2026 Allergy Capitals

The Most Challenging Places to Live with Allergies

Asthma and Allergy Foundation of America

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2026 Allergy Capitals®

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About the Asthma and Allergy Foundation of America (AAFA)
Founded in 1953, AAFA is the oldest and largest nonprofit patient organization dedicated to saving lives and improving the quality of life for people affected by asthma and allergic diseases through support, advocacy, education, and research. AAFA offers extensive support for individuals and families affected by asthma and allergic diseases, such as food allergies and atopic dermatitis (eczema). Through its online patient support communities, network of regional chapters, and collaborations with community-based groups, AAFA empowers patients and their families by providing practical, evidence-based information and community programs and services. AAFA is the only asthma and allergy patient advocacy group that is certified to meet the standards of excellence set by the National Health Council. AAFA also helps consumers identify products to help them have healthier indoor environments through the **Asthma & Allergy Friendly®** Certification Program. For more information, visit **aafa.org**.

About This Report
The 2026 Allergy Capitals research and ranking is reported by the Asthma and Allergy Foundation of America. The ranking is based on analysis of data from the 100 most-populated Metropolitan Statistical Areas (MSAs) in the contiguous 48 states as determined by the most recent U.S. Census Bureau population estimates (2024). The individual factors analyzed for the 2026 rankings are pollen scores for tree, grass, and weed pollen, over-the-counter medication use (allergy), and number of allergy specialists.

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Pollen Allergies Are Worsening Nationwide – Here's Why and What to Do About It

Spring often means spending more time outdoors, enjoying flowers in bloom, and warmer weather. But it also means more exposure to pollen. More than 106 million people in the United States have allergies and/or asthma. Nasal allergies caused by pollen can lead to itchy and watery eyes, runny noses, and relentless sneezing and coughing.

If you think pollen allergies are getting worse, you're not wrong. Longer, more intense pollen seasons caused by the impact of climate change mean allergy symptoms hit harder and last longer. Some parts of the United States now experience pollen (tree, grass, or weed) year-round. Warmer temperatures also trap heat in urban areas, increasing air pollution, and stimulating pollen production.

Taking steps to manage your pollen allergy will help you manage symptoms and could improve the way you feel this allergy season. Try to limit the amount of pollen that gets into your eyes, nose, mouth, and lungs. Start your allergy medicines before your pollen season begins and talk with your doctor and pharmacist about treatment options. The best option is to see an allergist (an allergy and asthma specialist). If allergy symptoms are not controlled, it can lead to lower quality of life, missed school and work days, and worsening of related diseases like asthma, which can be life-threatening.

AAFA's 2026 Allergy Capitals® report provides insight into the factors that influence seasonal allergies. The report uses data to rank the 100 most populous cities in the contiguous United States by how challenging these locations are for people with pollen allergies. The factors impacting the rankings include:

- **Tree, grass, and weed pollen scores**
- **Over-the-counter allergy medicine use**
- **Availability of board-certified allergists/ immunologists**

With this report, AAFA seeks to help people recognize, prevent, and manage seasonal allergies. You will find:

- Tips and treatments to help you manage and control your allergy symptoms – it can be done!
- Information about tree, grass, and weed pollen
- How mold affects pollen allergy season
- The impact of climate change and how to take action
- Data to help support community-based solutions for addressing the underlying issues making living with seasonal allergies challenging

The 2026 rankings show the direct impact of severe weather on pollen production. Places that used to be better than average are shockingly now at the top of the list. AAFA is committed to ensuring people with allergies and asthma can access the care they need no matter where they live.

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Map of the Top 20 Most Challenging Places to Live with Pollen Allergies in 2026

These are the top 20 (out of 100) Allergy Capitals based on pollen scores for tree, grass, and weed pollen, over-the-counter medication use (allergy), and number of allergy specialists. For the first time, Boise, Idaho, is the most challenging city for pollen allergies. Compared to previous years, more cities in the west landed in the top 20 Allergy Capitals for 2026. These changes are due to spikes in pollen, especially grass and weed pollen. The full list of the top 100 cities can be found on page 5 in this report.

1. Boise, ID
2. San Diego, CA
3. Tulsa, OK
4. Provo, UT
5. Rochester, NY
6. Wichita, KS
7. Raleigh, NC
8. Ogden, UT
9. Spokane, WA
10. Greenville, SC
11. San Francisco, CA
12. Minneapolis, MN
13. Salt Lake City, UT
14. Richmond, VA
15. Colorado Springs, CO
16. Little Rock, AR
17. Toledo, OH
18. New Orleans, LA
19. Winston-Salem, NC
20. Lakeland, FL

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2026 Allergy Capitals®

Overall Rankings ■ **Worse Than Average** ▲ **Average** ● **Better Than Average**

(Factors are not weighted equally. Total scores are rounded for the purposes of this chart.)

2026 Overall Ranking	Overall	Metropolitan Area	Total Score *(Avg. 80.63)*	Subtotal: All Pollen	Subtotal: Medicine Use	Subtotal: Specialists
1	■	Boise, ID	100.00	■	●	■
2	■	San Diego, CA	99.63	■	●	▲
3	■	Tulsa, OK	98.49	■	■	▲
4	■	Provo, UT	97.65	■	●	■
5	■	Rochester, NY	96.74	■	▲	●
6	■	Wichita, KS	95.27	●	■	■
7	■	Raleigh, NC	94.79	■	■	■
8	■	Ogden, UT	94.46	■	▲	■
9	■	Spokane, WA	93.92	■	●	▲
10	■	Greenville, SC	93.90	■	■	▲
11	■	San Francisco, CA	93.68	■	●	●
12	■	Minneapolis, MN	93.12	■	●	▲
13	■	Salt Lake City, UT	92.92	■	●	▲
14	■	Richmond, VA	92.35	■	■	●
15	■	Colorado Springs, CO	92.33	■	▲	▲
16	■	Little Rock, AR	92.12	■	■	●
17	■	Toledo, OH	92.01	▲	■	■
18	■	New Orleans, LA	91.30	▲	■	●
19	■	Winston-Salem, NC	90.64	■	■	▲
20	■	Lakeland, FL	90.56	▲	▲	■
21	■	Knoxville, TN	90.39	▲	■	●
22	■	Greensboro, NC	90.39	▲	■	■
23	■	Pittsburgh, PA	90.11	■	▲	▲
24	■	Palm Bay, FL	89.83	▲	■	■
25	■	Worcester, MA	89.59	●	▲	■
26	■	Chattanooga, TN	88.90	▲	■	▲
27	■	Columbia, SC	88.56	▲	■	▲
28	■	Sarasota, FL	88.47	▲	■	▲
29	■	Tampa, FL	88.46	■	▲	▲
30	■	Denver, CO	88.04	■	▲	●
31	■	Des Moines, IA	87.97	■	▲	▲
32	■	Chicago, IL	86.76	■	●	●
33	■	Orlando, FL	86.27	▲	■	▲
34	■	Atlanta, GA	86.03	▲	▲	▲
35	■	Charleston, SC	85.93	▲	■	●
36	▲	Augusta, GA	85.38	▲	■	▲
37	▲	Jackson, MS	85.36	▲	■	●
38	▲	Portland, OR	85.18	■	●	■

