



Asthma and Allergy Information Resource
Spring/Summer 2020

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A GLOBAL HEALTH CRISIS

The Asthma and Allergy Foundation of America (AAFA) has been fighting to save lives for nearly 70 years. With your support, we provide education, conduct patient-centered research and advocate for protections for our community. Our experience and strong community ties allowed us to take prompt action during the COVID-19 crisis.



Since the new coronavirus that causes COVID-19 emerged, we took immediate action to:

- Track its progression through the U.S. and communicate updates with our community
- Conduct a survey about the real-life impacts on families
- Develop a symptom-checker tool with our experts
- Provide guidance for people with asthma, eczema and food allergies as new data emerges
- Work with federal and state governments to ensure people have access to asthma medicines and health care
- Urge governors to enact a coordinated action plan to reduce the spread of the disease
- Meet with pharmaceutical companies about drug shortage concerns
- Meet with manufacturers to discuss how they can support our community during this crisis
- Join a task force led by the Centers for Disease Control and Prevention (CDC) to advocate for people at risk from COVID-19

Thanks to your generous support, we are leading the fight against COVID-19 for people with asthma and allergies. But our work is not finished.

People are still struggling with the impact of the pandemic – from missing in-clinic treatments and drug shortages to loss of employment and health insurance. COVID-19 has made our community more vulnerable than ever. Please give as generously as possible to help us all get through this together.



Donate now to our COVID-19 relief fund at aafa.org/relief to help us continue our life-saving work to keep families safe.

Your ally in good health,

Kenneth Mendez, AAFA President and CEO



Asthma and Allergy
Foundation of America





To keep people healthy, we need compassion, communication and coordinated action by communities-at-large. The COVID-19 pandemic highlights

this more than ever. We will always need community cooperation to protect the health of people with asthma and allergies. AAFA provides crucial services that bridge a gap between patients, health care providers and governments.

We appreciate your support to help us save lives. We are ALL in this together.

Best wishes for good health,

Richard K. Murray, MD, FACP
AAFA Board Chair

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The Most Challenging Cities to Live in With Seasonal Allergies

When it comes to seasonal allergies, some places are more challenging to live in than others. Seasonal allergic rhinitis is also known as hay fever. It can cause an itchy nose and eyes, sneezing, a stuffy or runny nose and mucus in the throat.

The pollen from certain plants triggers these allergy symptoms. Depending on what you are allergic to, you may experience symptoms at various times of the year. Tree pollen is the main outdoor allergen in the spring. Grass releases pollen in late spring and early summer. Weed pollen (especially ragweed) peaks in the fall.

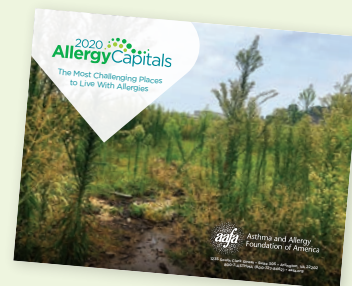
Each year, the Asthma and Allergy Foundation of America analyzes data from across the U.S. to create its Allergy Capitals™ report. AAFA ranks 100 U.S. city/metro areas based on:

- Pollen counts
- Allergy medicine use
- Number of available board-certified allergists

This year's report gives an overall 2020 ranking and breaks down by season for spring and fall allergies.

The top 10 most challenging U.S. cities in 2020 to live in with seasonal allergies are:

1. Richmond, Virginia
2. Scranton, Pennsylvania
3. Springfield, Massachusetts
4. Hartford, Connecticut
5. McAllen, Texas
6. New Haven, Connecticut
7. San Antonio, Texas
8. Bridgeport, Connecticut
9. Oklahoma City, Oklahoma
10. Pittsburgh, Pennsylvania



