

ASTHMA & ALLERGY

BULLETIN

ASTHMA AND ALLERGY FOUNDATION OF AMERICA • NEW ENGLAND CHAPTER

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



Available items: 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



Subscribe to AAFA New England's YouTube Channel to watch all of our past Speaker Series, Children's Events and Fall GALA's. We are actively growing our channel in this age of virtual events. So if you can't catch our programs live you can watch them anytime on YouTube. Just search for AAFA New England.

DISPARITIES IN OUR HEALTHCARE DELIVERY SYSTEMS



by Jacqueline Rodriguez-Louis, MPH, M.Ed

Part II

AAFA New England is proud to partner with Jacqueline Rodriguez-Louis, MPH, M.Ed., Programs Leader, Community Outreach, Partners Asthma Center at Brigham & Woman's Hospital. This is Part II of our series to highlight the issue of "Disparities in our Healthcare Delivery Systems."

It is AAFA New England's goal to raise awareness about the burden health disparities have on underserved communities in hopes of offering solutions to the complex institutional problems that exist in our world, specifically

in the healthcare industry as it relates to delivering equal healthcare to all.

Through your work, what stands out to you in working with the underserved communities in Boston?

Interacting with patients in their space, allows us to develop rapport and to identify resources important to patients. Good rapport leads to compliance, increased knowledge, and ultimately better health outcomes over time.

What is the mission of Partners Asthma Center as it relates to equal healthcare for all?

We have quite the mission, but simply put, at Partners Asthma Center, we prioritize equity in healthcare, education, and collaboration. Our asthma clinics in Neighborhood Health Centers (NHC's) bring specialty care to where patients feel

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INFANT ANAPHYLAXIS

by Michael Pistiner, MD, MMSc

If your baby has a physician-diagnosis of food allergy, learn how to recognize the symptoms of anaphylaxis and when and how to treat.

Food allergy management is important at all times. It consists of two pillars, the first is prevention, avoiding allergic reactions; and the second is emergency preparedness. Key to being prepared to manage an allergic emergency is recognizing the signs and symptoms of a severe allergic reaction, and knowing when using your epinephrine auto-injector is needed.

Getting comfortable recognizing anaphylaxis is an important skill for caregivers of infants and toddlers with food allergies. Although young children are non-verbal and can't tell us what they are feeling, they can show unique symptoms and signs that can tip off a caregiver that they might be experiencing an allergic reaction.

A recent publication in *The Journal of Allergy and Clinical Immunology: In Practice*, "Caregiver-Reported Presentation of Severe Food-Induced Allergic Reactions in Infants and Toddlers", reports the findings of an Asthma and Allergy Foundation of America survey, highlighting common symptoms and

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comfortable. Our home visiting program gives us the opportunity to address a multitude of social issues that impact health (housing, indoor environment, food insecurity, safety, DV issues, education gaps, childcare, and the list goes on!)

We also look at How Patients Access Care: Telehealth, telecare (coined by the Family Van), and virtual health Apps. Technology literacy has been revealed to be a huge barrier to care for some. For example, most of our older patients do not have smartphones or computers at home and have difficulty navigating the technology and engaging in telemedicine. Telehealth is not a "one size fits all" solution and is definitely not a good fit for seniors! Additionally, these patients enjoy coming to the health center to socialize with their providers, otherwise, they tend to feel abandoned. In order to address such issues, we check in on these patients by phone and schedule in-person visits or to address any healthcare needs.

It is also our role to advocate for our patients. First, by working with community partners such as: Boston Public Health Commission's Boston Asthma Home Visit Collaborative, Healthy Homes Program and Breathe Easy programs to address issues of housing, Boston Public Schools, Family-based and agency-based childcare centers, and many others. Second, we participate in Brigham Health (BH) COVID-19 Equity, Diversity and Community Health Response Team, convened by Wanda McClain, VP, Office for Community Health and Health Equity. The BH COVID-19 Response Team is charged with identifying existing equity efforts as well as unmet needs for priority action. We prioritize key areas for action at both the system and BH level, facilitate solutions and track progress to resolve issues. We then develop internal communication strategies to ensure timely, accurate information on equity issues and reduce duplication of efforts. Lastly, we developed the Massachusetts Community Health Centers Asthma Educators' Collaborative- Website <http://mabetterbreathing.org/>, a platform for Asthma Educators working at NHC's across the state to communicate with each other, share best practices, ideas, and resources.

