

# Asthma & Allergy Bulletin

ASTHMA AND ALLERGY FOUNDATION OF AMERICA • NEW ENGLAND CHAPTER

## May is National Asthma and Allergy Awareness Month



## The Psychological Aspects of Immunotherapy

By Sara Voorhees, PhD

Oral Immunotherapy (OIT) is a promising treatment for reducing risk of severe allergic reaction among individuals with food allergies. OIT involves eating a tiny bit of an allergen every day in gradually increasing amounts, which may help decrease sensitivity to that allergen over time. There are many psychosocial factors to consider when deciding whether or not to participate in OIT, since it requires lifestyle and mindset shifts for managing food allergies. There is nothing wrong with managing food allergies by avoiding food allergens, but it may be helpful for some families to explore additional management options. The following recommendations may be helpful for families as they are considering OIT.



- 1. Shared decision making about starting OIT.** It is important to gather all the information that you can from your allergist about OIT. Caregivers should be on the same page about whether initiating OIT makes sense for your family. Think about involving your school-age or older child in the decision in a developmentally appropriate way. They are the ones who will be taking the dose every day, so it is crucial to have their buy-in from the start.
- 2. Preparing for lengthy appointments.** OIT involves frequent medical visits that can be lengthy. It is helpful to prepare for these visits ahead of time. You may consider bringing toys in a bag and pulling out a new toy with each dose during the initial appointment for young children. Some families might wrap toys (gathered from around the house and maybe 1 or 2 new things) to stimulate excitement/interest. Many families also find screen time (e.g., iPad/phone/tablet) helpful for distraction during lengthy visits.

*Continued on page 2*

## Food Allergy Awareness Week May 12 - May 18

33 million Americans have a food allergy -- *Every three minutes emergency rooms in the U.S. treat someone who has had a food allergic reaction.*

## Global Warming and Allergies

By Elsa Treffeisen, MD

As we emerge from another relatively warm New England winter, have you wondered how climate change affects allergies? We examined this very question in a recent review paper and found evidence that global warming impacts the respiratory and skin barriers, affecting asthma, allergic rhinitis, and atopic dermatitis. Don't have time to read the full paper? No problem. Here are the highlights:



**Main takeaway:** There is some evidence that climate change contributes to damaging the barriers of your respiratory tract and skin, increasing allergic inflammation, and leading to an increase or worsening of allergic diseases such as asthma, allergic rhinitis, and atopic dermatitis.

**Climate change:** Since the industrial revolution, greenhouse gases have increased causing global warming by trapping excessive heat in the atmosphere. And while hot and dry conditions cause more heat waves, droughts, wildfires, and sandstorms, rising temperatures hold more moisture causing heavy rains, floods, and thunderstorms.

**Respiratory barrier:** Higher temperatures, changing rainfall patterns and humidity, and higher pollution have been associated with longer pollen seasons, increased peak pollen duration, more severe seasonal allergic rhinitis, and increased hospital admissions for respiratory complaints.

*Continued on page 2*

## World Asthma Day May 7

26 million people in the US have asthma -- *Asthma can't be cured, but it CAN be managed!*

Read: "2024 Allergy Capitals Report™"  
- Page 4

**Join us:** Register for our Spring Speaker Series webinar "Food Allergy: Diagnosis and Management" on May 14! See page 5 for details.

**Visit:** [www.asthmaandallergies.org](http://www.asthmaandallergies.org) to learn more about asthma, allergies and related diseases and access free resources.



