

Asthma & Allergy Bulletin

ASTHMA AND ALLERGY FOUNDATION OF AMERICA • NEW ENGLAND CHAPTER

Fall Gala 2023

Fall Gala 2023

for life
without limits™

November 3

Save the Date!

Wednesday, November 3rd

6:00 - 9:30 PM

UMass Club

One Beacon Street, 32nd Floor

Mark your Calendars and be
on the Lookout for Ticket
Information!

(See Page 5 for photos and
highlights of Fall Gala 2022!)

Join the AAFANE Community and Get Involved!

- Attend our Speaker Series Programs and learn from the experts!
- Advocate with us for changes in public policy that will benefit the asthma and allergy community!
- Spread Awareness by participating in our social media!
- Support AAFA New England: your donations help us all "for life without limits"!
- Join us for AAFANE's Fall Gala 2022 on November 3!

COVID-19, Flu or RSV? Symptom Comparison

We have long known about the flu, and by now everyone is very aware of COVID-19, but many people are wondering what exactly is meant by RSV! Covid-19, the flu, and RSV are all respiratory infections that are currently spreading across the United States. Each of these infections are caused by different viruses, but they are all highly contagious and are spread by respiratory droplets such as from coughing or sneezing.



COVID-19: Coronavirus is a respiratory illness caused by SARS-COV-2.

Flu: The flu is a respiratory illness caused by the influenza virus. The exact influenza viruses that are common vary each year.

RSV: RSV is caused by the respiratory syncytial virus. CDC studies have shown a marked increase in RSV infections and RSV-associated emergency department visits and hospitalizations in the US this season. According to the CDC, RSV is the most common cause of bronchiolitis, which causes the small airways in the lungs to become inflamed, and pneumonia in children younger than one year old. RSV can cause serious symptoms in infants and in older adults. Currently there isn't a vaccine or antiviral medicines to treat or help prevent RSV infection.

It's often difficult to determine which virus you might have just by considering the symptoms you or a loved one is experiencing. Symptoms may vary from person to person. "The chart on page 3 compares symptoms of RSV, the Flu and COVID-19. Seek professional medical advice from your healthcare provider if you have symptoms that are concerning. Get tested if you are at risk for developing severe illness or are in close contact with someone at high risk.

Continued on page 3

The PREPARE Study - A Summary

Social determinants of health plays a significant role in preventing health equity. Over the past decade, there have been some advances in public policy, healthcare and medical research, but racial gaps in asthma and allergy outcomes have not changed. Black and Latinx populations continue to bear disproportionate hardship in managing asthma and allergies.

The PREPARE study researched management strategies to reduce these disparities in order to achieve better health incomes for individuals within these populations with asthma – with encouraging results. Please read the study highlights on page 2 to learn more.

PREPARE



Continued on page 2



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The PREPARE Study (continued from page 1)

Successfully Reducing Severe Asthma Exacerbations and Improving Asthma Control in a Pragmatic Study of African American/Black and Hispanic/Latinx Adults with Moderate-Severe Asthma (PREPARE)

African American/Black (AA/B) and Hispanic/Latinx (H/L) persons have higher rates of asthma related emergency department visits, higher rates of hospital stays and close to double the asthma death rate compared to white persons. Efforts to try to reduce these differences have been demanding and had mixed results.

In the real-world, PeRson EmPowerEd Asthma Relief (PREPARE) study, Black and Latinx adults with moderate-severe asthma had a one-time instruction to use a puff of inhaled corticosteroids (ICS), QVAR, each time they used a reliever (Albuterol) or 5 puffs each time they used a nebulizer/machine. This was in addition to their usual asthma medicines (Usual Care=UC).

This new intervention, Patient-Activated Reliever-Triggered Inhaled Corticosteroid (ICS) Strategy (**PARTICS**)+UC was compared to UC alone. 603 AA/B and 598 H/L adults (18–75) who had poorly controlled asthma were enrolled. Participants had one in-person visit followed by 15 monthly surveys. Throughout the PREPARE study a consistent survey response rate of > 90% was maintained.