What do you believe is the most important aspect of your work in the field?

Increasing access to quality healthcare and advocating for our patients in areas of housing, food insecurity, safety, and any other issue(s) that impact health.

Is there anything that you find encouraging going forward?

YES!! The unbelievable global response for an end to structural, systemic racism and the demand for a just and equal world for EVERYONE!

Based on your work, what recommendations do you have for the top three things that should or need to be done to alleviate this problem?

1. Go on a personal journey to learn as much as possible about racial/ethnic disparities in healthcare delivery.
2. Take Action- collaborate with groups working to dismantle racism and barriers to access quality and affordable healthcare.
3. Contribute to the creation of new and sustainable policies that promote equality for ALL! Seek to actively include more people of color in leadership roles in healthcare, corporate, administration, and professional Boards.

AAFA New England would like to thank Jacqueline Rodriguez-Louis, MPH M.Ed., for the important work that she does and for sharing her experiences and perspective about how to lessen the burden of health disparities on our underserved communities.



signs observed by 374 primary caregivers present during their child's most severe allergic reaction. The survey used lay-language and helped identify similarities and differences between infants and toddlers. Of the group, 94% of reactions had skin involvement, 63% respiratory, 51% gastrointestinal, 34% neurologic and 23% cardiovascular. Infants were more likely to have mottling or cyanosis (bluish coloring of the skin), skin reactions and ear symptoms, while toddlers more commonly experienced coughing or wheezing and throat itching.

If an infant or toddler is having an allergic reaction to a food, some potentially severe symptoms seen in young children that suggest it may be anaphylaxis and that you should treat with epinephrine, are shown below (1,2):

Severe symptoms that suggest trouble with breathing or swelling involving the airway:

- Coughing, wheezing or shortness of breath (e.g. belly breathing, fast breathing, nasal flaring, chest or neck "tugging")
- Hoarse voice or cry
- Trouble breathing or swallowing (e.g. drooling, choking, gagging)
- Swelling of tongue or significant swelling of lips

Severe symptoms that suggest cardiovascular involvement:

- Skin is blue, grey color or mottled
- Wobbly, floppy, poor head control; fainting

Severe Skin symptoms (quickly progressing or all over):

- Many hives or redness over body

Severe Gastrointestinal Symptoms:

- Significant vomiting or diarrhea

Severe Neurological Symptoms:

- Inconsolable crying or lethargic (very difficult to wake up)

Other symptoms can also be seen in infants and toddlers, and if they are from more than one system or progress then these can signify anaphylaxis as well (1,2):

Skin symptoms:

- Skin scratching or limited hives

Mucosal or upper airway symptoms:

- Nose running, rubbing, scratching or sneezing. Tongue scratching, pulling, thrusting; repetitive licking of lips, hands or objects. Ear pulling, scratching, or putting fingers in the ears. Eye rubbing, redness, eye scratching

Gastrointestinal Symptoms:

- Belly pain or discomfort (e.g. knees to chest, back arching); spitting up or hiccups

Neurological Symptoms:

- Crankiness, withdrawn or clingy, subdued or less active (not caused by other things like hungry, overtired, scared etc.)

Make sure that you have an Anaphylaxis Action Plan for your child that you understand. An anaphylaxis action plan is a plan that clearly communicates the steps to follow during an allergic reaction. Talk to your healthcare team about using your child's Anaphylaxis Action Plan to assist you and other caregivers in recognizing anaphylaxis in your young child. Although beyond the scope of this article it is critically important to have ready access to an epinephrine auto-injector and get comfortable knowing how to use it.