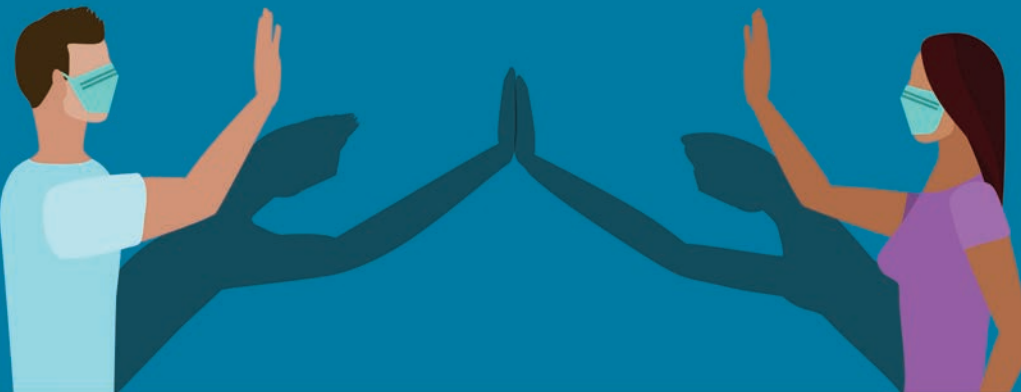
No matter where you live, you can manage your allergies with the right treatment and by reducing contact with pollen.

The Allergy Capitals™ report is an annual research and education project from AAFA. It helps people with allergies recognize, prevent and safely treat allergy symptoms.

Visit allergycapitals.com to view the complete report and see how your city ranks.

ACT for Asthma and Allergy

AAFA and MedicAlert
Partner to Help Save Lives



More than 65 million people in the United States have asthma or allergies. Tragically, 3,600 people die from asthma each year. These deaths can often be prevented. AAFA and MedicAlert Foundation have teamed up to raise awareness of asthma and allergies.

AAFA and MedicAlert announced a new partnership to kick off Asthma and Allergy Awareness Month (May 2020).

AAFA and MedicAlert are asking people to make a pact to **ACT for asthma and allergies**.

- **A** means you should have an **action plan** for asthma or anaphylaxis.
- **C** reminds you to **carry** important medicines. Also wear a medical ID to alert others of your condition.
- **T** calls for understanding your **treatment** options for ongoing therapies and emergencies.

"One of the best things a person with asthma or allergies can do is to be prepared," said Kenneth Mendez, AAFA's CEO and president. "That's why the ACT protocol is so important. Having a plan and proactively avoiding triggers will help reduce the number of serious reactions. But still, life-threatening events will happen and need a quick response."

Throughout 2020, we will share resources to help people manage asthma and allergies. MedicAlert will include AAFA's action plans in their member health profiles. We will also work on asthma and allergy training for first responders and health care workers.

Visit aafa.org/act or kidswithfoodallergies.org/act to learn more.

AsthmaCon: A Virtual Learning Experience

Check out AsthmaCon, a free virtual conference on asthma! AAFA's CEO and president, Kenneth Mendez, talks about the dark side of asthma, as well as on our Asthma Capitals™ report. AAFA's vice president of research, Sanaz Eftekhari, talks about patient-centered research. And AAFA's director of education, Lorene Alba, shares a firsthand account of what it is like to live with asthma.

Other virtual sessions include:

- Recognizing symptoms and asthma episodes
- Adjusting to a "new normal"
- Diet and physical activity
- Severe asthma
- The "dark side" of asthma
- Understanding types of asthma medicines and how to use them
- Patient-centered research in asthma
- Biologic treatments

You can also visit AAFA's virtual booths for videos, handouts, tips on creating a healthier home and more:

- AAFA's Asthma booth:
aafa.org/asthmacon
- AAFA's Healthier Homes booth (featuring our **asthma & allergy friendly®** Certification Program):
aafa.org/asthmacon2

AsthmaCon is open through June 30, 2020.



Research With You as an Equal Partner

AAFA conducts and promotes patient-centered research to help you. This means your beliefs, preferences and needs are at the center of our research. Your input drives our advocacy work, guides our education programs and supports our community. Recently, we've studied the following topics:

- Symptoms of anaphylaxis in infants and toddlers
- Eczema burdens and people's experiences with treatments
- Impact of COVID-19 on people with asthma and allergy
- Air travel with asthma and allergies
- Quality-of-life issues for people with food allergy
- Patient journey with nasal polyps and chronic hives (urticaria)

We also match patients and researchers as partners in research studies. Our patient-centered outcomes research (PCOR) involves patients and families in every step of the process. This leads to more successful and valuable outcomes.