The PARTICS intervention decreased severe exacerbations by 15% (13 less exacerbations per 100 patients/per year) compared to Usual Care alone. Also, asthma control (ACT*) increased in the PARTICS+UC group, 3.37 vs. 2.53 points in ($p<0.0001$). Quality of life (ASUI**) scores improved by 0.12 versus 0.08 points ($p<0.0001$). Yearly rate of days missed of work/school/usual activities was 13.4 in PARTICS+UC vs. 16.8 in UC ($p=0.013$). The total additional ICS use in PARTICS+UC was 1.1 refills/year.

In Summary:

Reducing the disproportionate burden of disease from asthma in Black and Latinx patients has been difficult. In collaboration with Patient Partner advisors and other stakeholders, the PREPARE study demonstrated that PARTICS – (Patient-Activated Reliever-Triggered ICS), added to underlying therapy in Black and Latinx adults with moderate-severe asthma:

- 1) was adopted after one in-person instructional visit,
- 2) substantially reduced asthma exacerbations,
- 3) improved asthma control,
- 4) improved quality of life and
- 5) reduced days lost from work/school/usual activities by 20%

Further studies: The PARTICS intervention decreased asthma exacerbations, improved asthma control and quality of life, and reduced missed days from work/school/usual activities in AA/B and H/L adults with moderate to severe asthma, a group with disproportionate asthma morbidity that has been difficult to reduce. We believe PARTICS will make a positive impact in ALL adults with moderate to severe asthma. The next step is to incorporate the evidence into the regular workflow of clinicians and health systems to promote uptake and to implement in a broad population. We have submitted an application to PCORI to implement PARTICS into health systems.

PARTICS: Patient-Activated Reliever-Triggered Inhaled CorticoSteroid; UC: Usual Care

***Asthma Control Test (ACT)** is a self-administered tool assessing the level of asthma control.¹ Total score ranges from 5 to 25. Scores of 20–25 indicate well-controlled asthma; 16–19 not well-controlled; 5–15 very poorly controlled. The Minimally Important Difference (MID) is 3 points.

















****Asthma Symptom Utility Index (ASUI)** is a self-administered tool assessing preference-based quality of life. 0 = worst state imaginable to 1 = best state imaginable (higher score is best)

ICS: Inhaled CorticoSteroid



COVID-19, Flu or RSV?

Symptom Comparison

Symptoms	RSV	Flu	COVID-19
 Cause	Respiratory Syncytial Virus	Influenza Virus	SARS-COV-2
 Symptom Onset	Gradual	Sudden	Gradual
 Symptom Duration	7-14 Days	7-14 Days	7-25 Days
 Fever	Sometimes	Common	Common
 Cough	Common	Common	Common
 Runny or Stuffy Nose	Common	Sometimes	Common
 Sore Throat	Rare	Sometimes	Common
 Wheezing	Rare+	No***	No
 Rapid Breathing	Rare	No**	Rare
 Shortness of Breath/Difficulty Breathing	Rare+	No***	Common
 Sneezing	Sometimes	No	Rare
 Fatigue	Sometimes	Common	Common
 Muscle and Body Aches	Rare	Common	Common
 Loss of Taste and/or Smell	Rare	Rare	Common
 Diarrhea and Vomiting	Rare	Sometimes*	Sometimes
 Headache	Sometimes	Common	Common

HOW TO STOP THE SPREAD

These simple practices will help to reduce the spread of these three respiratory viruses:

- Cover sneezes and coughs with tissues or your sleeve, but not your hands.
- Wash your hands with soap and water for at least 20 seconds.
- Use a hand sanitizing gel with at least 60% alcohol if soap and water aren't available.
- Clean surfaces that are touched often such as doorknobs, toys, and mobile devices.
- Avoid close contact with people who are sick.
- Stay home if you are sick.
- Get a flu vaccine and COVID-19 vaccine if you are able.
- Consider wearing a face mask when indoors and in close contact with others.