Here is the link to the Anaphylaxis Emergency Plan:

https://healthychildren.org/SiteCollectionDocuments/AAP_Allergy_and_Anaphylaxis_Emergency_Plan.pdf

Michael Pistiner, MD, MMSc is Director of Food Allergy Advocacy, Education and Prevention at MassGeneral Hospital for Children and a medical advisor for The Asthma & Allergy Foundation of America, New England Chapter.



1. Pistiner M, Mendez-Reyes JE, Eftekhari S, Carver M, Lieberman J, Wang J, Camargo CA Jr. Caregiver reported presentation of severe food-induced allergic reactions in infants and toddlers. JACI In-practice. 2020. Nov 18;S2213-2198(20)31224-1. doi: 10.1016/j.jaip.2020.11.005.

2. Julie Wang, Scott H. Sicherer, AAP SOAI. Guidance on Completing a Written Allergy and Anaphylaxis Emergency Plan. Pediatrics. Mar 2017, 139 (3) e20164005; doi: 10.1542/peds.2016-4005.

COVID-19 Vaccine Information



There are two COVID-19 vaccines currently approved for use in the United States:

Pfizer-BioNTech and Moderna. Both of these vaccines are “Messenger RNA vaccines”. These vaccines will help protect you from getting sick with the COVID-19 virus because they teach the body’s immune system how to recognize and fight the virus that causes COVID-19.

Answers to Frequently Asked Questions:

1. Do I need two doses of the COVID-19 vaccine?

Yes. Two doses are needed for protection from the COVID-19 virus. Depending on whether you receive the Pfizer or Moderna vaccine, you will receive the second dose three-four weeks after your first shot. The Pfizer and Moderna vaccines are not interchangeable, so your second shot should be the same vaccine product as you received for your first dose.

2. Will I feel sick after receiving the COVID-19 vaccination?

Some side effects is normal, such as mild flu-like symptoms, but these should resolve in a few days.

3. If I have food or medication allergies, should I be concerned about getting the COVID-19 vaccine?

In general, no. Although severe allergic reactions have occurred after receiving the Pfizer-BioNTech or Moderna Covid-19 vaccine, they are extremely rare. It is recommended that people with allergies be observed for thirty minutes after receiving the vaccine. Speak with your allergist or primary care physician if you have questions or concerns.

4. When I get the COVID-19 vaccine, will I be protected right away?

No. It takes a few weeks for the body to develop an immunity.

5. Can I get COVID-19 from receiving the vaccination?

NO! The COVID-19 vaccines in the United States do not contain a live virus and cannot give you COVID-19.

6. Will I test positive for COVID-19 after I receive the COVID-19 vaccine?

No. A viral test for COVID-19 will not be positive after you have received the COVID-19 vaccine.

7. If I had COVID-19 and am now symptom-free, do I still need to get the COVID-19 vaccine?

Yes. The length of time a person is protected against COVID-19 after recovering from the illness has not yet been determined. It is important to get the vaccine to help keep you protected from being re-infected.

After receiving the COVID-19 vaccine, it is important to continue to wear a face mask when you are with other people, stay six feet apart and wash your hands frequently! Speak with your doctor if you have questions about the COVID-19 vaccine. Please visit your state’s Department of Public Health to learn more about what groups of people will be vaccinated first in your state and how to sign up to receive your vaccination.

In Massachusetts: COVID-19 vaccination locations for individuals in eligible groups and phases | Mass.gov <https://www.mass.gov/info-details/when-can-i-get-the-covid-19-vaccine>

For more information about the COVID-19 Vaccines currently being used in the United States, visit the CDC’s COVID-19 vaccine website: <https://www.cdc.gov/vaccines/covid-19>

V-Safe – An app developed by the CDC to be used on your smartphone to receive text messages and surveys as a personalized “health checker” for people who have received the COVID-19 vaccine.

