improve as quickly as one to two days after starting the medication. To provide relief these products must be taken daily for seasonal periods or on a regular basis. Haphazard or intermittent use is not nearly as effective as regular use.



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Potential for Side Effects

Patients should be aware of the potential for side effects such as nasal bleeding or growth suppression in children. Since steroid medications may lead to cataracts or glaucoma, patients should discuss these concerns with their physician.

Perforation of the septum, which is the cartilage wall that divides the two sides of the nose, has been reported and may be due to incorrect use of the spray. It is generally recommended that the nasal applicator be aimed to the side and away from the septum. Patients should also lean forward and look down at the ground as they spray the product into their nose. It is important to carefully read and follow the instructions and report any concerns to your physician when using these products.

Some patients notice a slight blood tinged discharge or get nosebleeds when using nasal corticosteroid sprays. If this should occur, patients should stop



using the product and contact their physician. If patients do not notice improvement with use, they should see their primary care physician or an allergy specialist for further evaluation.

My personal recommendation is that adult patients should limit their use of OTC Nasacort® and Flonase® to treat seasonal allergy symptoms if antihistamines alone are not effective, but if daily use of a nasal steroid is required they should do so under the recommendation and guidance of their primary care physician or specialist. Parents should discuss the use of these medications with their child's physician before using them.

Generic formulations of both Nasacort® and Flonase® are available by prescription and would probably be covered by most insurance plans. The cost for the generic prescription product may be less than the out-of-pocket costs for OTC Nasacort® and Flonase®, depending on your prescription coverage plan. Less expensive generic versions are likely to become available OTC very soon.

John A. Saryan, MD is Chairman of the Department of Allergy and Immunology at Lahey Health, Burlington, MA.

Back to School and Breathing Easy with an Asthma Action Plan

By Shanyn A. Toulouse

Parents play a critical role in advocating for their children's health and making sure that others know what to do if asthma or allergies are triggered. It is important to partner with your child's doctor, school nurse, and others to keep him or her safe in the community as well as at home.

The best way to communicate to other caregivers how to keep your child safe is a written Asthma Action Plan (AAP). There are many formats available. Some healthcare providers have their own standard version that they individualize for each patient, and may be integrated into their electronic medical record system. Some forms include an area for parent signatures to give school staff and child care workers permission to treat your child and administer medications, and/or to allow your child to carry and use his or her own inhaler at school.

Whichever AAP form is used, it should include:

- What to do to keep the asthma well controlled (e.g. what allergens and irritants to avoid); what to do on a regular basis (e.g. daily and/or "as needed" medications)
- What to do if the asthma is worsening (e.g., how much of which medication and how often); how to know if it is an emergency that requires immediate medical attention and what to do.

If your health care provider or state does not have a preferred form, you can find examples on-line and bring them to the doctor's office to be completed. (See, for example, the Student and Child Care Allergy/Asthma Action Cards at www.aafa.org; or the National Institutes of Health Asthma Action Plan form at www.nhlbi.nih.gov.)

Have the Asthma Action Plan updated at least every year by your child's health care provider, ideally at your child's annual follow-up visit, or if your child is seen more frequently based on his or her asthma severity and control. Your child's asthma control and treatment plan can change over time, depending on many factors. Your child's age, stage of development, and maturity level should be considered as well. For example, are they ready to take on the responsibility of carrying and self-administering medication?

Go over the plan before you leave the doctor's office. Make sure you understand it and are going to be able to follow it. Ask for any explanations you may need. Do you have current prescriptions for all medications listed? Do you have the tools you need, such as enough spacers for home, school and child care?

Have the doctor or nurse watch you or your child use the medication to make sure it is being done correctly. There are many different medications and devices, and using

them properly is critical. If the medicine doesn't get into your child in the proper dose it can't be effective!

Share the written AAP with everyone who takes care of your child. Make several copies of the plan and keep them in a special file at home. You can scan and save it on your computer or take a picture of it with your phone and e-mail it to yourself. Request a "team meeting" with the school nurse, teacher, gym teacher, bus drivers, cafeteria staff, recess staff, and any other staff that will be responsible for your child while in the school's care to ensure that proper communication and training is happening. Review the plan, answer questions and ask about the school's emergency plans and procedures.