RESPIRATORY INFECTIONS AND ASTHMA

All three of these respiratory infections may cause serious complications for children and older adults who have asthma, particularly if their asthma is not well-controlled. Regular medical follow up is important if you have asthma. Speak to your healthcare provider if you have frequent asthma symptoms, feel your your asthma is not under good control, or if you have questions about your asthma treatment.

*Diarrhea from flu is more common in children
 **Shortness of breath from RSV is more common in infants and young children
 ***Allergies, colds and flu can trigger asthma which can lead to shortness of breath, chest tightness/pain and rapid breathing
 +More common in infants and older adults

NOTE: If you have allergic asthma, it is possible to have symptoms of both asthma and allergies at the same time.

Sources

Centers for Disease Control and Prevention (CDC), AAFA, World Health Organization, National Institutes of Health, AAAAI

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 NEW ENGLAND CHAPTER

AAFA New England: News and Notes

Webinar: *Beyond Tuskegee: The Impact of Institutional Trustworthiness and Everyday Racism on Racial Diversity in Research in Allergies and Asthma*

Date: May 3, 7:00-8:00



Margee Louisias, MD, MPH

Please visit our website, asthmaandallergies.org and register for this dynamic, informative and important discussion!"



Webinar: *Planning for College with Food Allergies*

Date: To be Announced



This program will feature college students with food allergies who will share their strategies for making the transition from high school to college. Topics discussed will include what was important to them when looking at prospective colleges, navigating eating on campus and off, and managing dating and the social scene safely. **If you are a high school student with food allergies and starting to plan for college, you won't want to miss this webinar!**

WooSox are Peanut-Allergy Friendly!



Great News! The Worcester Red Sox (WooSox) will continue to make the Berm area of Polar Park peanut-allergy friendly for all games in the 2023 Season! Signage and staff supervision will notify fans to keep peanuts and peanut products outside of the Berm. Binders with ingredients of foods sold will be available at concession stands so that informed decisions are possible for those wanting to avoid their food allergens.

New this Season: For the week of May 16 – 21, no peanuts will be sold throughout all of Polar Park! Check out the Season 2023 schedule and plan a baseball outing at Polar Park! <https://www.milb.com/news/2023-woosox-schedule-announcement>

AAFA New England to Run in ASICS Falmouth Road Race 2023

ASICS Falmouth Road Race 2023

August 20, 2023

Support Team AAFANE



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AAFA New England has been selected for the second year to participate as a Charity Non-Profit in the 2023 ASICS Falmouth Road Race scheduled for Sunday, August 20, 2023! We are so grateful and honored to have each member of Team AAFANE donating their time and energy to running in this scenic 7-mile seaside course to raise awareness about asthma and allergies and to support AAFA New England's mission and work. Thank you Caroline Rochford, Laurel Barnett, Hannah Berggren, Katie Sousa, Kelly Dunham, Margaret Fratus, Peter DeMarco and Nicole Arpiarian! We'll be sending information about how you can support Team AAFANE soon. When you receive these emails, please click on the links that will be provided and please support these amazing individuals!

Legislative Advocacy

Massachusetts SD.649 and HD.1609 An act to improve food allergy awareness was filed in January by Senator Cynthia Creem and Representative Carmine Gentile, respectively.

These bills if passed, will update the restaurant training video currently being used by restaurants in Massachusetts by removing outdated information and replacing it with an interactive and accredited video that will include current information on food allergies. It will also require that a food allergy trained restaurant 'person-in-charge' who has viewed the updated video, must be present at all times when the establishment is open and serving food.

AAFA New England strongly supports this bill and will be actively working to help get it passed and signed into law.

