Spring 2021

Asthma & Allergy Bulletin

Asthma and Allergy Foundation of America • New England Chapter

AAFA New England is proud to bring you three great programs in honor of asthma and allergy month. Please see page 5 for program information and register to join us for our Speaker Series and a special Kyle Dine Children's Concert!

Food Allergy Awareness Week: May 9-15

Raise awareness about food allergies by planning a special activity at school or at work!

Dog Allergy: Living with your best friend

Dog Allergy: Living with Your Best Friend in a Pandemic
by Michelle Maciag, MD

As the coronavirus pandemic has kept more families at home, the demand for the adoption of dogs has soared. Shelters and humane groups have reported that requests for adoption have doubled amid the pandemic. Ability to work from home, increasing social isolation and desire for companionship and emotional support have been major motivators behind the boom in dog adoptions.

But what does this mean for families already struggling with nasal and eye allergies, asthma or eczema? Can they also participate in the dog adoption craze?

Hopefully I am not bursting any bubbles by reminding you that there is no such thing as a truly "hypoallergenic dog." This is because those who are allergic to dogs may react to multiple proteins found in dog urine, saliva, and dander. These proteins are present in all dogs. No dogs entirely lack these allergens, but allergic individuals may be more sensitive to some breeds of dogs than others. These allergens are airborne and may precipitate reactions involving the lungs, skin, nose and eyes in those who are allergic. Those affected may suffer from worsening of underlying

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New Normal: Tips for Children Postpandemic

Transitioning to a New Normal: Tips for helping children with food allergies adjust to post-pandemic life
by Nancy Rotter, PhD

As our country shifts toward hopefulness brought about by the distribution of the COVID 19 vaccine and pandemic restrictions are eased, we all face a new normal. Schools are expanding in-person learning, soccer and baseball teams are practicing in community fields and children are increasingly socializing with friends at parks and on playdates. Children with food allergies and their families will be uniquely impacted by these changes following a year of social isolation.

Many children with food allergies experienced a reduction in anxiety related to eating during the pandemic lockdown. Families ate primarily in their homes and typically prepared their own meals. Challenges related to eating at school cafeteria

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DOG ALLERGY (continued from page 1)

asthma, nasal congestion, sneezing or itchy and watery eyes.

However, there may be some hope for those with known dog allergy who desire to have a dog. Research has shown that almost one-third of those with allergies to dog may be allergic to one allergen in the dog, Can f 5, which is unique to male dogs. It is a prostatic protein that is secreted in the dog's urine. A recent study published in *The Journal of Allergy and Clinical Immunology: In Practice*, conducted in children ages 15-18 years, showed that those who are dog-allergic and sensitized only to the Can f 5 protein exclusively may be able to better tolerate female dogs, or neutered male dogs, rather than male dogs that have not been neutered.

Unfortunately, many of those with dog allergy are allergic to more than one dog allergen. Traditional skin and blood allergy testing evaluates for whole dog allergen, which combines dander, saliva, and urine allergens. Component testing (completed as a blood test) determines the specific dog proteins that you are allergic to. This specialized blood testing may be useful to you or a loved one if you have noticed different symptoms around male and female dogs. If you are considering acquiring a dog and have noticed allergic symptoms around male dogs, but not female dogs, this test may be worthwhile to you. Discuss your history with your allergist and he or she will help decide what testing may be of benefit.

Adopting a pet that you are allergic to can have serious health consequences like worsening of asthma, or allergic nasal and eye symptoms. If you have underlying allergies, it is ideal to consult with your allergist prior to getting a dog. If you have already adopted a dog and have been struggling to cohabitate with "man's best friend", consider a few ideas in limiting allergen exposure like, keeping the dog out of your bedroom, rinsing yourself off after dog interaction and before bed, and vacuuming your home regularly with a high efficiency particulate filter (HEPA) vacuum. Your allergist may be able to provide further suggestions, like medications or immunotherapy that may be safe and effective for you.