There are many ways you can help us lead asthma and allergy research:

- Take our surveys or participate in focus groups
- Become a member of a research project team
- Become a member of our Patient and Family Advisory Council
- Take part in a research trial

Join our online community at aafa.org/join to get started.

COVID-19 Impacts on People With Asthma and Allergies

Due to the coronavirus pandemic, families face uncertainty related to health, finances and overall well-being. AAFA surveyed 2,695 people to understand the impact of COVID-19 on asthma and allergy communities. The survey revealed the reach of the virus, how families are protecting themselves and the challenges families face specific to asthma and allergies. AAFA will use the results to target communication, education and advocacy efforts.

In This Survey:

57% have asthma

51% have a family member with asthma

63% have allergies

66% have a family member with allergies

Major Impacts of COVID-19:



50% report a major impact on being able to see a specialist, such as an allergist, pulmonologist or dermatologist (for non-coronavirus-related visits)



30% report a major impact on being able to find allergy-friendly groceries (among those who manage food allergies)



16% report a major impact on access to over-the-counter medicine for asthma/allergy

Do Families Feel Prepared?



32% say they have enough health care-related resources to protect themselves/their family from COVID-19

61% feel they have access to reliable information about COVID-19

59% feel they have access to enough information about COVID-19



26% say they have enough financial resources to protect themselves/their family from COVID-19

Biggest Concerns About COVID-19:

% "very concerned"

You or someone in your family may get sick

70%

Someone you know may pass away

64%

Your family's finances may be negatively affected

47%

You may not be able to access care for asthma/allergies due to stressed care capacity

45%

How Can I Tell the Difference Between COVID-19, the Flu, a Cold or Seasonal Allergies?

Some symptoms are similar between these respiratory illnesses. This chart can help you figure out if you may be feeling symptoms of allergies or a respiratory illness like COVID-19. If you have a fever and a cough, call your doctor. If you have seasonal allergies, there are things you can do to treat at home.

Symptoms	Coronavirus* (COVID-19) Symptoms range from mild to severe	Cold Gradual onset of symptoms	Flu Abrupt onset of symptoms	Seasonal Allergies Abrupt onset of symptoms
 Length of symptoms	7-25 days	Less than 14 days	7-14 days	Several weeks
 Cough	Common (usually dry)	Common (mild)	Common (usually dry)	Rare (usually dry unless it triggers asthma)
 Shortness of breath	Sometimes	No**	No**	No**
 Sneezing	No	Common	No	Common
 Runny or stuffy nose	Rare	Common	Sometimes	Common
 Sore throat	Sometimes	Common	Sometimes	Sometimes (usually mild)
 Fever	Common	Short fever period	Common	No
 Feeling tired and weak	Sometimes	Sometimes	Common	Sometimes
 Headaches	Sometimes	Rare	Common	Sometimes (related to sinus pain)
 Body aches and pains	Sometimes	Common	Common	No
 Diarrhea	Sometimes	No	Sometimes for children	No
 Chills/repeated shaking	Sometimes	No	Sometimes	No
 Loss of taste or smell	Sometimes	Rare	Rare	Rare

Your symptoms may vary. *Information is still evolving. **Allergies, colds and flus can all trigger asthma, which can lead to shortness of breath. COVID-19 is the only one associated with shortness of breath on its own.

Sources: Asthma and Allergy Foundation of America, World Health Organization, Centers for Disease Control and Prevention. edited 4/29/20 • aafa.org/covid19

All of these conditions may worsen asthma, so it's important to keep taking your asthma control medicines.

The Future of Asthma Care: Digital Health

The COVID-19 pandemic transformed the way we view health care. This shift highlights the opportunity to use digital health to improve asthma outcomes.

Recent advances in technology make this shift easier. “Smart” inhalers and sensors offer new ways to improve asthma management. Telehealth and telemedicine allow people with asthma to visit a doctor or nurse virtually. Mobile apps and wearable devices make it possible to track and analyze health data. Such digital health technologies can help:

- Track medicine use
- Monitor people with poorly controlled asthma and encourage better use of asthma action plans
- Gather real-world data to help people with asthma have informed chats with their doctor
- Empower people with asthma to practice better self-management
- Detect changes in air quality, sleep and talk patterns
- Tailor treatments for each person
- Fast-track innovations in asthma care

Apps and devices are becoming more widely available to people with asthma. This will shape the future of asthma care to meet the needs of the asthma community.