Here's how you can help! If you'd like to get involved, and see SD.649 and HD.1609 passed, please contact your senator and representative as soon as possible and ask them to cosponsor these bills. Your advocacy and support will make a difference!

Here's a link to help you find your senator and representative where you live in Massachusetts: <https://malegislature.gov/Search/FindMyLegislator>



Highlights from AAFANE'S Fall Gala 2022

AAFANE's *for life without limits*™ Fall Gala 2022 was a huge success. This sold out event was attended by the AAFA New England Board of Directors, members of its Medical Advisory Committee, and our very supportive asthma and allergy community for whom we are grateful. **Our Champions of the Asthma & Allergy Community: Dr. Quindelyn Cook, Nicole Arpiarian and Nathalie Basil**, were recognized for their outstanding work in the field of asthma and allergies. Heartfelt introductions by their colleagues were followed by the honorees relating their own stories and connecting with our guests in special ways. **Our keynote address by Dr. Anne Dixon** gave meaningful insights into the many issues that impact the health condition of asthma. Information shared by exhibitors provided attendees with important and timely materials on matters of interest.

Adding to the festivities was a silent auction that included trips to resorts in the Caribbean, dining experiences, and tickets to sporting and cultural events, as well as a host of other items. As a special bonus, the evening was capped by the vibrant surroundings of the UMass Club with a spectacular sunset and sparkling backdrop of the Boston skyline.

We are thankful for the support of our community and are pleased to share that over \$53,000 was raised at this important event. These funds will be used directly to provide education, programming, awareness, advocacy and support – all offered free of charge to the public – as we work every day to fulfill AAFA New England's mission.



Research: Opportunities to Get Involved



Boston Children's Hospital
Until every child is well™

Massachusetts General Hospital



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® (Ant IgE) 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://answers.childrenshospital.org/asthma-prevention-xolair/>

•**IDEA (Investigating Dupilumab's Effect 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 adolescents and adults age 12 and above. <https://ideaasthma.org/> <https://answers.childrenshospital.org/duplimab-asthma/>

•**ADRN (Atopic Dermatitis Research Network)** We are investigating mechanisms of atopic dermatitis in any age 2 and above. This study wants to understand how the severity of atopic dermatitis or eczema is influenced by genetic factors.

•**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 18 and above. <http://www.severeasthma.org/>
•**PANDA (Prevention of Asthma Exacerbations using Dupilumab in Urban Children):** We are investigating mechanisms and benefits of Dupilumab in Urban kids. This study enrolls participants age 6 -17.

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://bchasthmaresearch.com>

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!

Children, Adolescents and Adults:

Peanut Allergy: Novartis

- Enrolling now
- A 52-week, multi-center, randomized, double-blind placebo-controlled study to assess the clinical efficacy and safety of ligelizumab (QGE031) in decreasing the sensitivity to peanuts in subjects with peanut allergy.
- Phase III
- Male or female participants who are ≥ 6 and ≤ 55 years of age at the time of signing informed consent/assent.
- Documented medical history of allergy to peanuts or peanut-containing foods.
- Positive peanut-specific immunoglobulin E (peanut sIgE), ≥ 0.35 kUA/L at Screening visit 1 (Screening 1).
- Positive skin prick test (SPT) for peanut allergen at Screening 1 defined as an average diameter (Longest diameter and mid-point orthogonal diameter) ≥ 4 mm wheal compared to saline control.
- A positive peanut DBPCFC at baseline (Screening Visit 2, Part 1 and Part 2 DBPCFC) defined as the occurrence of dose-limiting symptoms at a single dose ≤ 100 mg of peanut protein, and no occurrence on placebo. Eligibility to proceed with the DBPCFC requires fulfillment of all other eligibility criteria.
- Participants must weigh ≥ 20 kg at Screening 1.
- Efficacy and Safety of QGE031 (Ligelizumab) in Patients With Peanut Allergy - Full Text View - ClinicalTrials.gov

