



Australian Government

**Bureau of Meteorology** 

## INTRODUCTION

#### **ASTHMA AND ALLERGIC RHINITIS PRIMARY AND URGENT HEALTH CARE** PRESENTATIONS- THE INFLUENCE OF METEOROLOGY, THUNDERSTORMS AND THE **GRASS POLLEN SEASON**

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Asthma affected 11%, and allergic rhinitis (hay fever) 19% of the Australian population in 2018. Grass pollen is a known trigger for asthma and rhinitis exacerbations, which in addition to causing distressing symptoms, can place additional demand on health care services. We examined the pattern of GP attendances, hospital presentations and emergency ambulance calls in and out of the grass pollen season (generally October through December in the east and south-east Australia) between 2016 to 2019 and their relationship to meteorology. Thunderstorm asthma incidents were identified as three or more hospitals had asthma presentations equal to or above their mean plus 4.5SD. To answer the question: when and what type of health care do asthma and allergic rhinitis patients seek?

## **GENERAL PRACTICE CARE**





# **CONCLUSIONS & IMPLICATIONS**

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Extreme general practice asthma attendance days tended to occur during the winter, whereas allergic rhinitis attendance was strongly associated with the grass pollen season. Hospital asthma presentations were associated with grass pollen levels and thunderstorm conditions. However, emergency ambulance calls were more sensitive to synoptic conditions such as high temperatures and low mean sea level pressure with a 0 to 1-day lag. Thunderstorm asthma incidents increased the demand for primary and secondary care simultaneously for one to two days. Understanding the relationship between seasons, meteorology, and their associated time lags can help providers better prepare for sudden demands on healthcare resources.





## **URGENT HEALTH CARE**