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Overall Rankings

■ Worse Than Average ▲ Average ● Better Than Average

(Factors are not weighted equally. Total scores are rounded for the purposes of this chart.)

2026 Overall Ranking	Overall	Metropolitan Area	Total Score *(Avg. 80.63)*	Subtotal: All Pollen	Subtotal: Medicine Use	Subtotal: Specialists
39	▲	Cape Coral, FL	84.91	▲	▲	▲
40	▲	New Haven, CT	84.68	●	■	●
41	▲	Fayetteville, AR	84.16	▲	■	▲
42	▲	Kansas City, MO	83.61	▲	■	▲
43	▲	Indianapolis, IN	82.92	▲	▲	▲
44	▲	Milwaukee, WI	82.35	■	●	▲
45	▲	Seattle, WA	82.15	■	●	▲
46	▲	Madison, WI	82.03	▲	▲	▲
47	▲	Omaha, NE	81.35	▲	▲	▲
48	▲	Durham, NC	81.31	▲	▲	●
49	▲	Daytona Beach, FL	81.27	●	■	■
50	▲	Virginia Beach, VA	81.11	●	■	▲
51	▲	Oklahoma City, OK	81.01	●	■	▲
52	▲	Louisville, KY	80.65	▲	■	●
53	▲	Jacksonville, FL	80.63	▲	■	▲
54	▲	Grand Rapids, MI	80.33	▲	▲	▲
55	▲	Charlotte, NC	79.79	▲	■	▲
56	▲	Miami, FL	79.26	▲	▲	▲
57	▲	Akron, OH	79.26	▲	●	▲
58	▲	Detroit, MI	78.27	▲	●	●
59	▲	Oxnard, CA	78.22	▲	●	■
60	▲	Hartford, CT	78.18	●	▲	■
61	▲	Nashville, TN	78.14	●	■	●
62	▲	Bakersfield, CA	77.03	▲	●	■
63	▲	St. Louis, MO	77.02	●	■	●
64	▲	Dallas, TX	76.57	●	▲	▲
65	▲	Cleveland, OH	76.26	■	●	●
66	▲	Albany, NY	75.78	▲	▲	▲
67	▲	Poughkeepsie, NY	75.56	▲	●	▲
68	▲	Baltimore, MD	75.50	▲	▲	▲
69	▲	Baton Rouge, LA	75.48	●	▲	▲
70	●	San Jose, CA	75.25	■	●	●
71	●	Allentown, PA	75.08	●	▲	▲
72	●	Dayton, OH	75.06	●	■	▲
73	●	Cincinnati, OH	74.44	●	▲	●
74	●	Buffalo, NY	74.12	▲	▲	▲
75	●	Sacramento, CA	73.98	▲	●	▲
76	●	Philadelphia, PA	73.82	▲	▲	●
77	●	Memphis, TN	73.46	●	■	▲
78	●	Bridgeport, CT	73.14	▲	▲	●

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Overall Rankings

■ Worse Than Average ▲ Average ● Better Than Average

(Factors are not weighted equally. Total scores are rounded for the purposes of this chart.)

2026 Overall Ranking	Overall	Metropolitan Area	Total Score *(Avg. 80.63)*	Subtotal: All Pollen	Subtotal: Medicine Use	Subtotal: Specialists
79	●	Columbus, OH	72.61	▲	▲	●
80	●	Reno, NV	72.21	●	●	■
81	●	Austin, TX	71.74	▲	●	●
82	●	Los Angeles, CA	71.73	▲	●	▲
83	●	Stockton, CA	71.46	▲	●	●
84	●	Providence, RI	70.59	●	▲	▲
85	●	Syracuse, NY	70.16	●	▲	▲
86	●	Birmingham, AL	69.24	●	■	▲
87	●	Riverside, CA	68.06	●	●	■
88	●	Las Vegas, NV	67.64	●	▲	■
89	●	Washington, DC	66.64	●	▲	●
90	●	Albuquerque, NM	65.44	●	■	▲
91	●	Tucson, AZ	65.12	●	▲	▲
92	●	McAllen, TX	64.03	●	●	▲
93	●	El Paso, TX	63.72	●	■	▲
94	●	Harrisburg, PA	63.29	●	■	●
95	●	Fresno, CA	61.94	●	●	▲
96	●	Phoenix, AZ	61.90	●	●	▲
97	●	Boston, MA	60.51	●	●	●
98	●	San Antonio, TX	60.00	●	●	▲
99	●	New York, NY	58.63	●	●	●
100	●	Houston, TX	56.21	●	●	▲

Why Is Scranton No Longer on the List?

As recently as 2022, Scranton, Pennsylvania, was the #1 Allergy Capital in the United States. Last year, Scranton came in at #19. This year, they are not found on the Allergy Capitals list. Why? It would be great if conditions improved for people in Scranton with allergies and it no longer ranked on the list. But that is not the case.

The Allergy Capitals ranking is based on data from the 100 most-populated Metropolitan Statistical Areas (MSAs) in the contiguous 48 states. The population counts come from the most recent U.S. Census Bureau population estimates (2024). As of 2024, Scranton has been replaced by Reno, Nevada as the 100th most-populated MSA.

Even though Scranton is not in the Allergy Capitals ranking for 2026, allergies are still a heavy burden for people living there. Since 2020, Scranton has been within the top 20 Allergy Capitals due to high pollen counts and a relatively low number of allergy specialists in the area. As illustrated by Scranton, communities of all sizes can experience challenges living with allergies.