Parents to Infants or Toddlers with Food Allergy

Impact of Egg on Nutrition, Growth and Development of Infants and Toddlers with Food Allergy

- Enrolling now
- In this study, we are studying the impact of food allergy on nutrition, growth, and development in infants and toddlers. Infants and toddlers with food allergies may be at an increased risk for nutritional deficiencies, with a possible impact on growth and development.
- **Inclusion Criteria:**
 - Have a child between 4-36 months of age.
 - Have at least one food allergy.
 - Attend one virtual baseline visit with a member of the study team.
 - Answer online survey questions as part of a virtual dietary and developmental evaluation at four different timepoints throughout the course of 18 months after you enroll your child in the study.

Adolescent and Adult:

Eosinophilic Esophagitis: Celgene EoE

- Enrolling now
- A Phase 3, Multicenter, Multinational, Randomized, Double-Blind, Placebo Controlled Induction and Maintenance Study to Evaluate the Efficacy and Safety of CC-93538, monoclonal antibody in Adult and Adolescent Subjects with Eosinophilic Esophagitis.
- Ages 12-75
- The study population will consist of males and females with EoE who have had an inadequate response to corticosteroid therapy or are intolerant to corticosteroid therapy as well as subjects who are naïve or have had an adequate response to corticosteroid therapy.
- Subjects will be randomized in randomized 1:1:1 ratio to receive CC-93538 360 mg subcutaneously (SC) once weekly (2 of the 3 treatment arms) or matching placebo, in a double-blind fashion for 24 weeks.
- The maximum duration of subject participation in this study is approximately 72 weeks. Subjects will participate up to 4 weeks in the Screening Period (the screening EGD may be completed up to 8 weeks prior to Day 1), 24 weeks in the Induction Phase Treatment Period, and 24 weeks in the Maintenance Phase Treatment Period of the study.
- A Study to Evaluate the Efficacy and Safety of CC-93538 in Adult and Adolescent Participants With Eosinophilic Esophagitis - Full Text View - ClinicalTrials.gov

If you are interested in receiving information regarding any of these MGH studies and other studies currently recruiting for patients, please email foodallergy@mg.harvard.edu

Thank You to Our Corporate Partners

AAFA New England is grateful for the support of our Corporate Partners in 2023. Their generous support allows us to provide valuable resources to help our members live fully with asthma and allergies.



The Thoracic Foundation

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Asthma & Allergy Bulletin

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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.

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THANK YOU TO OUR COMMUNITY!

On behalf of the AAFA New England Board of Directors and Medical Advisory Committee, we sincerely thank you for your support in 2022. Because of your generosity, we had an amazing and productive year, and have worked tirelessly to improve quality of life for all impacted by asthma, allergies and related diseases.

Please see below highlights of our work for you in 2022 made possible by your support!

EDUCATIONAL PROGRAMMING:

"Be Smart and Breathe Easy" School Asthma Program. Free Resources in English and Spanish, and training slide deck that addresses asthma management and environmental trigger remediation at school.

- **Asthma Goal Series: The Asthma Action Plan**, Arnita Roberts-Christie, RN, BSN, MS, GSK. **Presented to the Dorchester Early Head Start Parent Community.** Funding by GSK.
- **Asthma Goal Series: Is it More Than Just Bad Asthma**, Joanne Mitchell-McLaren, RN, BSN, NP-C, MSN, GSK. **Presented to the Dorchester Early Head Start Parent Community.** Funding by GSK.

