

# Ready for 'Cold' Season?

When cooler temperatures have people spending less time outside, indoor allergens can start to wreak havoc on those who are sensitized. Winter also means cold and flu season, and COVID-19 is still hanging around. With all these in play, it can be difficult to figure out what is causing respiratory issues.



**Airway inflammation in upper and lower airways can be a symptom of viral infection, as well as allergies.<sup>1-3</sup>**

MAR APR MAY JUN JUL AUG SEP OCT NOV DEC JAN FEB

Birch Pollen

Viral Infections

Viral Infections

**SYMPTOM THRESHOLD<sup>4-6</sup>**

Irritants (e.g. cigarette smoke)

Mold

House Dust Mites

## The Symptom Overlap Dilemma

Distinguishing between allergies, viruses, and asthma based on symptoms alone is nearly impossible.



Sneezing



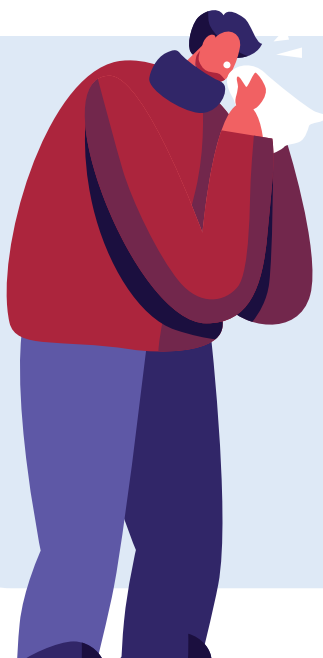
Runny or stuffy nose



Coughing, chest tightness, shortness of breath, wheezing



Watery, red, or itchy eyes





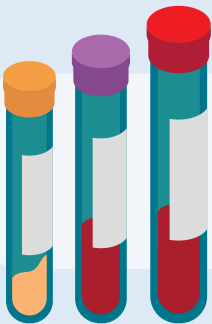
**Up to 90%**  
of pediatric patients with asthma  
have allergic sensitizations.<sup>7</sup>

**60%**  
of adult patients with asthma  
have allergic sensitizations.<sup>8</sup>

Studies show when patients with asthma are sensitized and exposed to an allergic trigger and contract a viral infection, their risk for hospital admission increases 20-fold.<sup>9</sup>

## Sorting Out Symptoms

Knowing your allergic sensitizations can help you better manage symptoms. So, how can you get to the bottom of what's causing your symptoms? An allergy blood test can help provide answers.



A specific IgE blood test measures the amount of allergen-specific antibodies in your blood (IgE), which is an indicator of allergic sensitization. It can test for hundreds of allergic triggers and can be administered to people of any age (including young children).<sup>10</sup>



Having a plan (from your healthcare provider) can help keep allergic inflammation in check, which is essential during cold and flu season—especially if you have asthma.

**Talk to your healthcare provider to help  
rule in or rule out allergies with a blood test.**

### References:

1. Donner CF. Inflammation and Infection in the Upper and Lower Respiratory Tract: United Airways Disease? RT Magazine. August 2010.
2. Eggleston PA. Upper Airway Inflammatory Diseases and Bronchial Hyperresponsiveness. J Allergy Clin Immunol 1988;81:1036-41.
3. Varrichio A, La Mantia I, et al. Inflammation, Infection, and Allergy of Upper Airways: New Insights from National and Real-World Studies. Italian Journal of Pediatrics. (2020) 46:18.
4. Eggleston PA. Control of environmental allergens as a therapeutic approach. Immunol Allergy Clin North Am. 2003 Aug;23(3):533-47, viii-ix.
5. Wickman M. When allergies complicate allergies. Allergy. 2005;60 Suppl 79:14-8.
6. Busse WW, Lemanske RF Jr, Gern JE. Role of viral respiratory infections in asthma and asthma exacerbations. Lancet. 2010 Sep 4;376(9743):826-34. doi: 10.1016/S0140-6736(10)61380-3.
7. Host A, Halken S. Practical aspects of allergy-testing. Paediatr Respir Rev. 2003; (4) 312-318
8. Allen-Ramney F, Schoenwetter W, Weiss T, et al. Sensitization to Common Allergens in Adults with Asthma. JABFP. 2005;(18)5 434-439
9. Murray CS, Poletti G, Kebackze T, Morris J, Woodcock A, Johnston SL, Custovic A. Study of modifiable risk factors for asthma exacerbations: virus infection and allergen exposure increase the risk of asthma hospital admissions in children. Thorax. 2006 May;61(5):376-82.
10. Matsui E, Abramson S, Sandel M. Indoor Environmental Control Practices and Asthma Management. American Academy of Pediatrics. Volume 138, number 5, November 2016: e2 0162589.