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Atmospheric Rivers, Warmer Temperatures, and Droughts Fueled by Climate Change Cause Pollen Explosion in the West

In the past, the top Allergy Capitals have been concentrated in the Southeast region of the U.S. This is due to cities in the Southeast having warmer, more humid climates that support pollen production. But in 2025, areas in the West had more spikes in pollen and a longer pollen season, especially for grass and weed pollen. As a result, several Western cities drastically jumped in the 2026 Allergy Capitals rankings, with some entering the top 20 for the first time ever. (Each year's ranking is based on pollen data from the previous year.)

Three weather phenomena may have played a significant role in pollen production last year: atmospheric rivers, warmer temperatures, and drought. Each of these can affect how much and how long plants produce pollen, how far pollen travels, or how long pollen stays in the air. Importantly, behind all three factors is a bigger, long-term force: climate change.

Metropolitan Area	2026 Rank	2025 Rank	Reason for the Change
Boise, ID	1	95	• Tree pollen peaked earlier • Grass pollen started earlier and lasted longer; there were significantly more days with grass pollen • Weed pollen lasted much longer and peaked much higher; there were more days with weed pollen • Fewer allergy specialists available (Boise only)
San Diego, CA	2	97	
Spokane, WA	9	82	
Provo, UT	4	94	• Tree pollen started earlier • Grass pollen lasted longer • Weed pollen started earlier, lasted longer, and peaked higher • Fewer allergy specialists available (Ogden only)
Ogden, UT	8	92	
Salt Lake City, UT	13	99	
Colorado Springs, CO	15	84	• Tree pollen peaked earlier and higher • Grass pollen lasted longer • Weed pollen started earlier and peaked higher; there were more days with weed pollen
Denver, CO	30	91	

All the cities in the table above ranked "worse than average" in 2026 and "better than average" in 2025. Ranking 1-33 generally means worse than average and ranking 34-100 means average or better than average. Cities that used to be better than average reversed and jumped to the top of list, likely due to significant weather events that impacted pollen production.

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Atmospheric River Storms Bring Increased Moisture to Plants

Atmospheric rivers likely contributed to increased pollen in the Western region of the United States. Atmospheric rivers are long, narrow bands of water vapor that carry large amounts of water from warm regions over the ocean toward land. When they reach land, they can bring heavy rain, strong winds, and quick changes in temperature.

In late 2024, the Western United States experienced several atmospheric rivers combined with a "bomb cyclone". Atmospheric rivers provide the moisture, while the bomb cyclone provides the intensity and increased winds. When they hit at the same time, they can result in powerful storms.

These storms brought days of heavy rain, mountain snow, flooding, and landslides (particularly in California and the Pacific Northwest).[1] These wet spells can make plants grow faster and bloom earlier because the extra rain and warmer weather encourage vegetation, which often leads to more pollen in the air.[2]

Research shows atmospheric rivers have already intensified over the past 45 years. Because warmer air can hold more moisture, climate change is expected to make atmospheric rivers stronger and more frequent.[3] This may lead to even bigger swings in pollen seasons, including earlier starts, higher peaks, and longer exposure for people with allergies.

The increased moisture from the storms in late 2024 likely had a direct effect on pollen seasons the following year. When plants—especially trees—get a lot of water in the fall and winter, they have more energy to invest in the spring. Well-watered trees produce significantly more pollen when spring arrives.

This may explain the changes in ranking for Boise and Spokane, where atmospheric rivers from the ocean pushed moisture inland. After a wet winter in 2024-2025, trees in these cities produced unusually heavy tree pollen loads in spring of 2025.

Grasses also need moisture to grow dense and tall. After wet winters and springs, grasses across the Pacific Northwest (including in Boise and Spokane) released larger amounts of pollen earlier than the year before. This aligned with some forecast models that predicted the Pacific Northwest would face the highest levels in the country for grass pollen in 2025.[4]

Similarly, in San Diego, an atmospheric river storm brought precipitation to Central and Southern California in late 2024. The following year, tree pollen peaked earlier, while grass and weed pollen spiked significantly compared to the prior year.

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Warmer Temperatures Make the Pollen Seasons Longer

In addition to increased moisture from atmospheric rivers, there is likely a second major reason why allergy seasons are getting more intense in our 2026 Allergy Capitals: temperatures are rising.

Warmer temperatures impact the length and intensity of pollen seasons (the times of year when plants release pollen).[5,6,7] Trees start releasing pollen when the ground warms up in the late winter and spring. Grasses generally pollinate in the late spring and summer. Weeds begin in the late summer and keep going until the first hard freeze in the fall. The length of the season depends heavily on temperature.

As temperatures get warmer over the years, two things are happening. Spring is arriving earlier, meaning trees start releasing pollen sooner. And the first frost is coming later in the fall, meaning weeds keep growing longer.[8,9]

In Denver and Colorado Springs, warm, sunny days and persistent wind make it easier for pollen to stay airborne for long periods. Across the state, average temperatures have increased enough that Colorado now averages fifteen fewer days of below-freezing temperature per year than it did before 1960.[10]

Warmer temperatures are also affecting pollen in another way. The amount of pollen released by trees appears to be higher and its allergenicity appears to be stronger than in the recent past. Allergenicity means the strength of the allergic response to pollen. Researchers found that increased carbon dioxide (CO_2) gas in the air is linked to greater pollen production by trees. Researchers say that climate change is responsible for about 50% of the increase in pollen seasons and about 8% of the increase in pollen concentrations.[6]

Warmer temperatures mean plants have a longer growing season and they produce a greater quantity of more highly allergenic pollen in response to rising CO_2 concentrations in the atmosphere.

The impact of climate change can be even stronger in urban areas. Warmer temperatures and extreme heat waves are worse because of an effect called an "urban heat island" (UHI). A UHI has higher temperatures than its surrounding areas. This is caused by more buildings, roads, population, and fewer green spaces.

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Drought and Dry Conditions Keep Pollen in the Air Longer

In Utah—including Salt Lake City, Provo, and Ogden—an unusually warm year caused the snowpack to melt earlier, leading to trees releasing pollen earlier than usual. This was followed by a heat wave and no precipitation. By April 2025, conditions were so dry that Utah's governor declared a drought emergency.[11]

Drought doesn't necessarily make plants produce more pollen. But it makes the pollen that does get produced stick around longer. With no rain to wash pollen out of the air, pollen counts could stay elevated for days at a time. Hot temperatures and persistent winds kept pollen grains airborne for longer than usual, and especially longer than they would in a more humid climate.