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## The Psychological Aspects of Immunotherapy (continued from page 1)

- 3. Helping children take their daily dose.** Children may benefit from hearing that their daily OIT dose is their “peanut medicine.” You can say something like, “Your body needs your peanut medicine.” Giving them choice of a preferred food to eat it with can be helpful. (e.g., “Do you want to eat it with a little bit of applesauce or yogurt tonight?”). You should praise your child for taking their dose, in addition to considering use of an incentive/reward system if you have any difficulty with getting them to take their dose. You can think about non-monetary/simple rewards (e.g., spending 5-10 minutes playing a game with mom after taking their dose), a sticker chart, or a point system that they can use to cash out on larger prizes.
- 4. Fitting OIT into your daily routine.** The OIT dose should be taken with a meal around the same time every day. Your child is not allowed to exercise or do anything else that might raise their body temperature before or within a few hours after their dose. It is crucial to consider your family’s usual schedule, including mealtimes, sports practices, and other activities to find the best time for the dose. Consistency with taking it at the same time every day will help build a habit, making it easier to remember. For younger children, having a special box of toys or books that only comes out after taking their OIT dose can be a helpful way to keep them calm and distracted. Older children may be involved in using a phone alarm or app to help them remember to take their daily dose with dinner before completing homework or watching TV.
- 5. Managing anxiety related to your child’s food allergies.** It is helpful to remind yourself and other caregivers of safety routines to help increase sense of control and decrease anxiety (e.g., we have epinephrine autoinjectors to treat reactions, epinephrine autoinjectors always travel with the patient, we are prepared to respond if they have a reaction). If your child is participating in OIT, it will be important to strike a balance between being vigilant in monitoring for a reaction but not hypervigilant so that this becomes an all-consuming/anxiety-provoking activity. If you are feeling heightened anxiety about your child’s food allergies or if your child is anxious about their food allergies, speak to their allergist about any resources or supports that may be available.



Sara Voorhees, PhD, is a psychologist in the Division of Allergy & Immunology at Boston Children’s Hospital. She completed her postdoctoral fellowship at Massachusetts General Hospital from September 2022 through August 2023, where she met with families during their initial OIT consultation following their visit with the OIT allergist.

## Global Warming and Allergies (continued from page 1)

In addition, the higher presence of certain allergens, especially ones like mold, which can break down your airway barrier, can trigger allergic inflammation, and potentially lead to worsened or new allergies. Multiple studies have shown worsening of allergic rhinitis and asthma after thunderstorms, and chronic ozone exposure has been associated with more asthma flares and even respiratory mortality. Lastly, wildfires have been associated with an increase in respiratory-complaint hospital admissions.

**Skin barrier:** While there is some evidence that extreme temperatures may contribute to atopic dermatitis flares, there is much more evidence supporting the effect of air pollution on atopic dermatitis. Air pollution has been associated with more skin inflammation, thicker skin, and an increased risk of developing atopic dermatitis in people with a genetic predisposition. Recent robust clinical evidence associates air pollution with an increase in the incidence, prevalence, symptoms, and severity of atopic dermatitis. In addition, there is evidence linking atopic dermatitis flares with both heavy rains and floods and wildfires.

**What this means for you:** We should advocate for climate change mitigation measures, and research strategies ways to protect against the allergic effects of climate change. Together, we can all take steps to lessen the legacy of climate change for future generations.

Reference:  
Çelebi Sözen Z, Treffeisen ER, Özdel Öztürk B, Schneider LC. Global warming and implications for epithelial barrier disruption and respiratory and dermatologic allergic diseases. *J Allergy Clin Immunol.* 2023;152(5):1033-1046. doi:10.1016/j.jaci.2023.09.001



Elsa Treffeisen, MD, is an Allergy/Immunology attending at Boston Children’s Hospital and an Instructor in Pediatrics at Harvard Medical School.

# AAFANE'S Fall Gala 2023 and Exhibit

Fall Gala 2024

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November 1

**Join Us!**

Friday, November 3<sup>rd</sup>

6:00pm – 9:00pm

UMass Club

One Beacon Street, Boston,

32<sup>nd</sup> Floor

## Honoring Three Champions of the Asthma & Allergy Community

- **Hans Oettgen, MD, PhD**

Professor, Pediatric Immunology at Harvard Medical School, Deputy Chief, Department of Pediatrics, Associate Chief, Division of Immunology and Harvard Medical School Dean for Academic Programs at Boston Children's Hospital.