WACKY CAKE

A Versatile Recipe Free of the Top 9 Food Allergens

Wacky Cake is an easy recipe to use to make various cakes and cupcakes.



Ingredients

- 1½ cups flour*
- 3 tablespoons cocoa powder (optional)
- 1 cup sugar
- 1 teaspoon baking soda
- ½ teaspoon salt
- 1 tablespoon vinegar (do not omit)
- 5 tablespoons oil
- 1 teaspoon vanilla
- 1 cup water

Directions

Preheat oven to 350°F. In a mixing bowl, combine dry ingredients and mix. In a separate bowl, mix wet ingredients, stir to combine. Add wet ingredients to dry ingredients and mix until smooth. Do not beat.

Pour into a greased cake or cupcake pan. Bake in oven for 35 minutes for cake, 20 minutes for cupcakes.

*Gluten-free option: Substitute 1¾ cups gluten-free flour mix for wheat flour. Add 1 teaspoon xanthan gum.

Visit kidswithfoodallergies.org/recipes for more Wacky Cake tips and to search our Safe Eats® allergy-friendly recipe collection with nearly 1,500 allergy-friendly recipes.

Food Allergy Dos and Don'ts for Reading Food Labels

Labeling laws in the U.S. only make food companies label the top eight most common allergens: milk, egg, peanuts, tree nuts, wheat, soy, fish and shellfish. But there are loopholes that can be confusing. These label reading tips will help prevent accidents.



Do check every label, every time. If you can't read the label, don't eat the food.



Do be wary about precautionary advisory labels (allergy warning statements). Statements like "may contain" or "processed in a facility with..." may not be accurate or consistent. They are not always a good measure of whether a food contains your allergen.



Do check labels on every package of the same food. They may have different ingredients or advisory labels.



Don't only look for bold. Companies are not required to use bolded font on all food allergens. You must always read the entire ingredients label!



Don't expect a safe food to always be safe. Food companies can change ingredients and processes at any time. You must always read the entire ingredients label!



Don't rely on terms like "allergy safe," "classroom safe" or "allergy free." The food may still contain your allergen. You must always read the entire ingredients label!





AAFA AROUND AMERICA

The Asthma and Allergy Foundation of America has four regional chapters. Regional chapters work with volunteers, health care providers, government agencies and local leaders in their community. They also provide a variety of services, educational programs and support.

AAFA Alaska Chapter
toll-free 800-651-4914
aafaalaska.com

AAFA Michigan Chapter
toll-free 888-444-0333
aafamich.org

AAFA New England Chapter
781-444-7778
asthmaandallergies.org

AAFA St. Louis Chapter
314-645-2422
aafastl.org

Strides in Food Allergy Advocacy

Even though 32 million Americans have food allergies, protections for people with food allergies are still lacking. AAFA has been advocating for better food allergy awareness and for ways to prevent severe allergic reactions.

Sesame Labeling – Sesame is the ninth most common food allergen. Yet, the Food and Drug Administration (FDA) does not require it to be included on food labels. This leads to a large number of allergic reactions – many of them severe – that could be avoided. AAFA began asking the FDA to require sesame labeling in 2014. In 2019, we sent your sesame stories to the FDA. We will continue to petition the FDA until this change is made.

Food Allergy Safety, Treatment, Education, and Research (FASTER) Act – This law would require the CDC to improve how they track the amount of specific food allergies in the U.S. It would also include sesame as a major allergen. And the National Institutes of Health (NIH) would study the economic costs of food allergies in the U.S.

Elijah's Law – Elijah's Law is named after Elijah Silvera, who passed from anaphylaxis at a day care in New York. The facility did not follow emergency procedures. Under this law, New York child day care programs have to follow guidelines for preventing and responding to severe food allergy reactions. AAFA is supporting the Elijah-Alavi Foundation in their efforts to see this law passed throughout the entire U.S.

Food Allergy Collaborative – AAFA and KFA have recently partnered with the following patient advocacy organizations to fight for protections for people with food allergies:

- Allergy & Asthma Network
- AllergyStrong
- Elijah-Alavi Foundation
- End Allergies Together
- Food Allergy & Anaphylaxis Connection Team (FAACT)
- Food Allergy Fund
- Food Allergy Research & Education (FARE)
- Food Equality Initiative

Follow the kidswithfoodallergies.com/blog to find out how you can join us in food allergy advocacy.