SPEAKER SERIES:

- ***Clear and Effective Patient and Caregiver Conversations***, Andrea Rodriguez, RN, BSN, Genentech. Sponsored by Genentech.
- ***Food Allergies and Clinical Trials***, Rima Rachid, MD, Boston Children's Hospital, Sponsored by Genentech.
- ***Food Allergies and Restaurants: Tips for Eating Out Safely***, Michael Pistiner, MD, MMSc, MassGeneral Hospital for Children, Food Allergy Center; Nicole Arpiarian, Food Allergy Advocate, Kyle Dine, International Food Allergy Advocate, Educator and Songwriter, and Denise Herrera, VP of Culinary Operations, Burton's Grill and Red Heat Tavern Restaurant Group.
- ***Managing Food Allergies at Each Developmental Stage***, Lisa Bartnikas, MD, Boston Children's Hospital, Jennifer LeBovidge, PhD, Psychologist, Boston Children's Hospital, and Theresa Bingemann, MD, Allergist-Immunologist, University of Rochester Medical Center.

Asthma & Allergy Bulletins featured articles:

- ***Asthma, Allergies and the Environment*** by Shalini Shah, DO, Boston Children's Hospital and Marissa Hauptmann, MD, MPH, Boston Children's Hospital.
- ***Oral Immunotherapy*** by Chen E Rosenberg, MD, MassGeneral Hospital for Children.
- ***Navigating Early Introduction of Foods – A Guide For Parents***, by Grace Cushman, PhD, Warren Alpert Medical School, Brown University.
- ***Implementing SMART Technology for Asthma***, by Sachin Baxi, MD, Boston Children's Hospital, and Tina Banzon, MD, Boston Children's Hospital.
- ***Keeping it Simple: Balanced Nutrition with Allergens***, by Wendy Elverson, RD, CSP, LDN, Boston Children's Hospital.

AWARENESS:

Thought Leadership Policy Statement: COVID-19 and Asthma, by Margee Louisias, MD, MPH, AAFA New England Board Member, Director of Diversity and Inclusion with the Division of Allergy and Immunology at Brigham and Women's Hospital, published in the Massachusetts Health Council's Common Health for the Commonwealth.

RESEARCH SUPPORT:

- **Current research studies** at teaching hospitals needing eligible participants are posted in each **Asthma & Allergy Bulletin**.
- **Medical Fellows Research Grant Program**, \$10,000 Funding awarded to Dr. Shalini Shah for her project, **"Healthy Homes"**, piloting an innovative electronic medical record environmental health screening tool in an urban primary care asthma population.

ADVOCACY: Support through written or oral testimony:

MA H.2393: An Act Relative to Improving Asthma in Schools

MA H.2392: An Act to Establish a Division of Indoor Environments Within the Department of Public Health

MA S.2614: An Act to Improve Food Allergy Awareness

CT Transportation Climate Initiative (CTI): Coalition of environmental groups, public health experts, organizations, and others with a common goal of improving the health of our communities through an enhanced transportation system.

US Federal Bills:

- Elijah J. Cummings Family Asthma Act
- Medical Nutrition Equity Act of 2021
- National Asthma Control Program
- CDC Climate and Health Program

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ALERT: Sesame Labeling Concerns

The Good News:

As of January 1, 2023, sesame officially became the 9th major food allergen in the U.S. due to the passing of the FASTER Act of 2021 (Food Allergy Safety, Treatment and Research Act of 2021) into law. Food manufacturers are now required to label sesame as they have done for the other eight major food allergens.

Of Concern:

There are reports that some food companies and fast food chains are now intentionally adding sesame to products to comply with required sesame labeling rather than properly cleaning processing equipment.

This means foods previously free of sesame may now contain sesame. Please read ingredient labels carefully when purchasing baked goods!

AAFA New England is pleased to announce that it will be partnering with the **MGH Food Allergy Buddies Program** in 2023. AAFANE will attend the four in-person programs and activities planned for the “Littles”, “Middles” and “Bigs” and provide support and educational materials about food allergies and its management. AAFANE looks forward to this partnership and its role to work with the amazing MGH Food Allergies Buddies team and to help improve the quality of life for children and families affected by food allergies.



MassGeneral Hospital
for Children®
FOOD ALLERGY CENTER
Food Allergy Buddies Program



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