
Hay fever

This material was developed prior to coronavirus (COVID-19).

Follow current coronavirus (COVID-19) [directions](#) for physical distancing and wearing a face covering when you leave home.

Summary

- Hay fever (allergic rhinitis) is an allergic reaction to environmental allergens such as pollens, dust mite, moulds and animal hair.
 - Avoiding allergic triggers and taking appropriate treatments are the best ways to reduce the frequency of hay fever symptoms.
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Hay fever is the common name for a condition called allergic rhinitis, which means an allergy that affects the nose.

Hay fever is caused by the nose and/or eyes coming into contact with environmental allergens, such as pollens, dust mite, moulds and animal hair.

Most people associate hay fever with spring, when airborne grass pollens are at their peak. This is known as seasonal allergic rhinitis or spring hay fever. However, hay fever can occur at any time of the year. When symptoms occur all year round, this is known as perennial allergic rhinitis. Perennial allergic rhinitis is usually caused by a reaction to allergens around the home, such as dust mites, moulds, animal hair or fur, or occupational allergens.

Symptoms of hay fever

Some of the symptoms include:

- sneezing
- a runny or stuffy nose
- itchy ears, nose and throat
- red, itchy or watery eyes
- headaches.

In some cases, the symptoms of hay fever can be so severe that a person can't sleep or concentrate, and may feel tired or unwell.

Hay fever is an allergic reaction

Your nose acts as a filter. The tiny hairs and mucus that line the nasal passages trap dust, pollens and other microscopic particles. A person with hay fever is allergic to some of the particles that get trapped in the nose, such as pollen.

An allergic reaction means the immune system treats a harmless substance as if it is dangerous, and launches an 'attack'. The nasal passages become inflamed and more mucus is produced.

Managing your hay fever

Identifying the allergen/s causing the symptoms is an important part of managing hay fever. In some cases the cause may be obvious but in others your doctor will need to consider your medical history together with the results of allergy tests (skin prick tests or allergen specific IgE blood tests), which may require referral to a specialist.

Some medications may help relieve the symptoms of hay fever. Ask your GP or pharmacist for advice. You may be advised to try:

- intranasal corticosteroid sprays – these nasal sprays are used for people with moderate to severe symptoms and are one of the most effective treatments for allergic rhinitis. They need to be used regularly as directed to be effective
- combined intranasal corticosteroid and antihistamine sprays are also useful for people with moderate to severe symptoms and offer the combined advantages of both medications
- non-sedating antihistamine medications – these may be useful to control sneezing and itching, but are not as effective as intranasal corticosteroid sprays to control a severely blocked or runny nose. Ask your GP or pharmacist for advice if you are pregnant or breastfeeding.
- eye drops – may relieve itchy, swollen or runny eyes. Ask your GP or pharmacist for advice on choosing the correct eye drops
- decongestant nasal sprays – are useful for quick relief, but should not be used for more than a few days as long-term use can damage the lining of the nose. Certain people should not use decongestants (such as those who are pregnant, or have high blood pressure). Discuss with your GP or pharmacist before using these medications
- allergen immunotherapy – some people may benefit from allergen immunotherapy, which exposes a person to increasing amounts of an allergen to improve tolerance and reduce symptoms. This therapy may help hay fever and some cases of asthma. It should only be conducted under medical supervision.

Suggestions to reduce symptoms

Suggestions to prevent or limit symptoms of hay fever include:

- In your garden, choose plants that are pollinated by birds or insects, rather than plants that release their seeds into the air.
- Splash your eyes often with cold water to flush out any allergen.
- Reduce your exposure to dust and **dust mites**, animals and animal hair or fur (dander).

If you are allergic to grass pollen, it can be difficult to avoid but the following advice may help:

- when possible avoid being outdoors on high pollen days and avoid thunderstorms during grass pollen season, particularly the wind gusts that precede them
- avoid activities known to cause exposure to pollen, such as mowing grass
- shower after outdoor activities where exposure to pollen is high
- use re-circulated air in the car when pollen levels are high
- wear sunglasses (reduces amount of pollen that gets into eyes)
- dry bedding and clothing inside or in a tumble dryer.

Staying informed about pollen counts

POLLEN MONITORING LOCATIONS



betterhealth.vic.gov.au



Figure 1: pollen counters operated by Melbourne Pollen and Deakin AirWatch

Visit the [Melbourne Pollen Count and Forecast website](#), or download the Melbourne Pollen Count app for information about the six pollen monitoring sites managed by the University of Melbourne.

Or, visit the [Deakin AirWatch website](#) for information about the two pollen monitoring sites managed by Deakin University.

Hay fever and thunderstorm asthma

Grass pollen season brings an increase in asthma and hay fever. It also brings the chance of **thunderstorm asthma**.

People with hay fever – especially those who experience wheezing or coughing with their hay fever – may be at increased risk of epidemic thunderstorm asthma. Epidemic thunderstorm asthma can be sudden, serious and even life threatening.

Having good control of your hay fever can help reduce your risk of thunderstorm asthma.

Find out more about [hay fever and thunderstorm asthma](#).

Watch our video about [hayfever and thunderstorm asthma](#).

Where to get help

- Your GP
- Pharmacist
- [Australasian Society of Clinical Immunology and Allergy](#)

View an [accessible version of this video or read the transcript](#)

This page has been produced in consultation with and approved by:

Australasian Society of Clinical Immunology and Allergy (ASCIA)

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