- **Aleena Banerji, MD**

Professor, Harvard Medical School and Clinical Director of the Allergy and Clinical Immunology Unit at Massachusetts General Hospital.

- **Cindy Guo, CPhT**

Certified Pharmacy Technician and Medication Access Coordinator at Boston Medical Center.

We look forward to celebrating with you on Friday, November 1st for a truly memorable evening as we proudly honor three distinguished Champions of the Asthma & Allergy Community. Enjoy a delicious sit-down dinner, connect with old – and new friends and colleagues, and spectacular views from the 32nd floor!

**Join Us: You will have a great night!**

For ticket and sponsor information, please visit our website, [www.asthmaandallergies.org](http://www.asthmaandallergies.org).

*Seating is limited- we sold out last year!*

## AAFA New England Runs in ASICS Falmouth Road Race 2024!



AAFA New England has been selected for the third year in a row to participate as a Charity Non-Profit to run in the ASICS Falmouth Road Race 2024 scheduled for Sunday, August 18 at 9am!

**GO TEAM AAFANE!** We are so grateful for our Team AAFANE runners: Nicole Arpiarian, Nina Olson, Matthew Hiller, Larry Amara, Max Reinhardt, Kelly Dunham, Brian and Sara Helmes, Olivia and Brian Wolfe, who will be running this 7-mile seaside course to spread awareness about asthma and allergies and to support AAFA New England's mission and work.

**Exciting News!** If you would like to run with Team AAFANE and join in this energy and excitement we have 5 Bibs available! Please email Team Captain Meghan Neri, at: [meghan.neri26@gmail.com](mailto:meghan.neri26@gmail.com).

To learn more about the ASICS Falmouth Road Race visit: [www.falmouthroadrace.com](http://www.falmouthroadrace.com)

To make a donation to an awesome Team AAFANE runner, go to: <https://raceroster.com/events/2024/83188/the-2024-asics-falmouth-road-race/pledge/team/7>

**Mark your calendars and join us on August 18 in Falmouth, MA to cheer on Team AAFANE!!**

# 2024 Allergy Capitals



## New England Cities in 2024 Allergy Capitals Report

31. Worcester, MA
39. New Haven, CT
40. Providence, RI
43. Hartford, CT
68. Bridgeport, CT
69. Boston, MA
79. Springfield, MA

### Rankings are based on:

- Pollen scores for trees, grass and weeds
- Over-the-counter medicine used for allergies
- Availability of allergy specialists

Climate change has a significant impact on public health. Why? Global warming has created higher temperatures across the country, and that has resulted in higher concentrations of pollen counts and longer and more intense allergy seasons. People with seasonal allergies, especially to trees, grass and weed pollens, and allergic asthma are especially affected and that means a higher incident of allergy and asthma attacks.

Research informs us that approximately 26 million people in the U.S who have asthma have allergic asthma. With more pollens polluting the air we breathe, there is often an increase in hospital emergency department visits due to asthma exacerbations. Black, Hispanic and Indigenous populations are the most vulnerable to the health impacts of climate change due to systemic racism which has resulted in discriminatory housing, city planning and environmental policies.



**What can we do: Take Action!** To address the impact of global warming and health equity, advocate for improved local and federal policies that address better housing plans and policies and the reduction of air pollution. To address the effects of pollen exposure and asthma attacks, there are allergy medicine options, both prescription and over-the-counter, and strategies to manage asthma symptoms. Speak with your allergist to develop an asthma action plan that is right for you. To read the full report, visit [www.allergycapitals.com](http://www.allergycapitals.com)

### May is a peak season for asthma and allergy sufferers.

Consider planning a special event or activity at school or work to help raise awareness. By helping others to understand the seriousness of allergies and asthma and the challenges these present, YOU could help make a positive difference in the life of someone who lives with these health conditions.