Looking for help near you?

There are 60 AAFA-affiliated educational support groups around the U.S. To find a group near you, visit aafa.org/groups.



DR. DOUGLAS JOHNSTON
is our Ask the Allergist columnist.

Dr. Johnston is a board-certified allergist/immunologist with Asthma & Allergy Specialists in Charlotte, North Carolina. He

obtained his doctor of osteopathic medicine (DO) from the New York Institute of Technology College of Osteopathic Medicine. He completed his residency at Winthrop University Hospital in Mineola, New York.

Dr. Johnston grew up with allergies and asthma. He decided it would be exciting to help people with these conditions. His passion for helping others with food allergies also comes from having a child with a peanut allergy.

Information from Ask the Allergist is not a substitute for a consultation with a health care professional. Always talk with your own doctor before making changes to your asthma or allergy management plan.



NASAL SPRAY TIP:

To make sure your nasal steroid spray is effective in treating nasal allergy symptoms, follow these steps:

- Gently blow your nose before using the spray.
- Don't tip your head backwards.
- Place the tip at the entrance of your nostril and aim it toward the ear on the same side.
- Use your finger to hold the other nostril closed.

ASK THE ALLERGIST: Expert Answers to Your Questions

Question When using oral steroids daily for the treatment of asthma, what is considered a “high dose”?

Answer Oral steroids are not an ideal treatment of asthma and should be used only as a last resort. The new biologic medicines given by injection or IV do not contain steroids. They have been shown to reduce the need for oral steroids for people with certain types of severe persistent asthma. The side effects of oral steroids depend on both dose and how long you take the medicines. So even low doses can lead to significant side effects over time. The term “high dose” is relative. It means something different to different people. The good news is that fewer people will need daily steroids as asthma medicine options continue to improve.



Question If you haven't eaten a food in a couple of years and then try it again, does that increase your chances of developing an allergy to that food? Is it possible for a first allergic reaction to a food to be anaphylaxis? [Anaphylaxis is a severe allergic reaction that can be life-threatening.]

Answer For an adult, the risk would be very low, but it is possible. For adults, new food allergy triggers are more likely to be nuts and seafood. For young children, it is possible to have an allergic reaction the first time they eat the food. This is one of the reasons allergists recommend early exposure to peanut in the first year of life for those who are at a higher risk (children with an egg allergy and severe eczema). In this case, eating the food regularly helps lead to food tolerance and a decreased risk of allergic reactions.



ASTHMA DURING PREGNANCY

What You Need to Know When You're Expecting



Pregnancy is such an exciting and special time for parents-to-be. But women with asthma who are pregnant may worry about how their disease may affect their baby.

Asthma is one of the most common medical problems that occurs during pregnancy. Complications from asthma are possible and may include:



A small increased risk of preterm (early) labor and delivery



High blood pressure and a related condition known as pre-eclampsia



Low birth weight (babies born weighing less than 5 pounds, 8 ounces)

It is not known if asthma is the direct cause of these problems or if other reasons are to blame. Keeping asthma well-controlled may help reduce the chance of complications.

Keep Your Asthma Well-Controlled

Uncontrolled asthma can decrease oxygen to the fetus. Avoid or reduce asthma triggers like dust mites and secondhand smoke. Get a flu shot (safe for pregnant women) to cut your chance of getting a serious respiratory infection.

Doctors consider some asthma medicines to be “safer” to use while pregnant than others. The asthma regimen that is best suited for the mother is the best approach. It is best for mother and baby if mom maintains asthma control (using any approved asthma drugs).

Update Your Asthma Action Plan

Asthma symptoms may get worse, stay the same or get better during pregnancy. Talk to your health care provider to make sure the medicines you are taking are still the right choice. Update your Asthma Action Plan as needed.

Visit aafa.org/pregnancy for more information on asthma and pregnancy.



Did you know?

AAFA serves on a Food and Drug Administration workgroup called The Safety of Asthma Medications During Pregnancy and Lactation: Research Policies and Methodology. The group aims to find the best ways to include pregnant and lactating women in asthma clinical trials. AAFA is the only nonprofit advocacy organization that has been asked to take part. Our role is to ensure people with asthma have a voice in every step of developing the research protocols.

