

More and more people are getting hayfever

It won't be much fun playing with the family moggy in the long grass this summer if you have an allergy.

Rye grass pollen is the most common cause of hayfever in New Zealand and this time of year - the so-called pollen season - is often the worst for allergy sufferers.

In fact, as this century draws to a close, it is becoming apparent that more and more people are reacting to allergens carried in the air we breathe.

Luckily, the symptoms of allergy are easily controlled by medication - the newest rescue remedy from the pharmacy starts to relieve symptoms in just 15 minutes. There are also simple lifestyle steps people can take to reduce nature's attack on their nasal defence symptoms.

Auckland Hospital allergy specialist Dr Richard Douglas says about 15% of the population develop an allergy, and it's more prevalent among children. At least one in five 10-year-olds will have some kind of allergy problem.

However, in the latter half of this century, strong data has been collected that shows a significant increase in the prevalence of asthma, allergic rhinitis or hayfever and eczema.

All of these conditions are related and tend to run in families. If someone has asthma, some other family member may have asthma too or problems with eczema or hayfever.

They are all conditions that result from overproduction of the antibody immunoglobulin E or IgE. When an allergen or allergy-causing substance is present, this antibody is activated in the nose, lung or skin, causing release of chemicals including histamine which produces the inflammation of the nasal passages that can lead to the sneezing and itching of hayfever and also to asthma. In the skin, the release of histamine can trigger the rash and itchiness of eczema.

In New Zealand the worst causes of hayfever by far - along with pollen particularly from rye grass and plantain - are house dust mites and cats. Moulds and dog fur may also be a problem.

House dust mites are a problem all year round, although they are particularly prevalent in late summer and early autumn when indoor temperatures and humidity are both ideal. Children born in summer or autumn are more likely to be allergic to them.

Vaccines and asthma

The dramatic rises in asthma, allergic rhinitis, hayfever and eczema (*Franklin County News* Page 10, 6/1/98) missed a vital component to the debate.

Recently discovered links between the use of vaccines, and the increases in allergies, asthma, atopy and diabetes were discussed in the November 22 editions of *The Economist* and *Science News*.

Asthma being caused by the whooping cough vaccine was first published in *JAMA*, August 24/31 1994 Page 593. A group of English doctors reported five times more asthma in children vaccinated for whooping cough.

A study (*Epidemiology*, 11/97, Vol 8, No 6, Page 678) done in Christchurch showed that children vaccinated with DPT vaccine had 22% incidence of asthma - those not vaccinated had none.

Most recently, findings presented on December 22 1997 to the British Thoracic Society by Dr Julian Hopkin from Churchill Hospital, Oxford from a study of 2000 patients showed that three different factors were independently linked to a higher risk of developing allergy in later life. They were the whooping cough jab, having broad spectrum antibiotics in the first two years of life, and a history of allergy in the mother.

Smith Kline Beecham, one of the four pharmaceuticals covering 85% of vaccine business worldwide is named as co-sponsor on a letterhead from the Faculty of Medicine and Health Science in Auckland. They also make a yearly profit of \$500 million from vaccines (*Forbes* 15/12/97 Page 254).

Could this explain Dr Douglas's lack of willingness to discuss the contribution of vaccines (or antibiotics) to the increase of allergies and asthma in this country?

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