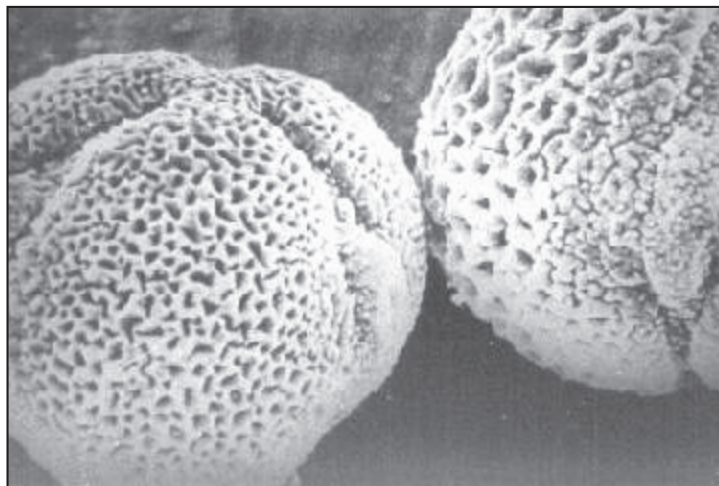




## *Information Sheet*

# POLLEN ALLERGY & HAYFEVER



**Spring (September to November) is often a particularly miserable time for allergy sufferers.**

Just as Winter ends and the tree blossoms appear, asthma, hay fever, allergic conjunctivitis and even eczema begin to flare up. This is due to pollen which is released by trees, grasses and flowers. But it's not all pollens that affect the allergic individual, only the small light windborne pollen grains. Up to 20% of the population suffer from allergic manifestations which take the form of debilitating sneezing, wheezing and itching eyes.

**TREE** pollens appear in early August, and it's usually the non-indigenous trees such as Oaks, Planes, Cypress, Willows, Poplars, Olive and Acacias that produce large amounts of pollen. Our indigenous trees tend not to produce profuse amounts of pollen.

**GRASS** pollens are a much greater problem to allergy sufferers in South Africa where pollen levels peak from September to February, but are present almost all year round especially in some parts of the country. Allergenic grass species found in South Africa include: Cultivated grasses such as Bermuda, Buffalo and Kikuyu and Wild Grasses such as Winter grass, Eragrostis, Sweet Vernal, Wild Oat and Rooigras.

**WEED & FLOWER** pollens are less of a problem, they tend to occur later in Summer and those that are allergy-provoking include predominantly the Compositae family such as Daisy, Chrysanthemum, Dahlia and Cosmos and allergenic weed pollens include Pigweed and Plantain.

Pollen levels are usually high all day in South Africa, and larger amounts are present on hot windy days. Symptoms will occur when the pollen

count exceeds 30 grains per cubic metre of air. During hot humid weather following recent rain, levels may go as high as 500 grains per cubic metre. We find especially during thunderstorms that pollen grains tend to rupture releasing fine starch granules into the air which are highly allergenic and can penetrate deeply into the lungs. After rain showers the ambient pollens are temporarily flushed out of the atmosphere and a sudden symptom reprieve may be apparent.

#### **POLLEN AVOIDANCE:**

Pollen is impossible to completely avoid especially in Spring and in the interior with the extended grass season present in South Africa. However the following measures will reduce exposure to airborne pollen grains:

Remain indoors on hot windy days and at times when pollen levels peak.

Keep the car windows closed when travelling, make sure the pollen filter to the vent is working.

Wear protective wrap around eyeglasses.

Keep bedroom windows closed to prevent pollen from being blown indoors.

Avoid freshly cut grass, or wear an industrial dust mask or wet handkerchief when grass is being cut. Pollen release can be limited by keeping lawn grasses short (this removes pollen-producing anthers). When planting new grass try to plant female grasses in the case of Kikuyu.

Don't keep allergenic flowers indoors.

Do not hang washing outdoors to dry on windy days with high pollen counts as pollen grains will be deposited on the clothing.

Avoid orchards in blossom, daisy fields and grasslands, especially inland, during Spring and Summer.

Flush eyes with a sterile eye bath to remove pollen and relieve itching and irritation.

A little Vaseline or petroleum jelly applied to the lower nasal passages will reduce direct pollen irritation of the nose.

#### **MEDICAL TREATMENT:**

Pollen allergy results in severe hayfever and conjunctival irritation with nose and eye itching, profuse sneezing and a clear watery nasal discharge. Cromoglycate drops and/or non-sedating antihistamine medication plus low dose nasal steroid sprays are the mainstay of treatment. These can safely be used on a continuous basis in both adults and children. Please discuss these treatment options with your doctor, clinic nurse or pharmacist.

#### **IMMUNOTHERAPY:**

In severe grass pollen allergic hayfever with persistent symptoms, desensitization injections or oral drops may be the best option if medication cannot control symptoms. This treatment is usually very successful but involves weekly injections or daily oral drops initially, followed by 6 weekly injections or thrice weekly oral drops for 3 years thereafter.

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