In October 2025, Utah experienced a dramatic reversal from severe drought to record-breaking early, wet conditions. Extreme swings like this—from drought emergency to historic rainfall—are becoming more common as climate change accelerates.

Climate Change: A Public Health Emergency

The weather events of 2025 (atmospheric rivers, warmer temperatures, and droughts) are fueled by a larger, long-term reality: climate change.

Scientists have been tracking pollen seasons in the U.S. for many years. One study estimated that by the end of the century, warmer temperatures could make spring pollen season start 10–40 days earlier and summer/fall pollen seasons end an additional 5–15 days later.[12]

The biggest changes have happened in the Northwest, where many of the cities of our 2026 Allergy Capitals saw the sharpest jumps in ranking.[13]

Climate scientists expect these trends to continue and intensify. If warming continues on its current path, pollen production in North America could be as much as 200 percent higher by the end of the century.[12]

Longer, more intense allergy seasons are a health threat that affects people of all ages. Recognizing climate change as a public health emergency (and taking action to slow it) is one of the most important steps communities can take to protect the health of their residents.

It is critical for communities to be climate ready and resilient. Pollen production will get higher, temperatures will continue to rise, and urban centers will continue to experience the harsh effects of climate change. All efforts must be made to reduce air pollution and other drivers of climate change.

Enforced laws and policies to reduce emissions and air pollution make a difference. We need policy makers to act now to acknowledge and mitigate the harm created by the climate crisis, reduce its impact on human health, and combat environmental injustice.

We need your help. Join AAFA at **aafa.org/join** and follow our blog for advocacy action alerts. We offer simple ways to contact your elected officials to encourage them to act on issues important to the health of people with allergies and asthma.

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Tree Pollen

Tree pollen causes most spring allergy symptoms. It is the first pollen to appear each year in the United States. Over recent decades, trees have been producing more pollen. Throughout the U.S., trees produce the most pollen from February through April. But in some regions, such as the South, trees may produce pollen as early as December or January. Pollen production by different tree species peaks at various times during the year.[14]

There are some trees that produce large pollen you can see (a fine yellow dust that covers outdoor surfaces). This pollen is heavy and falls near the tree. Other trees produce smaller pollen that can't be seen. This smaller pollen is light and easy for the wind to carry. Wind-carried pollen is the only type of tree pollen to which most people are sensitive. The small pollen particles easily get into your eyes, nose, mouth, and airways.

The trees that cause the most allergy symptoms throughout the U.S. are:

- Alder
- Ash
- Aspen
- Beech
- Birch
- Box elder
- Cedar
- Cottonwood
- Elm
- Hickory
- Juniper
- Maple
- Mulberry
- Oak
- Olive
- Pecan
- Poplar
- Walnut
- Willow

In 2025, Austin, Texas, had one of the highest sums of "high" and "very high" days for tree pollen, as determined by existing risk scales for tree pollen. Albuquerque, New Mexico, had the lowest sum of these days. In Austin, there were high peaks of tree pollen in January, and again in April. Austin and other Texas cities commonly experience "cedar fever" with peaks of Ashe juniper pollen in the winter months, whereas other pollen for other trees typically peak in spring. This is evident in the comparison of Austin to Albuquerque, where tree pollen was low in the beginning of the year but peaked in March; these peaks were much lower than those seen in Austin.
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Grass Pollen

Grass causes most late spring and summer pollen allergy symptoms from April through early June.[15] But grass pollen can also be found year-round in warmer parts of the country. Grass pollen season can sometimes overlap with tree pollen or weed pollen seasons.

When you have a grass pollen allergy, you will only have symptoms when the pollen you are allergic to is in the air. Grass pollen is light and easily carried by the wind. So even if you aren't allergic to the grass near your home, you could still come into contact with grass pollen from other locations.

Even though there are hundreds of types of grasses, only a few cause allergy symptoms. The most common grasses that cause allergy symptoms are:

- Bahia
- Bermuda
- Fescue
- Johnson
- Kentucky blue
- Orchard
- Rye
- Sweet vernal
- Timothy

In 2025, the southeast region of the U.S. saw large peaks of grass pollen, as evidenced by grass pollen trends seen in Richmond, Virginia. Richmond also had another peak in June, followed by several days in the "high" and "very high" range for grass pollen in late August and early September. Many desert or semi-desert cities, such as Reno, Nevada, similarly had two grass pollen peaks. These peaks fit with the times these cities got rain in 2025. However, the peaks seen in Reno were generally lower than those seen in Richmond, and lasted for shorter periods of time.
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Weed Pollen

When it comes to weed pollen, ragweed pollen is the worst offender for allergies. About 1 in 7 people are allergic to ragweed pollen.[16] Ragweed is an invasive annual weed that grows throughout the United States in areas that have been disturbed by human activity. Ragweed populations are expanding and are particularly high in the Eastern and Midwestern states.

One ragweed plant can produce billions of light, dry pollen grains, which can then travel for hundreds of miles. Depending on your location, ragweed season starts around August and may last 6 to 10 weeks. In most areas in the U.S., it peaks in mid-September.[17] Your symptoms may continue until the first frost kills the plant. When temperatures remain warm through the fall, it extends the pollen season.

Other weed pollen can cause allergy symptoms as well. These plants are responsible for most weed allergy symptoms in the fall:

- Burning bush
- Cocklebur
- Lamb's-quarters
- Mugwort
- Pigweed
- Ragweed
- Russian thistle
- Sagebrush
- Tumbleweed

Many cities in the western United States had multiple peaks of very high weed pollen in the fall of 2025, as evidenced by weed pollen trends seen in Salt Lake City, Utah. After experiencing a severe drought earlier in the year, Utah had its wettest October on record, providing ideal conditions for weed pollen to thrive. On the other hand, many cities in Texas and Florida, including Dallas, Texas, had very low weed pollen levels in the fall. This can potentially be explained by flooding in the area, which can wash away the weed seed base.
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About Pollen Allergy and Its Lifetime Impact

Pollen is one of the most common triggers of seasonal allergies. People with pollen allergies only have symptoms when the pollen they are allergic to are in the air. There are 3 main types of pollen that trigger allergies: tree, grass, and weed pollen.[18]

Pollen is also a common trigger for type 2 inflammatory diseases such as asthma, atopic dermatitis (eczema), nasal polyps, eosinophilic esophagitis (EoE), and pollen food allergy syndrome.