<https://vsafe.cdc.gov>



Source: CDC COVID-19 Vaccine website. Please note that the information provided in this Bulletin was current at the time of publication.

AAFA New England: NEWS AND NOTES



Health Care Disparities in the Asthma and Allergy Community January 19, 2021

This program explored how social determinants of health, structural racism, and implicit bias play major roles in preventing health equity. Presented by:

- Dr. Raolat Abdulai, Global Clinical Lead for the Immunology and Inflammation Division, Sanofi
- Dr. Margee Louisias, Director of Diversity and Inclusion with the Division of Allergy and Immunology, Brigham and Women's Hospital
- Dr. Lakiea Wright, Associate Physician, Brigham and Women's Hospital
- Dr. Jorge Rodriguez, Board Certified Internist and Clinician-Investigator at Brigham and Women's Hospital

Asthma Goal Series: Is it More than Just "Bad Asthma?" December 3, 2020

This presentation reviewed persistent vs. intermittent asthma, severe asthma, asthma triggers and goals for control and next steps. Presented by: Arnita Roberts-Christie, RN, BSN, MS, Patient Engagement Liaison, GlaxoSmithKline.

"COVID-19 and the Physical and Emotional Effects on the Asthma and Allergy Community" October 22th, 2020

This virtual evening was extremely well received and highly informative, sharing strategies on how to manage with the new coronavirus. Presented by:

- Jennifer LeBovidge PhD, Attending Psychologist, Division of Immunology, Children's Hospital, Assistant Professor of Psychology, Harvard Medical School
- Michael Pistiner, MD, MMSc, MassGeneral Hospital for Children, Director of Food Allergy Advocacy, Education and Prevention, Food Allergy Center
- Tregony Simoneau MD, Assistant in Medicine, Division of Pulmonary Medicine at Boston Children's Hospital. Watch the video here.

Asthma Goal Series: The Asthma Action Plan" September 24, 2020

This comprehensive presentation included education on: What is an Asthma Action Plan; Why is it important and Asthma Action Plan Zones. Presented by Arnita Roberts-Christie, RN, BSN, MS, Patient Engagement Liaison GlaxoSmithKline

LEGISLATIVE ADVOCACY

Congress passed H.R. 2468 on December 17, 2020, the School-Based Allergies and Asthma Management Program Act.

This bipartisan bill will help millions of U.S. children manage asthma and food allergies at school. It's a health advocacy win the Asthma and Allergy Foundation of America (AAFA) is extremely proud of because its championed and supported this legislation from the start.

"Laura's Law: S.2931 "An Act Ensuring Safe Patient Access to Emergency Care"

Inspired by the death of a young woman with asthma on the doorsteps of a Massachusetts hospital and by the advocacy of her husband, "Laura's Law" was born. AAFA New England mobilized to send an email on December 28th to our constituents calling for action. Working with Peter DeMarco, Laura's husband, AAFA New England released an email to our distribution list, along with a link to a letter of support for the attention of the Chair of the Massachusetts House Ways & Means Committee. Thank you to all AAFA New England supporters who signed on to make our voices heard in the Massachusetts State House.

The United States House of Representatives on Nov. 17, 2020 passed the Food Allergy Safety, Treatment, Education and Research Act (HR 2117, or the FASTER Act)

Labeling for the ingredient sesame is now mandatory and the Food and Drug Administration now recognizes sesame as the ninth major food allergen for which labeling is required.

Job Posting - Executive Director Position for AAFA New England

The Asthma and Allergy Foundation of America, New England Chapter seeks a dynamic, self-directed individual to serve as the organization's Executive Director. Primary responsibilities include fund development and execution: corporate donor support, grant writing, and fundraising events, and budget development which allows for the fulfillment of the organization's mission. Oversees daily business and operations. Excellent written and verbal communication skills are required. At least 3 years of experience in non-profit management and fund development experience is preferred, particularly in the healthcare education/advocacy space. Demonstrated success with fundraising and grant writing is a plus. A minimum of a Bachelor's Degree is required.