# AAFA New England: News & Notes

## Webinars Coming this May!



### “Food Allergies: Diagnosis and Management”

Tuesday, May 14, 7-8PM



**Sarita Patil, MD**, Assistant Professor of Medicine at Harvard Medical School, Assistant in Medicine and member of the Massachusetts General Hospital Food Allergy Center will present this informative webinar in May.

Questions covered will include: How is a Food Allergy Diagnosed? Is a Food Intolerance a Food Allergy? What is Oral Allergy Syndrome? What Happens in an Allergic Reaction? What are the Risk Factors for Anaphylaxis? How can Food Allergens be Avoided? Join us as Dr. Patil answers your Questions!

### “Food Allergies: Advances in Treatment”

Date and Time to be Announced

In this Speaker Series webinar we will discuss advances in food allergy treatment and highlight current therapies and treatment for food allergy, clinical trials in progress and future therapies in the pipeline. Join us for this exciting and dynamic webinar!

To Register, please visit [www.asthmaandallergies.org](http://www.asthmaandallergies.org)

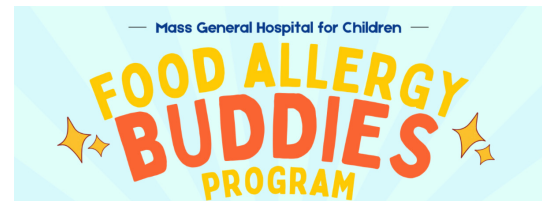
All Speaker Series webinars are recorded and can be found at [asthmaandallergies.org](http://asthmaandallergies.org)

## AAFA New England Welcomes New Board Member



AAFA New England is pleased to announce that Giovannie Bejin, MSN, BSN-RN, CPNP-PC has joined its Board of Directors.

Giovannie is a Pediatric Nurse Practitioner at Boston Medical Center and an Assistant Professor of Medicine at Boston University Chobanian & Avedisian School of Medicine. **Welcome Giovannie!**



## AAFANE-MGH Food Allergy Buddies Update

AAFA New England’s Food Allergy Buddies Team joined MGH at the May 4<sup>th</sup> Food Allergy Buddies event at the Museum of Science! The “Littles, Middles and Bigs” had a fun time exploring the Museum while learning age-appropriate ways to stay safe in public places and building confidence. A wonderful time was had by all! This program is free and open to all children and families managing food allergies. For more information, about the MGH Food Allergy Buddies Program, email: [foodallergybuddies@mgh.harvard.edu](mailto:foodallergybuddies@mgh.harvard.edu).

## Arlington H.S. Nurses display Champions of the Asthma and Allergy Community Award!



Bianca Jones, Kellie Devine and Lisa Harrington, all Arlington H.S. nurses, proudly display their 2023 Champion of the Asthma and Allergy Community Award to honor to all New England school nurses at AAFA New England’s Fall Gala last November.

## Channel 7 News Interviews AAFA New England About Flovent Discontinuation



AAFA New England Board Member Giovannie Bejin and

President Jan Hanson were interviewed by Reporter Dave Puglisi to discuss the aftermath of Flovent’s discontinuation, a medicine used to treat asthma. Giovannie discussed the impact of this disruption in medicine on asthma patients and Jan shared information about health insurance coverage for alternative asthma medicines. This Channel 7 News Report aired on March 5 on the 9pm and 10pm news.