Stay safe,
Michelle Maciag, MD

Dr. Michelle Maciag, is a practicing allergist at Asthma & Allergy Affiliates in North Andover and Salem, MA, and also serves as an Instructor of Pediatrics at Harvard Medical School and Boston Children's Hospital. Dr. Maciag is board certified in Allergy & Immunology, Internal Medicine and Pediatrics.

tables, attending friend's birthday parties and spending holidays with extended family were rare occurrences over the past year, significantly reducing the difficulties associated with navigating safe food choices. For many children with food allergies and their caregivers, the pandemic provided an unusual reprieve from the daily burden of food allergy management outside of the home.

While returning to school and social activities has clear psychological, social and physical benefits, children with food allergies will also resume the management of allergies outside of their homes, while in addition to coping with anxiety about COVID. Children and caregivers may experience increased worry about eating at school, at other's homes, at restaurants or while attending activities such as sports or summer camps. Children will benefit from caregiver support in anticipating and planning for eating outside of the home.

Tips to help children with food allergies resume typical school and social activities:

1. Review and practice self-management skills.

Limited time outside of the home over the past year has reduced the need for children to use allergy self-management skills. Young children may have fallen out of the habit of asking which foods are safe to eat, while older children may be out of practice reading ingredient labels. At-home practice and coaching by caregivers will help to strengthen these skills. Similarly, rehearsing and role-playing assertiveness skills such as informing others about their food allergies may be helpful to revisit. Reviewing how and who will be carrying epinephrine auto-injectors as everyone starts to spend more time outside of the home will be important as well.

2. Plan ahead:

Helping children to anticipate what they might expect in different situations, can reduce stress related to re-engagement. For example, as children return to school or attend summer activities such as camp, obtaining information about how snacks and lunch will be handled will be helpful. Will children be eating in their classrooms? Distanced in the cafeteria? Outside? Visit or drive-by the school or location of the activity to which your child will be returning. If possible, take a walking tour and play a game (e.g. I Spy) as a way of re-acquainting your child with a place they have not been for a long time. Review the school or camp website with your child to view photos of teachers and counselors. Practice making "predictions": make educated guesses with your child about what things might be like. For example, predict that your child will need to wear a mask for all activities, except when eating or given a mask break.

3. Consider organizing or hosting safe get-togethers:

With improvement in the springtime weather, there are increased opportunities to see friends and family outside. Meeting at a park, taking a hike or inviting your children's friends to a backyard gathering, will help them to reconnect with peers and strengthen their "social muscles". Additionally, having food be part of the activity will allow your child to re-adjust to being around peers and eating comfortably and safely in social contexts. Consider theme-based gatherings to add an additional element of fun and structure– everyone dresses as their favorite animal, create an obstacle course, etc. As always, it is important to follow the CDC COVID and local government recommendations for gatherings.

4. Anticipate anxiety:

It is normal for children to express worry about returning to in-person school or activities after not having done these things for more than a year. This may be particularly salient for children who are prone to separation or social anxiety. Reviewing past bravery experiences (e.g. times they have done something even though they were scared), offering rewards for practicing small bravery steps (e.g. practicing walking to school, if anxious about attending school) and having a transition plan are useful strategies. It may also be helpful to coordinate with school counselors or activity staff to develop a drop off plan.

5. Prepare for imperfection:

Expect transitions to be bumpy. Caregivers and children alike will experience anxiety or uncertainty related to re-engaging in social situations. Prepare for separation difficulties that may include tears or clinginess. Remember that repetition (e.g. attending camp several days in a row) tends to increase comfort and familiarity, and reduce anxiety. It is important to be patient with yourself and your child.

Nancy Rotter, Ph.D. is a pediatric psychologist and the Director of Psychological Services at the Food Allergy Center at Massachusetts General Hospital

COVID-19 and Pediatric Emergency Room Visits for Children with Asthma

Viruses are known to cause an increase in asthma symptoms for those with this health condition. Given that fact, did school and day care closings and "stay-at-home" orders issued in March, 2020 in Massachusetts, along with social distancing, all in response to the COVID-19 pandemic, impact the number of emergency room (ED) visits for children with asthma?