Pollen particles in the air have known health effects, especially in the lungs and airways. Pollen allergies can cause lung function damage and worsen asthma symptoms. Previous research has shown that increased pollen can have negative effects on allergies and asthma, viral infections, school performance, and emergency room visits.[6]

Pollen allergies are also associated with chronic cough, nasal polyps, and allergic conjunctivitis. People with pollen allergies may develop ear problems, such as infections, fullness, and pain. Nevertheless, when correctly diagnosed and properly treated, people with pollen allergies have very good long-term outcomes.[18,19,20,21]

Allergic Rhinitis

One of the most common allergic conditions is **allergic rhinitis**. Allergic rhinitis can be triggered by pollen, mold, dust mites, animal dander, and other allergens like cockroach debris. When people have allergies to pollen, their symptoms happen during the pollen season. This is known as **seasonal allergic rhinitis** - sometimes called **"hay fever"** or **"nasal allergies."** About 1 out of 4 adults and 1 out of 5 children have seasonal allergic rhinitis.[22,23] It causes symptoms such as:

- Runny nose (also known as rhinorrhea – usually a thin, clear discharge)
- Stuffy nose (due to blockage or nasal congestion)
- Sneezing
- Red and watery eyes
- Itchy nose, eyes, ears, or mouth
- Swelling around the eyes

Symptoms of seasonal allergic rhinitis occur most often in spring, summer, and/or fall due to pollen allergy. But for some locations, seasonal allergies can affect people year-round.

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Allergic Asthma

Many people with asthma also have allergies.[24] Allergies can trigger or worsen asthma. This is called **allergic asthma**. Allergic asthma is most common in early childhood and steadily decreases through adulthood. (Non-allergic asthma is more common in adults ages 40 and over.)[24]

The common signs and symptoms of allergic asthma are the same as other types of asthma:

- Shortness of breath
- Cough
- Chest tightness or pain
- Wheeze (a whistling sound when you breathe)
- Waking at night due to asthma symptoms
- A drop in lung function

Asthma may lead to a medical emergency. During times of high pollen counts, more people have asthma emergencies.

Quality of Life Impacts

In addition to allergy and asthma symptoms, pollen allergies may impair quality of life. Impacts of pollen allergies on daily life include:

- **Sleep disorders**, such as obstructive sleep apnea (temporary and involuntary cessation of breathing), sleep-disordered breathing, insomnia, and daytime dysfunction. Nasal stuffiness is more severe during the night and early morning, being associated with increased daytime sleepiness and fatigue.[25]
- **Increased fatigue**. People with seasonal allergies are reported to experience more fatigue than healthy adults.[25]
- **Mood worsening and depression**. Depression is associated with the failure to control allergy symptoms and limitations in daily activities due to the disease. Also, greater severity and persistence of symptoms are reported to be associated with higher degrees of depression. Summer days with high pollen counts have also been associated with mood worsening.[25,26]
- **Increased heart rate**. Allergy symptoms such as wheezing, sneezing, and irritation of the eyes were associated with an increase in next-day resting heart rate.[27]
- **Impairment of physical, professional, and social functioning**. A study reported that adults with pollen allergies have a higher risk of experiencing increases in activity limitation, work limitation, and social limitation than adults without the disease. In children, pollen allergies can be associated with significant inattention, problems with thinking and learning, and decreased daytime school performance.[28,29]

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Pollen Allergy Outlook

A study reported that around 3 out of 4 children with pollen allergies at 4 or 8 years of age had persistent disease up to 24 years of age, and 1 out of 3 of these children developed asthma. The same study reports that few of the children (1 out of 5) achieved disease remission by age 24. No disease remissions were observed between the ages of 4 and 8.[30]

Bottom line:
Pollen allergies are a chronic (long-term) disease that typically start in childhood. The frequency of allergic rhinitis in the U.S. population peaks in ages 10-40 and gradually decreases with older age.[19]

Pollen allergies can have significant impacts on a person's health, wellbeing, and education and work performance. But with proper diagnosis and a good treatment plan, people can control their symptoms and have good health outcomes.

Oral Allergy Syndrome (OAS) also known as Pollen Food Allergy Syndrome (PFAS)

People with pollen allergy may develop symptoms around their mouth and throat when they eat certain raw fruits, vegetables, and nuts during pollen season. This happens because the proteins in these foods are similar to some pollens and the immune system gets confused.

Symptoms:

- Itchy or tingling mouth, tongue, or throat
- Mouth, lip, or throat swelling
- Hives near the mouth or where food touched your skin

Removing the peel and cooking these foods usually helps a person eat the foods without symptoms. Not all of the foods will trigger symptoms in an individual with these allergies.

Birch Tree Pollen	Alder Tree Pollen	Ragweed Pollen	Mugwort Weed Pollen	Timothy and Orchard Grass Pollen
Almond	Almond	Banana	Aniseed	Orange
Apple	Apple	Cantaloupe	Bell pepper	Peach
Apricot	Celery	Cucumber	Black pepper	Tomato
Carrot	Cherry	Honeydew	Broccoli	Watermelon
Celery	Hazelnut	Watermelon	Cabbage	White Potato
Cherry	Peach	White potato	Caraway	
Hazelnut	Pear	Zucchini	Cauliflower	
Kiwi	Parsley		Chard	
Parsley			Coriander	
Peach			Fennel	
Peanut			Garlic	
Pear			Onion	
Plum			Parsley	
Soybean				

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Managing Your Pollen Allergies No Matter Where You Live

Allergies affect people everywhere. If you have seasonal pollen allergies, you can manage your allergy symptoms with self-care and an allergy treatment plan. Managing your seasonal allergies can help you keep your allergic rhinitis and allergic asthma well-controlled.

There are many available and accessible options to help you find relief. Consider the tips and options below as you work with your doctor to create your allergy treatment plan.

STEP 1: Prevent Pollen From Getting Into Your Eyes, Nose, Mouth, and Lungs

During your pollen season, check pollen counts daily:

- Low pollen days: Plan outdoor activities.
- High pollen days: Stay inside. When you need to go outside, wear sunglasses, a hat or head covering, and a mask to limit the amount of pollen that gets into your eyes, nose, mouth, and lungs.
- Apps like Pollen Wise can help you track your daily pollen counts.