Setting Our Children Up for School Success

Studies show the indoor air quality in a school can affect student health, attendance and test scores. As many as 53% of American school buildings need repair. This can expose children to asthma and allergy triggers like dust mites, pests and mold.

Asthma is the top reason for missed school days. Even if asthma triggers are well-controlled at home, triggers at school can put a child at risk for asthma attacks and allergic reactions. Reducing exposure to asthma triggers is a vital part of managing symptoms. That's why laws that protect children with asthma and allergies at school are critical. Children can't learn if they can't breathe.

If passed, two bills would create better learning environments:

- School-Based Allergies and Asthma Management Program Act
- Clear Air Sharp Minds Act

The School-Based Allergies and Asthma Management Program Act would help schools support children with asthma and allergies. The Clean Air Sharp Mind Act could improve indoor air quality in schools that pose a severe health and safety threat or are in high pollution areas.

Follow aafa.org/blog for ways you can help us to advocate for better school protections for children with asthma and allergies.



Impact of Indoor Air Quality on School Children



1 IN 12

U.S. children have asthma



Asthma is the

#1 REASON

for school absences



It causes more than

13.8 MILLION

missed school days each year



Up to **53%** of American school buildings need repair



Indoor air quality (IAQ) in schools can affect children's health and how well they perform in school



Children in classrooms with better ventilation score better on standardized math and reading tests

You're Not Alone. We're in This

Together

Asthma and allergies can have a significant emotional, social and financial burden. The burden has been even heavier during the COVID-19 crisis. But being part of a community of people managing the same conditions can ease some of that burden. By joining the AAFA and KFA communities, you can be part of a group of people who understand what it's like to live with asthma and allergies.

Our free online support communities connect you with people managing the same conditions. You can talk to them in a safe, encouraging environment.

You can also help improve the quality of life for people with asthma and allergies. You can advance research and take action to advocate for policies that protect

people with asthma and allergies. You will also receive up-to-date information about new treatments or products that may improve your health.

You don't have to manage asthma, food allergies or other allergic conditions alone. We will always be here for you.

If you are an adult with asthma or allergies, or a caregiver of a child with these conditions, visit aafa.org/join to connect with our asthma and allergy community.

If you are a parent or caregiver of a child with food allergies, visit kidswithfoodallergies.org/join to connect with our food allergy community.

"I know I've said it many times but thank you all for your warm welcome to this group. I have learned so much in so little time. You guys are teaching me how to communicate better, how to care for [my]self and be proactive. Literally, thank you for helping save my life and making me feel less alone." - Lisa, AAFA community member

"I have to say this is the first online forum I have ever been involved in where everyone is kind and supportive. I've never had a snarky comment on a question and always felt people here truly cared and wanted to help. It's a fabulous resource and place of support that I am truly grateful for!" - Ann, KFA community member

Understanding School Care Plans

A child with asthma or allergies (or both) needs a safe school environment. A school care plan can help protect students and keep them healthy.

The three most common care plans are emergency care plans (ECP), individualized health care plans (IHCP) and 504 plans.

An ECP is a medical plan from your child's doctor for the school to follow. It also lists the student's allergies, asthma triggers, symptoms and emergency treatment instructions.

An IHCP is a type of nursing care plan. The school nurse often creates it with the family, student, teachers and doctors. An IHCP addresses what the school will do to keep a safe school environment. It often contains an ECP.

A 504 plan is a legal contract between the school and the student. The 504 plan is a legal document. It gives you and your child more protections if the school does not follow the plan. It also has guidelines for changes to make in the classroom or other areas to provide a safe education.



AAFA Visits Congress to Advocate for People With Asthma and Allergies



AAFA's CEO and president, Kenneth Mendez (left), and AAFA board members on Capitol Hill.

Earlier this year, 13 of AAFA's board members met with 26 members of Congress. They asked for support on four bills to protect people with asthma and allergies. If passed, these bills would help reduce asthma and allergy rates and prevent deaths.