# Research: Opportunities to Get Involved



**Boston Children's Hospital**  
Until every child is well™

- **IDEA** (Investigating Duplimumab's Effect on Asthma by genotype) We are studying if people have a certain genetic make-up (genotype) will respond better to duplimumab. Adolescents and Adults age 12 and above with asthma are eligible. <https://answers.childrenshospital.org/duplimab-asthma/> <https://ideaasthma.org>
- **CHEETAH** (Mechanisms Underlying Asthma Symptoms and Exacerbations Across T2 status in children. We are studying if there are different mechanisms in asthma symptoms during asthma exacerbations. Children age 6-17 with asthma are eligible.
- **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.
- **LEADS** Longitudinal Endotyping of Atopic Dermatitis through Transcriptomic Skin Analysis (Atopic Dermatitis Research Network) We are aiming to learn certain characteristics of the skin and how those characteristics are related to the severity of Atopic Dermatitis and the skin's response to different treatments. Anyone age 6 and above are eligible, including adults. We are also recruiting healthy controls.
- **EAGLE** (A Randomized, Placebo-Controlled, Double-Blind, Multicenter, Phase 2 Study to Assess the Efficacy and Safety of Daily OM-85 Treatment vs. Placebo given in Children Aged 6 Months to 5 Years with Recurrent Wheezing) We are studying whether babies with wheezing will benefit from an oral treatment that modifies the gut microbiome.
- **SICAS-3** (School Inner-City Asthma Study) We are evaluating whether children and adults with or without asthma have novel signatures in asthma control. Children and adults 5 and above including healthy controls are eligible.

**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](mailto:asthma@childrens.harvard.edu) OR call 857- 218-5336 OR see website <https://bchasthmaresearch.com>**

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**Massachusetts General Hospital**

**Contact: Jannat Gill, Clinical Research Manager at: [Jgill0@mg.harvard.edu](mailto:Jgill0@mg.harvard.edu) to learn more.**

**ARAVAX** (A Safety and Efficacy Study of PVX108 in Children and Adolescents with Peanut Allergy) We are researching the safety and efficacy of PVX108 (a peptide-based vaccine) in children ages 4-11 with peanut allergy. The study site is MGH, Boston.

**VITESSE** (A Phase 3, Double-blind, Placebo-controlled, Randomized Study to Assess the Efficacy and Safety of Epicutaneous Immunotherapy with DBV712 250 µg in 4-7-year-old Children with Peanut Allergy) We are studying the safety and efficacy of a study drug patch in children ages 4-7 years with peanut allergy. The study site is MGH, Boston.

**LOU** (A one month, investigator and participant blinded study to investigate the efficacy and safety of remibrutinib [LOU064] at multiple dose levels in adult participants with peanut allergy) We are researching the safety and efficacy of remibrutinib (a BTK-inhibitor) in adults ages 18-55 with peanut allergy. The study site is MGH, Boston.

**PROTECT** (A Phase I clinical trial to evaluate the safety and tolerability of VLP Peanut in healthy subjects and subjects with peanut allergy to explore preliminary signals of its efficacy) We are studying the safety and tolerability of VLP Peanut, a therapeutic vaccine, which has been designed to help treat peanut allergy. Healthy adults ages 18-50 weighing over 70kg are eligible. The study site is MGH, Boston.

**ALK** (A phase I open-label trial to assess the tolerability and safety of an up-dosing regimen with a once-daily peanut SLIT-tablet in adults, adolescents, and children with peanut allergy) We are researching the safety and efficacy of a once-daily peanut sublingual immunotherapy tablet (SLIT) that might help lessen allergic reactions to peanut. Peanut allergic individuals ages 12-65 years are eligible. The study site is MGH, Boston.

**SUNBEAM** (Systems Biology of Early Atopy) We are studying factors that put very young children at higher risk for food allergies and eczema. Pregnant women 18 and older planning to give birth at Newton Wellesley Hospital are eligible.

**RESTORE** (Restoring gut health with B. Infantis INF108F in Infants with Food Protein Induced Allergic Proctocolitis) We are researching the effect of B. Infantis INF108F probiotic supplementation on the bacteria in the gut of breastfed infants with Food Protein-Induced Allergic Proctocolitis (FPIAP). We also hope to determine changes to the signs and symptoms associated with FPIAP. Newborns with FPIAP ages 1-90 days who consume greater than 50% human breast milk are eligible. Study site is Newton Wellesley Hospital.