A team of clinicians at Children's Hospital Boston (BCH) conducted a recent study to help answer this question[1]. Their hypothesis was that ED visits for children with asthma during this 2020 pandemic would be less frequent as compared with those in 2018 and 2019. The team accessed the BCH Data base linked with electronic health records and identified children 2-22 years of age who had visited the ED for asthma and received at least one asthma-related medication between the time period of January 5 – May 23 in 2018, 2019 and 2020. January 5 – March 21 represented the time period prior to COVID-19 restrictions being imposed, and March 22-May 23 the dates during which COVID-19 shut-down restrictions were in place in Massachusetts.

An analysis comparing the number of pediatric ED asthma visits in 2018, 2019 and 2020 from January 5 – May 23, showed significantly fewer visits during the period of COVID-19 restrictions and shut-down. Possible factors for this decrease include an increase in asthma medication usage, less exposure to viruses as a result of school/daycare closings in Massachusetts, heathier indoor air quality at home versus at work/school, a reduction in sports activities and exercise, less exposure to outdoor environmental allergens, and fewer ED visits out of concern of exposure to COVID-19. The researchers noted that, "Interestingly, rather than a gradual decline, which would be more indicative of improved medication adherence, there was a dramatic decline, suggestive of a sudden change in exposure, which occurred in conjunction with the stay at home order and school closure… It is also possible that the decrease in ED visits could be explained by a simultaneous increase in outpatient or home management of asthma exacerbations, including via telehealth which became available at our institution during the State of Emergency." Study findings did identify ethnic differences from 2018 and 2019, which indicate the need for further assessment of disparities in racial and ethnic access to healthcare.

[1] Impact of the COVID-19 Pandemic on Pediatric Emergency Department Utilization for Asthma. Tregony Simoneau, MD1 , Kimberly F. Greco, MPH2 , Adam Hammond, BS1 , Kyle Nelson, MD, MPH3 , Jonathan M. Gaffin, MD, MMsc1

AAFA New England provides COVID-19 Asthma Impact Policy Statement

For publication in Mass Health Council's publication *Common Health for the Commonwealth*
Written by AAFA New England Board Member Margee Louisias, MD, MPH, Brigham & Women's Hospital

In the beginning of the COVID-19 pandemic, it was of great concern if asthma or certain asthma medications led to increased risk of contracting COVID-19 or worse clinical outcomes if patients with asthma contracted COVID-19. As we reach almost one year of the COVID-19 pandemic, there has been tremendous research to help clarify these concerns. At this time, asthma does not appear to be a severe COVID-19 risk factor and it is recommended that patients continue regimens maintaining asthma control (Franco 2021, Sunjaya 2021). However, there is growing literature that patients with severe asthma or baseline uncontrolled asthma (recent oral steroid use) may be at increased risk for COVID-19 death (Williamson 2020). COPD is a known risk factor for severe COVID-19, and can overlap in some patients with asthma. Having COPD as a co-morbidity does allow more COVID-19 prevention and treatment options, eg. monoclonal antibody treatments and earlier vaccination eligibility. However, clinicians and patients should approach this issue with caution as research continues to evolve in this area. Researchers are also continuing to monitor for potential unintended pandemic consequences in our patients with asthma, in light of the decline of face-to-face visits; and reduced use of nebulization and pulmonary function testing (due to COVID19 aerosolization), (Bover-Bauza 2021). These issues have been further exacerbated by underlying racial disparities.

Now that we have several COVID-19 vaccines available and more coming down the pipeline, it is of upmost importance for patients with asthma to get vaccinated. There is no increased risk of allergic reaction in patients with common allergies or asthma. There is potential for increased risk in those with a history of allergic reaction to an injectable medications or vaccination; and these patients should be evaluated by an Allergist-Immunologist.