- \$34 million in funding in 2021 for the National Asthma Control Program (NACP)
- School-Based Allergies and Asthma Management Program Act (H.R. 2468)
- Elijah Cummings Family Asthma Act (H.R. 5230)
- Food Allergy Safety, Treatment, Education, and Research (FASTER) Act (H.R. 2117)

ANIMALS ON PLANES: U.S. Considers New Rules

Up to three out of 10 Americans have a dog or cat allergy. And more than 25 million Americans have asthma. More people are bringing pets and emotional support animals with them on planes. This puts people with asthma and allergies at risk. The current laws do not give enough protection for people with asthma and allergies.

In January 2020, the U.S. Department of Transportation (DOT) proposed new rules for animals on planes. Airlines would no longer have to recognize emotional support animals as service animals if these rules are passed.

Only qualified service dogs would be allowed on planes at no extra charge. Also, people with disabilities who have service dogs may have to prove their dog has been trained to perform appropriate tasks.

After surveying our members, AAFA sent a formal comment to the DOT on behalf of people with asthma and allergies. Overall, AAFA supports the proposed rules as it would cut down on the number of animals in the cabins of planes. But we also asked the DOT to require airlines to accommodate the needs and rights of people with asthma and allergies.

We need regulations that allow all people with disabilities – including asthma and allergies – to be treated fairly.



AAFA and Joint Base Andrews Join Forces on Asthma

AAFA is proud to partner with Joint Base Andrews (JBA) to support U.S. Air Force members and their families with asthma. The Malcolm Grow Medical Clinic turned to AAFA to help their medical team improve asthma care.

The first step was to teach clinic staff how to use asthma inhalers, spacers and peak flow meters so they can teach their patients.

AAFA led a four-hour workshop on asthma clinical management for nurses, respiratory therapists and health educators. Health care providers from nearby military base clinics also attended. AAFA will offer asthma management training for doctors later in the year.

JBA chose AAFA's program ASTHMA (Asthma Symptoms, Treatment, Health Management and Activities™) Care for Adults as their course to teach people with asthma how to better manage their disease. JBA will offer this education in group and one-on-one sessions. ASTHMA Care for Adults has seven lessons. Topics include:

- Asthma basics
- How to find and control triggers
- Medicines
- Asthma Action Plans
- Communicating with your medical team
- Setting asthma goals

Visit aafa.org/asthmacare to learn more about ASTHMA Care for Adults.

THE BURDEN OF ECZEMA: People Need Better Treatments



Research brings new insights on treatments and medicines. Your voice is an important part of research. The patient voice leads to more targeted therapies that can improve quality of life.

People with eczema shared their experiences at the “More Than Skin Deep” patient-focused drug development meeting in September 2019. AAFA, other patient organizations and the FDA hosted the meeting. Along with a related survey, the meeting focused on:

- Impacts of eczema (atopic dermatitis)
- Burden of eczema symptoms
- Ways people treat and manage eczema

Results show that itching caused the most burden. Skin appearance was second. People reported discomfort and pain, low mood, poor self-image and lack of confidence.

People also reported burdens related to treatment. Up to 84% of people reported that their eczema was not well-controlled. This highlights the need for more effective treatments.

Eczema can be hard to control. People need options for better treatment. The “More Than Skin Deep” meeting is a step in the right direction toward improving the quality of life for people with eczema.

Go to bit.ly/eczema-report to read the full meeting report.

fresh AAIR™

Your Gift Saves Lives

Please help us save the lives of people at risk from asthma and allergies. With your donation, we can continue our critical mission to save lives and reduce the burden of these diseases on people living with them.

Please visit aafa.org/relief to support our COVID-19 relief fund. Thank you.



Leave a lasting legacy of support by including AAFA in your will. Email info@aafa.org for more information.



Asthma and Allergy
Foundation of America

The Asthma and Allergy Foundation of America (AAFA), a not-for-profit organization founded in 1953, is the leading patient organization for people with asthma and allergies, and the oldest asthma and allergy patient group in the world.

AAFA is dedicated to saving lives and reducing the burden of disease for people with asthma and allergies through support, advocacy, education and research.



**Need assistance?
Call 1-800-7-ASTHMA
(1-800-727-8462)**

This national toll free information line is staffed Monday-Friday from 10 am to 3 pm Eastern.

1235 S Clark Street • Suite 305
Arlington, VA 22202
aafa.org