Take these steps to keep pollen out of your home:

- Remove your shoes before entering your home.
- Remove your pollen laden clothes and put them in the washing machine. Don't store dirty laundry in your bedroom.
- Dry your clothes in a clothes dryer or on an indoor rack, not an outdoor line.
- Wipe furry animals off when they come inside.
- Keep windows closed during pollen season or peak pollen times (usually afternoon).
- Use central air conditioning or air cleaners with a HEPA or **Asthma & Allergy Friendly®** Certified filter, if possible.

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The **Asthma & Allergy Friendly®** Certification Program tests and certifies products to help you reduce allergens in your home. We independently test household products against strict scientific standards. When you see this mark, you know that the product is proven to reduce your exposure to indoor allergy and asthma triggers.

To learn more about the Certification Program and search for Certified products, visit: **aafa.org/certified**

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Reduce your exposure to pollen with these steps:

- Clean bedding, floors, and fabric furniture once a week.
- Clean blinds, curtains, and washable rugs once a month.
- Change and wash clothes after outdoor activities.
- Shower before bed to remove pollen from your body and keep pollen out of your bedding.
- Bathe furry animals weekly.

For a room-by-room checklist to help reduce indoor allergens, visit: **aafa.org/healthyhome**

Nasal rinses help remove pollen from your nose and loosen mucus.

Rinse out your nose

A nasal rinse can help clear your sinuses and nose. This can help remove pollen and mucus. It may be best to do a rinse before you use a medicine nasal spray. To do a nasal rinse, you'll need a warm saline solution (salt water) and a special rinse bottle, bulb syringe, or neti pot. You can buy nasal saline sprays, drops, saline packets, or saline kits in most pharmacies. (Examples include Ayr®, NeilMed®). If you are making your saline solution, use distilled or boiled sterilized water.

Once you have a saline solution, fill the bottle, bulb syringe, or neti pot with the saline solution. Stand with your head over a sink (or in the shower) and tilt your head to one side. Squeeze the solution gently into the top nostril. Breathe normally through your mouth. The solution should come out through your other nostril. Rotate your head and repeat the process on your other nostril. If needed, adjust your head position so the solution does not go down the back of your throat or into your ears. After using the rinse, blow your nose very gently to prevent the solution from going into your ear and causing discomfort.

Another option is to breathe hot steam through your nose for 10 to 15 minutes, 3 to 4 times a day. Do not use steam if it triggers your asthma or makes it hard to breathe.

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STEP 2: Use Allergy Medicines and Treatments to Control Your Symptoms

There are many over the counter (OTC) and prescription (Rx) options to help you prevent or treat allergy symptoms. Start allergy medicines a couple weeks before your allergy season begins for the best results. Discuss your allergy treatment plan in detail with your doctor.

Corticosteroid nasal (nose) sprays reduce inflammation (swelling) in the nose and block allergic reactions. They are the most effective medicine type for allergic rhinitis (nose allergy symptoms) because they can reduce all nasal symptoms, including congestion (stuffiness). They can also provide some relief for eye allergy symptoms. Nasal corticosteroids have few side effects such as headache, nose bleeds or irritation. Many are available over-the-counter without prescription.[19,29,31]

Non-drowsy, non-sedating antihistamines are a better choice! They can effectively relieve symptoms with much fewer side effects.

Antihistamines relieve sneezing and itching in the nose and eyes. They also reduce a runny nose and, to a lesser extent, nasal stuffiness. Look for a long-acting, non-drowsy antihistamine. The newer forms do not carry the risk of toxicity (like feeling drowsy) that has been associated with older antihistamines like diphenhydramine.[32] Certain antihistamines may come as nasal sprays.

Do not use short-acting antihistamines for treating allergies. These include diphenhydramine (Benadryl®), promethazine (Phenergan®), and hydroxyzine (Vistaril®) These are not good choices for allergy symptoms because of their short-term action to manage symptoms and several known negative side effects. The major side effects of these older antihistamines include drowsiness, sedation, dry mouth/eyes, and fatigue. Use of these antihistamines can impair alertness, concentration, multitasking, and memory. In turn, this antihistamine can affect important functions, such as learning and test performance in children, as well as operation of machinery and cars in adults. As these medicines can impair you, they can affect work performance and safety. Side effects may get worse with higher dosing that is used for other conditions such as chronic hives. Diphenhydramine and older generation antihistamines are also associated with an increased risk for dementia with long-term use in older adults.[32,33,34]

Decongestants help shrink the lining of the nasal passages and relieve nasal stuffiness. Nasal decongestants should only be used for a short time (usually no more than 3 days). Extended use of decongestant nasal sprays can cause a rebound effect that worsens your congestion. Read the instructions carefully, and do not use them for extended amounts of time or if you have certain health conditions. Make sure you talk with your doctor about the appropriate use of decongestants, limitations, and potential side effects.[35]

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Decongestants are "behind the counter". Behind-the-counter products are available without a prescription but have limitations on purchases due to state and federal laws. Talking with pharmacy staff and showing ID is generally necessary to obtain these types of allergy medications.[35]

Learn more about managing your pollen allergy and allergy medicine options at:
aafa.org/allergymeds

Ask Your Doctor About Other Allergy Treatments

There are other allergy treatments that your doctor may prescribe depending on your symptoms, including:

Corticosteroid creams or ointments relieve itchiness and stop the spread of rashes. See your doctor if your rash does not go away after using this cream for a week. These may be available as a prescription or OTC and come in a variety of strengths and formulations.[36]

Oral corticosteroids may be prescribed to reduce swelling and stop severe allergic reactions. These medicines can cause serious side effects and should not be used long-term.[29,37]

Biologic drugs (or biologics) are complex medicines that are made by using living things, such as animals, plants, or bacteria. Many of these biologics are antibodies, which are proteins that are designed to block specific molecules (tiny particles) in the human body.[38] Allergy and asthma biologics work by targeting cells and molecules involved in the body's immune system and inflammation process. Unlike most drugs that are made with chemical synthesis, biologics are made with biotechnology and other cutting-edge technologies. They may offer the most effective means to treat conditions that are not well controlled by conventional treatment. Currently, the only allergy and asthma biologic drugs available are administered by injection (shot) or infusion (IV).