Position is part-time, 4 days/week (25 hours), and is available immediately. Salary: \$50,000. Office is located in Braintree, MA. How to Apply: Please send your cover letter and resume to jobs@aaafane.org or visit our job posting on <https://www.linkedin.com/company/aafa-new-england>. We thank you for your interest.

RESEARCH UPDATE: OPPORTUNITIES TO HELP



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. If your patients are interested in receiving information regarding any of the following, please

instruct them to email foodallergy@mg.harvard.edu

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

Adolescents to Adults:

3. Peanut OIT + Probiotic (live biotherapeutic product)
 - Phase Ib/II – Enrolling now.
 - Ages 12-55 years old.
 - Participation is about 56 weeks for Phases Ib and II, and about 49 weeks for Phase II only. The study will evaluate pretreatment or concurrent treatment with probiotic in comparison to low-dose peanut OIT alone.
 - Participants will receive peanut OIT with or without probiotic and/or limited pretreatment with oral vancomycin.
 - Immune response and microbiome changes will be evaluated.
 - Participants must have a peanut allergy and react at an entry food challenge to peanut to be eligible.
 - VE416 for Treatment of Food Allergy - Full Text View - ClinicalTrials.govAll of these studies involve placebo arms blood draws, skin prick testing, and food challenges; however, all studies do offer opportunity for direct benefit (e.g., if initially placebo, cross over to active). Studies will be explained in detail to potential participants who contact us for information.

Eosinophilic Esophagitis:

Young children:

4. Efficacy/Safety of dupilumab in pediatric patients with EoE
 - Phase 3 – Enrolling soon (Early 2021)
 - A Multi-Center, Randomized, Double-Blind, to Determine the Efficacy and Safety of Dupilumab in Adult and Adolescent Patients With Eosinophilic Esophagitis (EoE)
 - Ages 1-11
 - Participation is about 18 months: Up to 12week screening period, Part A:16week double-blind treatment period, Part B: 36 extended active treatment period, and 12week follow up period.
 - In Part A (Double- Blind Treatment Period) patients will be randomized to active or placebo for the first 16 weeks(1:1), followed by 36 weeks active treatment for all patients. High exposure patients will receive injections Q2W. Low exposure patients will receive dupilumab/placebo Q4W with placebo on alternating weeks so they receive an injection every 2 weeks.
 - In Part B (Extended Active Treatment) patients will remain in their high exposure/low exposure arm and receive dupilumab either QW, Q2W or Q4W with matching placebo alternating with dupilumab so injection frequencies are identical across all groups.
 - Study to Determine the Efficacy and Safety of Dupilumab in Adult and Adolescent Patients With Eosinophilic Esophagitis (EoE) - Full Text View - ClinicalTrials.gov

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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.



The Thoracic Foundation

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THANK YOU to everyone who helped make our 2020 Annual Fall Gala a virtual success!

- Dan Barouch, M.D., Ph.D., Director, Center for Virology and Vaccine Research, Beth Israel Deaconess Medical Center
- Kyle Dine - Food Allergy Musician
- Giuliana Peguri- AAFANE Board Member
- Nicole Arparian - Parent Advocate
- The Uzzell Family - Parent & Children Advocates
- Eileen Scafidi - AAFANE Volunteer
- Christopher Colman - Participant in the MGH Food Allergies Buddies Program

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25 BRAINTREE HILL OFFICE PARK, SUITE 200
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Coming in May 2021

We will continue our "Asthma Goal Series: Presented by: Arnita Roberts-Christie, RN, BSN, MS, Patient Engagement Liaison at GlaxoSmithKline. Date: TBD

SPECIAL EVENT

Kyle Dine Virtual Food Allergy Concert and the Mass General Hospital for Children Food Allergies Buddy Program join together on: May 15th at 2:00 p.m. Through music Kyle covers the basics of food allergy management, and provides encouragement and strategies on how to stay safe, and stay positive.

And More events to come!
2021 Speaker Series sponsor:



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