Margee Louisias, MD, MPH
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Director of Diversity and Inclusion, Division of Allergy and Clinical Immunology
Brigham and Women's Hospital

AAFA New England: NEWS AND NOTES

Registration Open for May Events!

Asthma Goal Series: Getting Familiar with Asthma presented by: Arnita Roberts-Christie RN, BSN, MS Date: Thursday, 5/13/21 Time: 7:00 - 8:00 p.m.

This Speaker Series will review severity levels of asthma, asthma triggers, control, partnering with your physician, and how to take action!

AAFA New England has "BUDDIED UP" together with Performer, Food Allergy Educator and Musician Kyle Dine and MassGeneral Hospital *for* Children Food Allergy Buddies Program for a Special Concert and workshop event! Date: Saturday, 5/15/21 Time: 2:00 - 3:00 pm

MassGeneral Hospital *for* Children food allergy buddy mentors are working with Kyle Dine to write a brand new song for Kyle to perform. All are welcome to attend the pre-show event beginning at 2:00 p.m. where the mentors will lead the younger children in contributing to the song lyrics!

Dr. Jordan Scott is presenting his first AAFA New England Speaker Series event for you!

The Evaluation and Management of Difficult to Control Eczema Date: Thursday, 5/20/21 Time: 7:00 - 8:00 pm

Dr. Scott will review the multiple triggers of difficult to control eczema and the differential diagnosis including skin barrier problems, infectious triggers, food triggers, environmental and contact allergen triggers and management strategies.

LEGISLATIVE ADVOCACY

AAFA New England supports the following Bills and is actively working with both Massachusetts Senator Cynthia Creem and Dr. Michael Pistiner to assist in their passing:

Bill S. 1389: An Act to improve food allergy awareness. This Bill has been referred to The Joint Committee of Public Health.

Bill S.299: An Act to establish food allergy plans. This bill is progressing as well and has been referred to the Committee on Education.

The U.S.House of Representatives passed The Food Allergy Safety, Treatment, Education, Research (FASTER) Act, S.578!

This bill now goes to President Biden to sign into law. This legislation would require sesame to be included on the ingredients label of packaged foods that contain sesame. In the US, 32 million people have some type of food allergy, and 1.5 million people have a sesame allergy. Any food to which a person is allergic has the potential to be life-threatening.

BIOMASS PLANT PERMIT REVOKED IN SPRINGFIELD, MA

AAFA New England went on record in the publication *RTO Insider* to express its support of the Massachusetts Department of Environmental Protection's decision to revoke the Springfield, MA biomass plant's permit.

Springfield was rated as the #1 most challenging place to live in the US for those with asthma in the 2019 Asthma Capitals Report published by AAFA. Air pollution is a known contributing factor in the development of asthma and adding air pollutants to the Springfield environment would adversely affect the health of individuals living in this area, particularly those with asthma. It is important for people to know that most asthma-related deaths are preventable with good management and medical care, better housing and better air quality. Creating healthier environments will help reduce the burden of asthma and improve the quality of life for those affected by this chronic condition.

RESEARCH UPDATE: OPPORTUNITIES TO HELP

MASSACHUSETTS GENERAL HOSPITAL

The Food Allergy Center at Massachusetts General Hospital has several upcoming clinical trials for infants, toddlers, adolescents, and adults. Many studies involve peanut allergy, while one study involves multiple food allergies. We have several trials starting for Eosinophilic Esophagitis.

Multiple food allergies:
Toddler to Adult:

1. Multiple-food oral immunotherapy (OIT) (peanut and 2 other foods) + Omalizumab
• Phase III study – enrolling now.
• Ages 1-55 years old.
• Participants must be allergic to peanuts and at least two other foods (milk, egg, wheat, cashew, hazelnut, or walnut).
• Participants will receive omalizumab injections alone or in combination with multiallergen oral immunotherapy (OIT). The total study duration including long-term followup and dietary integration could last approximately 4 years.
• Participants must react at entry food challenges to peanut and 2 other allergens listed to be eligible.
• Omalizumab as Monotherapy and as Adjunct Therapy to Multi-Allergen OIT in Food Allergic Participants - Full Text View - ClinicalTrials.gov