Cromolyn sodium is a nasal spray that blocks your body from releasing chemicals that cause allergy symptoms including histamine and leukotrienes. This medicine has few side effects, but you must take it 3 to 6 times a day. For optimal results, this medication should be used daily during your allergy season. It can be started up to 1 week before your allergy season begins.[39]

Leukotriene receptor antagonists (or modifiers) block the action of important chemical messengers (other than histamine) that are involved in allergic reactions. These medicines help manage asthma and allergic rhinitis symptoms. These medications are taken orally. How often you take them depends on the specific drug. Discuss the appropriate use of these medications with your doctor, including the risks and benefits of therapy.[40]

Note: Montelukast (brand name SINGULAIR®) is a leukotriene receptor antagonist that has a black box warning because it can cause serious mental health side effects. This is a safety warning from the Food and Drug Administration (FDA). This means you need to be aware of a drug's side effects or important instructions for safe use of the drug. We encourage you to speak with your health care provider before, during, and after the start of any new medicine. If your doctor recommends montelukast, talk with them about possible risks and concerns.

Immunotherapy: If you do not get complete relief from medicines that treat allergy symptoms, talk with your allergy doctor about immunotherapy. Immunotherapy is a treatment option for some types of allergies. It is a long-term treatment that can help prevent allergic reactions or make them less severe. It can change the body's immune response to allergens.

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Honey and Pollen Allergies

There is a common myth many people believe that local honey helps desensitize your body to pollen and improves your allergy symptoms. However, honey (local or otherwise) does not treat or improve pollen allergy symptoms.

Honeybees collect nectar and pollen produced by flowers. These are not the same pollens responsible for most allergies (trees, grasses, and weeds). Very little of the those pollen allergens would make it into honey. If they did, it might trigger an allergic reaction in someone allergic to that pollen.[41,42]

A group of University of Connecticut allergists conducted a study in which a small number of individuals with seasonal allergies ingested a tablespoon of honey each day. The individuals kept a diary log and tracked common allergy symptoms. The study concluded that those who had taken the honey did not experience significant relief from their seasonal allergy symptoms.[43]

Outside of using honey to soothe a sore throat and nighttime cough caused by mucus, there is no scientifically established benefit to allergy symptoms from consuming honey.[42] If you want relief from your allergy symptoms, talk with an allergist to find the best treatment and management plan for you.

Honey can soothe a sore throat and cough but it does not treat or improve pollen allergy symptoms.

If I Live in an Allergy Capital, Should I Move?

Before you pack up your bags and go, it's important to consider the following:

- Pollen is everywhere. And it travels hundreds of miles. And in the case of ragweed, it is moving too – further and further north.
- Even if you move away from your current local pollen, you could develop allergies to the pollens in the new location.
- There are people in all locations that have seasonal allergies. You could live in the 100th city on our ranking and still have significant allergies.
- The rankings are based on a formula that is a mix of pollen scores, medicine usage, and access to allergists. Your city may rank higher on the list for any one of those reasons.

The bottom line: No matter where you live, it's hard to escape pollen. But you can manage your pollen allergy. The best plan of action is to follow the tips we have shared.

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The Mold Allergy Factor

Mold is a common allergen that thrives in certain conditions (warm temperature, moist/wet environment, poor ventilation). Mold counts can fluctuate by season, location, weather, climate, and microclimate. Mold is found in every state, but some regions may have elevated mold levels - and the timing of these spikes in mold counts can overlap with pollen season - making the pollen allergy season feel even worse. In some places, mold persists year-round.[9,44,45] This is why having your allergies evaluated by an allergist is important. How you manage and treat mold allergy can differ from how you take care of pollen allergy.

The 2026 Allergy Capitals report does not factor mold counts into the rankings.

What Are Common Indoor and Outdoor Molds?

Mold can be found indoors and outdoors. Common allergenic indoor molds include:[46]

- *Cladosporium spp.*, with soft appearance in shades of green, gray, and brown. It grows mostly in textiles (carpeting, upholstery) but can thrive in other areas with prolonged humidity (like soil). This mold can cause respiratory irritation.
- *Aspergillus spp.*, with cotton-like appearance, that may appear white, yellow, brown, or black. It may cause upper respiratory symptoms, sinus infections, or allergy symptoms. This mold can also cause a severe asthmatic reaction in people with asthma who are sensitive to this mold type.
- *Penicillium spp.*, with a velvety or powdery texture, that may appear blue-green, gray-green, or turquoise. It tends to grow in a circular shape especially on food. This mold can cause wheezing and breathing problems in newborn infants.

Alternaria spp. is an allergenic mold that can be commonly found outdoors. This mold has a velvety appearance, brown, black, or grayish in color and resembles hairs. It can also be found under sinks, tubs, and showers where wetness can linger. This mold can trigger upper respiratory symptoms.[46]

How Does Weather Impact Mold Growth?

Most of the variations in airborne mold spore counts can be explained by changes in weather. Warm temperature, rain, and increase in relative humidity are key factors influencing mold growth and, consequently, mold spore concentration. The airborne concentrations of different mold spores have been reported to increase before, during, and after storms.[46]

There are regional differences in the United States concerning mold growth and concentration. Both outdoor and indoor mold concentrations tend to be highest in the Southeast due to warm, humid climates. However, research shows regions such as the West, Midwest, and Northeast are experiencing shifts in mold season length and intensity.[44,45]

Climate change is making the allergy season longer and more severe. Warmer and wetter weather increases favorable conditions for mold growth. Moreover, increasingly mild winters may lead to higher spore counts from some species and more days with airborne mold allergens.[9]

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How to Prevent Allergic Reactions to Mold

The best way to prevent allergic reactions to mold is to reduce or avoid exposure to mold spores. Mold prevention tips include:

- Prevent mold from building up inside your home. If mold grows, clean it right away. If it grows on a hard surface, scrub the mold off with detergent and water. Let it dry fully. Protect yourself with goggles, gloves, and a mask. Vinegar can kill some types of, but not all, mold. If you use bleach and water to clean the mold, make sure the air is well-ventilated (has proper air flow). Bleach may cause asthma symptoms, so wear a mask or have someone else clean if possible. Don't mix bleach with other chemicals. This may cause a dangerous chemical reaction.
- Increase air flow in your home. Open doors between rooms, move furniture away from walls, and use fans if needed.
- Repair roof leaks and roof gutters. Clean out gutters to remove leaves and debris. Fix leaking gutters and plumbing leaks as soon as possible.
- Use central air conditioning with a **Certified Asthma & Allergy Friendly®** filter.
- Use a hygrometer to measure the humidity levels in your home. Keep indoor relative humidity between 30-50%. Use a dehumidifier, if needed.
- Limit outdoor activities when mold counts are high. When outside during these times, cover your eyes, nose, mouth, and hair by wearing sunglasses, mask, and hat or head covering.
- Remove leaves and piles of dead plant material as soon as possible.
- Have someone without a mold allergy do yard work, if possible.
- Promote groundwater drainage away from your house.