Don't assume that grandma and Aunt Susie know how to help your child just because they've seen you give your child medications at a family picnic. Make sure that if you are leaving your child in their care that you review the plan and how to administer all medication that they will be responsible for and answer any of their questions. Explain what an asthma episode looks like, what your child may do or say, and how to follow the plan. Don't forget to share where medications are kept and of course how to administer them! Make sure care givers know how to reach you and where you would like your child to be transported if they need to call emergency medical services for help.

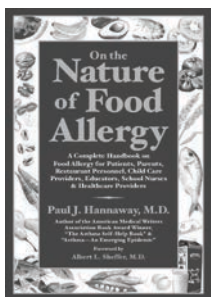
Teach your child to monitor his or her asthma symptoms, about the contents of the AAP, and what to do or say to others to get help. It's never too early to learn how to care for yourself. When you are not around, your child is his or her best advocate as long as they have their medications available at all times and know what to do if symptoms become worse or severe. Teach even young children how to use their medications, even if you are just talking through what you are doing as you are setting it up. It will make self-administration of medications much easier when they are ready to take on that responsibility.

Asthma is a serious chronic illness that doesn't go away but can be controlled by close medical follow up and care. Teach your child that asthma is serious but that with proper follow up care it doesn't have to turn scary. Teach your child that asthma is something that they will likely have to manage for the rest of their life. The best way to deal with an asthma crisis is to avoid it! Asthma cannot be cured but it can be controlled!



Shanyn A. Toulouse, MEd, BSN, RN has been the school nurse at Hill View Montessori Charter Public School in Haverhill, MA for the past 10 years. She is Adjunct Pediatric Clinical Nursing Instructor at Middlesex Community College in Lowell, MA and a Child Care Health Consultant and trainer for child care providers.

We help schools, child care providers and health professionals help YOU manage asthma and food allergies!



AAFA New England is sharing hundreds of copies of a comprehensive handbook about food allergy by distributing them free to help spread awareness and increase understanding.

Volunteers Jane Singh, Meg Liazis and Kristie DeLoreto are delivering the books to school nurses, public libraries, pediatricians, and others in various parts of Massachusetts.

The books were donated to AAFA New England by the family of the late Paul Hannaway, MD, a leading Massachusetts allergist and author. We still have copies available. Contact us if you would like to pick some up to distribute in your area.

"Asthma and Allergy Essentials for Child Care Providers" is the title of the workshop we offer to help keep children safe and healthy when they are cared for outside of their homes. Contact Sharon Schumack, AAFA New England's Director of Education & Programs, to schedule a program in your area.



School nurses: AAFA New England can provide you with spacers and peak flow meters for teaching purposes and for use by students with asthma. We also have teaching materials and activity books. We recently donated a supply of these items to the Pediatric Physicians' Organization at Boston Children's Hospital.

ASTHMA & ALLERGY BULLETIN

Published three times a year by the
**Asthma and Allergy Foundation
of America**
New England Chapter
781-444-7778
e-mail: aafane@aafane.org

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Director of Education & Programs
BULLETIN Editor

Published with a grant from
The Thoracic Foundation

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.

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Matthew Ryan

Donations have recently been received in honor of:
Birthday of Jackson Gilman

Donations can also be made in honor of family, friends, or healthcare providers, or to mark special occasions.

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. Credit cards accepted by phone, mail or on-line: www.asthmaandallergies.org. Please include the name of the person being honored or memorialized, and let us know who to notify of your donation.



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To receive future issues at home, become a member of AAFA New England. (See page 7)*

Is it an allergy or a cold?

Spending more time in closed up buildings means more exposure to indoor allergens as well as other people's germs! Use this chart to help decide whether your symptoms are due to a respiratory infection or an allergy, so you can treat them correctly.



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share your thoughts.

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Symptom	Allergy	Cold/Infection
Nasal Discharge	Clear, thin, watery Nonirritating	Clear, changing to thick yellow & green Local irritation
Fever	No	Low grade
Muscle Aches	No	Often
Itching	Ears, nose, throat	Rarely
Sneezing	Common in "spells"	Sometimes
Duration	Weeks to months	7 to 10 days
Seasonal	Often	Rarely