Peanut allergy:
Toddler/Early Preschool

2. Peanut OIT
• Phase III study—enrolling soon (early 2021)
• Age 1 to <4 years old
• Participants must be sensitized to peanut or have a history of allergic reactions to peanut. All participants must react to peanut at an entry food challenge to peanut to be eligible.
• The maximum duration of subject participation in this study is approximately 12 months.
• Participants will be randomized to receive either peanut OIT or placebo in a ratio of 2:1. Participants who receive placebo will have the opportunity to receive peanut OIT by enrolling in a follow-up study.
• Efficacy of treatment with AR101 will be evaluated by tolerability of single doses of peanut protein in a double-blind, placebo-controlled food challenge.
• Immune response and changes in control of pre-existing atopic diseases (asthma, atopic dermatitis) will be evaluated.
• Peanut Oral Immunotherapy Study of Early Intervention for Desensitization - Full Text View - ClinicalTrials.gov

If you are interested in receiving information regarding any of the following MGH studies, please email foodallergy@mgh.harvard.edu

Boston Children's Hospital
Until every child is well™

The Asthma/ Allergy Clinical Research Center Research Center is an National Institutes of Health (NIH) funded Center, currently recruiting for a number of studies for patients with asthma and/or allergies! All visits are compensated and all travel to and from the hospital is covered by the and from the hospital is covered by the research group. The studies also provide free medications. Call or email to see if you or your child is eligible for any of these exciting studies!

•**PARK** (Preventing Asthma in high Risk Kids): Park is a prevention study aimed at identifying whether 2 years of treatment with Xolair® (AntiIgE) injections can prevent lasting asthma or reduce asthma severity in asthma or reduce asthma severity in children ages 2-4 years with a history children ages 2-4 years with a history of wheezing, allergies, and family of wheezing, allergies, and family history. We will also evaluate whether this treatment stops or modifies the allergic march, which includes eczema, food allergies and other allergic conditions.
https://parkstudy.org/
https://vector.childrenshospital.org/2016/08/asthma-prevention-xolair/
•**IDEA** (Investigating Dupilumab's Eff ect on Asthma by genotype) In this research study, we want to learn if the study drug (Dupixent® Dupilumab) helps to control your asthma. We are particularly interested in understanding if people who have a certain genetic make-up (genotype) will respond better to this treatment. This study enrolls participants age 12 and above.
•**ADRN** (Atopic Dermatitis Research Network) We are investigating mechanisms of atopic dermatitis in any age 6 and above. This study wants to understand how the severity of atopic dermatitis or eczema is influenced by genetic factors. This study enrolls participants age 6 and older.
•**PRECISE**: We are investigating whether novel therapies can help asthma in adolescents and adults. This study enrolls participants age 12 and above.
https://preciseasthma.org/preciseweb/
•**SARP** (Severe Asthma Research Program): We are investigating mechanisms of severe asthma. This study enrolls participants age 12 and above.
http://www.severeasthma.org/
•**EASY** (Environmental Assessment (Environmental Assessment of Sleep in Youth) Study of home of Sleep in Youth) Study of home environmental factors (noise, air environmental factors (noise, air quality, etc) in the child's home to modify the quality of the sleep. This modify the quality of the sleep. This study is for children ages 6-12 years study is for children ages 6-12 years old.

Boston Children's Hospital studies provide free treatments, compensation for time and travel. For more information about any of the above BCH studies and/or to refer potential interested families, please email asthma@childrens.harvard.edu or call 857-218-5336.
https://www.childrenshospital.org/research/centers-departmental-programs/asthma-clinical-research-center

RESEARCH UPDATE: OPPORTUNITIES TO HELP (continued from page 6)

UMass Boston Children's Research Study:

Do you have a child with a food allergy in 3rd, 4th, or 5th grade?

Does your child live in New England?