Be weather aware, so that you can anticipate and prepare in the best possible way for any weather conditions that can impact your home. Take quick actions following weather events. If your home has flooded, you need to act quickly to prevent mold. This could include anything from a busted pipe to a natural disaster. To prevent mold, your home needs to be completely dried out within 24 to 48 hours. This includes carpet, furniture, books, and walls. If these items are not completely dry, mold can grow.

If you are not able to dry your home out right away, you should assume you have mold. The presence of mold can affect your health. If possible, use a professional mold remediation company. They can clean up the mold while preventing the mold spores from spreading.

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Pollen Counting

Pollen reports are valuable tools in helping people manage their seasonal allergies. But not all reports are equal. Some reports are pollen counts and some are pollen forecasts. Pollen counts are taken from samples of pollen at monitoring sites (using pollen counters or sensors) and are based on actual data. Pollen forecasts are predictions of expected pollen counts based on historical data.

While pollen forecasts can be helpful, pollen counts are more accurate. The National Allergy Bureau (NAB), affiliated with the American Academy of Allergy, Asthma & Immunology (AAAAI), is the most well-known resource for pollen counts in the United States. The NAB has a network of pollen monitoring sites across the United States.

Pollen monitoring sites can be helpful for many purposes, such as helping diagnose and treat allergies, studying the impact of climate change, and producing crop forecasts.[47,48] Most pollen counting sites use manual systems, where pollen is collected and placed on a microscopic slide and then counted by hand. Manual systems are the standard. But it can take up to 9 days for counts to be published and many places across the U.S. don't have stations.[47]

More recently, automated pollen sensors are available for capturing pollen data. Automated sensors may reach areas manual counting cannot. Though this is a relatively new technology, pollen sensors continue to improve. There are several ways automated sensors can work, including using digital images or electric signals.[48] Automated pollen counting allows pollen information to be captured in a reliable and timely manner. They can produce hourly counts instead of daily counts.[47] Additionally, research shows automated sensors give similar total pollen counts compared to traditional pollen-counting methods.[49]

Automated sensors also help remove some of the challenges that come with manual counting, like differences between counters, inaccurate samples caused by changes in airflow, and uncertainty with low pollen concentrations.[50]

Local weather reports may include pollen counts or forecasts. Or you can use apps like **Pollen Wise** by Pollen Sense to track daily and real-time pollen counts in your area. Pollen Sense sensors measure and analyze airborne pollen particles in your local area. You can see both current and forecasted pollen levels for your city in the Pollen Wise app.

AK HI

Pollen in Alaska and Hawaii

Based on local data, we know that Alaska and Hawaii have pollen seasons that are likely different from the rest of the United States. Alaska is the only state that is not impacted by ragweed, but has large bursts of pollen during its short growing seasons. Hawaii has a wide variety of pollen-producing plants, and warm temperatures allow for year-long plant growth. However, Alaska and Hawaii are often not included in national pollen monitoring systems. AAFA supports efforts to include these states in pollen surveillance systems, which is needed to accurately compare pollen data across the entire United States.

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Methodology

The 2026 Allergy Capitals® research and ranking is reported by the Asthma and Allergy Foundation of America (AAFA). The ranking is based on analysis of data from the 100 most-populated Metropolitan Statistical Areas (MSAs) in the contiguous 48 states as determined by the most recent U.S. Census Bureau population estimates (2024). The individual factors analyzed for the 2026 rankings are pollen scores for tree, grass, and weed pollen, over-the-counter medication use (allergy), and number of allergy specialists.

For each factor, AAFA used the most recently available 12-month data. Weights are applied to each factor; factors are not weighted equally. Total scores are calculated as a composite of all four factors, and cities are ranked from highest total score (city rank #1) to lowest total score (city rank #100). Cities are assigned icons for ■ worse than average, ▲ average, and ● better than average. Icons were assigned based on 0.5 standard deviation from the average.

Pollen Scores

For each MSA, AAFA obtained daily pollen counts for each growth form (tree, grass, and weed) for the most recent calendar year (2025). Data were obtained from Pollen Sense, LLC Automated Particulate Sensors (APS). These sensors automatically image particulate matter collected from ambient air and use a neural network algorithm to identify individual pollen species and calculate daily pollen counts. Using these daily pollen counts, AAFA calculated the number of days each MSA had within the "high" or "very high" levels for each growth form, as determined by existing risk scales for each type. "Very high" days had a higher weight than "high" days for the final calculation of pollen scores.

Pollen Sense

Medication Use

For each MSA, AAFA obtained over-the-counter sinus and allergy medication sales data. Data were obtained from the Circana Medication Sales Database for the most recent calendar year (2025). Medicine use estimates were calculated per 10,000 allergy patients using the most recent prevalence estimates.

Number of Allergy/Immunology Specialists

For each MSA, AAFA obtained the number of board-certified allergists/immunologists. Data were obtained from the Komodo Healthcare Map for the most recent calendar year (2025). Availability of allergy/immunology specialists per patient population was calculated using the most recent prevalence estimates.

Limitations

Data presented in this report have limitations that AAFA would like to acknowledge. Estimates for pollen and medicine use are limited in Alaska and Hawaii; therefore, data in these states are not included in this report. Estimates for prevalence included in the calculations for medicine use and specialist access were gathered from the most recent national data. There are no comprehensive prevalence data for seasonal allergy at the MSA or county level. More localized data are needed to get a better sense of medicine and health care use per patient population within each city. Additionally, pollen scores were calculated using existing scales for tree, grass, and weed pollen levels. Standardized risk levels for pollen collected by automated sensors have not yet been established. Additionally, pollen data were analyzed by how many days a city had pollen counts above the "high" and "very high" thresholds. However, this calculation does not account for how much higher above these thresholds the data can go, and some cities with pollen counts much higher than these thresholds can get diluted. Pollen data also do not account for the allergenicity of pollen or for population sensitivity to pollen. Finally, our medication sales data uses only estimates for over-the-counter allergy medication sales. While many people use over-the-counter medicine for pollen allergies, the data may not capture individuals who use only prescription medicines for allergies. Additionally, this category of medicine includes over-the counter decongestants, which may be used for other purposes, such as colds.

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