## Thank You to Our Corporate Partners

AAFA New England is grateful for the support of our Corporate Partners in 2024. 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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## Legislative Advocacy

### Massachusetts: Amendment #69 An Act to improve food allergy awareness

AAFA New England asked for a “Call-to-Action” on April 11 for our community to write to their State Representatives with the request that they co-sponsor this amendment, which is part of the House Ways and Means Budget. Emails were sent along with posts on AAFANE’s social media to keep this advocacy effort in the forefront! AAFANE is working hard to see the House Ways and Means Budget with Amendment #69 passed so that it moves closer to being passed into law. **For everyone who reached out to their state representatives, we thank you!**

### Maine: LD 1829

AAFA New England signed a nonprofit group sign-on letter addressed to Maine’s Governor expressing concerns that the policies outlined in LD 1829 would restrict patient access to needed prescription medication.

### New Hampshire: Senate Bill 555

AAFA New England provided support for SB 555 in an Op-Ed published in the *NH Business Review* in March. This bill, if passed, would require that 50% of all rebates be passed along to patients in the form of lower costs at the pharmacy making needed prescription medicines more affordable.

## Lower Costs for Asthma Inhalers!

Three major manufacturers of asthma inhalers will be capping out-of-pocket costs for consumers at \$35 a month for eligible patients. The price cap will apply to people with commercial/private insurance or no insurance. This price change will begin on June 1, 2024.

The pharmaceutical companies that have capped the cost of inhalers, and the inhalers included for each company along with the effective date for this change are as follows:

AstraZeneca (effective 6/1/2024):	Boehringer Ingelheim (effective 6/1/2024):	GSK (price change effective no later than 1/1/2025):
<ul style="list-style-type: none"> <li>• AIRSUPRA® inhalation aerosol</li> <li>• BEVESPI AEROSPHERE® inhalation aerosol</li> <li>• BREZTRI AEROSPHERE® inhalation aerosol</li> <li>• SYMBICORT® inhalation aerosol</li> </ul>	<ul style="list-style-type: none"> <li>• Atrovent® HFA inhalation aerosol</li> <li>• Combivent® Respimat® inhalation spray</li> <li>• Spiriva® HandiHaler® inhalation powder</li> <li>• Spiriva® Respimat® 25 mcg inhalation spray</li> <li>• Spiriva® Respimat® 5 mcg inhalation spray</li> <li>• Stiolto® Respimat® inhalation spray</li> <li>• Striverdi® Respimat® inhalation spray</li> </ul>	<ul style="list-style-type: none"> <li>• Advair Diskus inhalation powder</li> <li>• Advair HFA inhalation aerosol</li> <li>• Anoro Ellipta inhalation powder</li> <li>• Arnuity Ellipta inhalation powder</li> <li>• Breo Ellipta inhalation powder</li> <li>• Incruse Ellipta inhalation powder</li> <li>• Serevent Diskus inhalation powder</li> <li>• Trelegy Ellipta inhalation powder</li> <li>• Ventolin HFA inhalation aerosol</li> </ul>



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## FDA Approves Xolair for Food Allergies!

On February 16, 2024, Genentech announced that the FDA had approved Xolair to reduce allergic reactions, including for anaphylaxis that may occur from accidental exposure. Adults and children with one or more IgE-mediated food allergies may be eligible for this treatment, including children as young as one year old.

Xolair, a prescription biologic medicine, is given subcutaneously (an injection under the skin). It may be administered by a healthcare provider in a medical setting or through self-injection at home after the first injection is given in a medical setting. Patients should still practice food allergen avoidance! Your allergist can determine if this new treatment is right for you.

## Join the AAFANE Community and Get Involved!

- Receive emails about our Speaker Series webinars and Register to learn from the experts!
- Advocate with us for public policies that will benefit the asthma and allergy community!
- Spread Awareness by participating in our social media!
- Donate to a Team AAFANE Runner in the 2024 ASICS Falmouth Road Race!
- Support AAFA New England: your donations help support our work!
- Join us for AAFA's **Fall Gala 2024** on **November 1!**

Fall Gala 2024



November 1

By joining our community you will receive updates and notifications about research, educational programs and events of interest to you.



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