You and your child may be eligible to participate in a study through the University of Massachusetts Boston about what it's like to have food allergies in school!

In recent years, administrators, nurses and policymakers have created rules to try to make school safer for students with food allergies. We want to learn about what students think and feel about what it's like to have food allergies. We're hoping to hear about students' experiences with food allergies in school, and about their ideas to improve allergy education and school rules. We'd also like to know about your observations of your child's experiences. If you have any questions about opportunities to participate in this project, please reach out to the principal investigator, Sadie Cathcart, at sadie.cathcart001@umb.edu. Use the following link to be directed to more information, consents, and both caregiver and child questionnaires.

Thank you for your time and consideration. To participate in this study please type the below link into your browser.

https://umassboston.co1.qualtrics.com/jfe/form/SV_6EdhwEk3bKo8fJj

Boston Children's Hospital Research Study: Psychosocial Impact of School Food Allergy Policies

What is the purpose of the study? Researchers at Boston Children's Hospital are conducting a survey of children with food allergies and their parents/guardians to understand the impact of school/daycare food allergy policies on psychological well-being. **Who can participate?** To be eligible to participate in this research study, your child must be between the ages of 0-17 years old, currently have an IgE-mediated food allergy, and you and your child must live in the same household.

What do I have to do if I'm in the study? If you decide to be part of this research study, you will be asked to complete an online survey. It will take about 20 minutes to complete the survey. **What are the benefits of the study?** There is no financial cost or benefit of participating. Benefits to society include helping us learn more about how school/daycare food allergy policies impact families so that healthcare teams and communities can develop better policies and provide better support.

For additional information about this study and to access the survey, please type this link into your browser: **https://redcap.link/2cvvnb9w**

If you have general questions about the survey, please contact Dr. Lisa Bartnikas (Principal Investigator) at lisa.bartnikas@childrens.harvard.edu.

THANK YOU TO OUR CORPORATE PARTNERS

AAFA New England is grateful for the support of our Corporate Partners in 2021. Their generous support allows us to provide valuable resources to help our members live life fully with asthma and allergies.

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The Thoracic Foundation

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

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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FYI

AAFA New England is donating over 18,000 new Respiratory Care Products!

Available items: Brand new Peak flow meters (adult & pediatric), mouthpieces (adult & pediatric), nose clips and calibration syringes, in their original packaging, are available for immediate distribution.

It is AAFA New England's goal to help improve access to needed respiratory care equipment for community health centers, schools, and camps for patients and families impacted by asthma in underserved communities.

If you would like more information or to **place an order** for any of the above products **please email us at respicare@aafane.org**

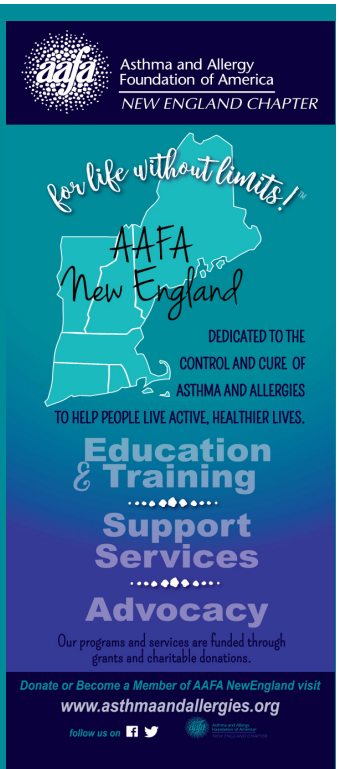
BECOME A MEMBER OR RENEW YOUR MEMBERSHIP!

Your Membership supports our mission to provide you with educational programming, advocacy, support for research and resources for our community.

- ❒ Individual $35
- ❒ Family (2+) $50
- ❒ Professional (MD & RN) $100
- ❒ Medical Practice Group $250

AAFA New England works every day to help improve the quality of life of those living with or caring for someone with asthma and allergic diseases.

Membership can be paid online at www.asthmaandallergies.org or via check made payable to: AAFA New England



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