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Perspective

Book me a room! (I have allergies and asthma)

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As allergists, we understand the role of allergic triggering in the generation of upper and lower respiratory symptoms, eye symptoms, and general well-being.¹ We ask our patients to keep the cat away, manage dust mites, keep windows closed during pollen season, and fix leaks around windows, bathtubs, and basements. On our recommendation, patients modify their bedrooms, bathrooms, and basements to improve their general health and lessen their total medication load. While traveling, the clinical stability of the modified home is traded for a potentially allergen-laden environment, leading to increased symptoms and a decrease in the enjoyment of the family vacation or a business meeting under less than ideal conditions. Despite how simple it is to create a healthy hotel room, such rooms are not generally available. Creating awareness of the problem and the solution is a role our specialty is uniquely suited for.

We can look back at the history of the nonsmoking hotel room as a model for this undertaking. In 1964 the Surgeon General's report on smoking and health linked tobacco with a multitude of cardiovascular and respiratory diseases, including cancer, chronic obstructive pulmonary disease, asthma, and heart disease.² The dramatic changes that followed did not spare the hospitality industry. The demands of the antitobacco forces were ridiculed, then awkwardly placated, and eventually became an accepted standard. Since the publication of the 1964 report, smoking rates have decreased from 43% to 18% of adults.³

In 2006 the Surgeon General's report on secondhand smoke prompted Westin Hotels to announce a chain-wide, 100% smoke-free hotel policy.⁴ This was soon followed by Marriott and other hotel chains in the United States and Canada. The changes were implemented voluntarily. Five states (as of April 14, 2014)—Indiana, Michigan, Nebraska, North Dakota, and Wisconsin—and nearly 100 municipalities have mandated that hotels be 100% smoke free.⁵

Allergy is recognized as a major cause of illness in the industrialized world, with 10% to 20% of the population suffering from symptoms induced by respiratory allergy, with children and young adults making up a very significant proportion of those affected.⁶ As

opposed to decreasing smoking rates, allergy and asthma prevalence is increasing. Asthma currently affects 5% to 10% of the population,⁷ with allergy being the most common exacerbating factor.

Although it is not reasonable to expect elimination of all room allergens, simple measures can result in hypoallergenic rooms (rather than allergen-free rooms) being supportive of the well-being of most travelers with allergy and offer safe environments during particularly high pollen or mold spore days. We can easily recognize the smell of stale tobacco smoke and promptly seek another room (although exposure does not induce serious, immediate health effects); however, there are no specific olfactory clues as to the allergens introduced by previous occupants or the presence of other potential allergic triggers. A few sneezes minutes after entering a room can be followed by a full-blown asthma attack in the middle of the night.

Another aspect of the problem is the term *hypoallergenic* being used interchangeably with *organic* and *natural*, such as the use of “organic cotton” bedding as an alternative to “synthetic” bedding being touted as allergy friendly. Plant materials in “organic and natural” bath and body products can be more harmful to eczema sufferers than standard products. The confusion continues with the use of air filters. Ionic air filters are used in certain rooms to provide “clean air” while generating ozone, which is an airway irritant.

The modifications needed to create hypoallergenic hotel rooms are simple and inexpensive and can be carried out as a part of the standard renovation rotation of a hotel (Table 1).

Although the latter point does not speak directly to the hypoallergenic nature of the room, it does address the issue of nonspecific irritants with the potential to exacerbate allergy and asthma symptoms. The recommendations are by no means a complete list of possible modifications, leaving plenty of room for establishments to distinguish themselves by doing more.

The short-term goal would be to have some hypoallergenic rooms at all travel destinations with the long-term goal of 5% to 10% of hotel rooms being suitably modified for travelers with asthma and allergy. Education, common sense, and cooperation rather than confrontation and legislation would be the preferred way to achieve the goal of satisfying the needs of the traveler with asthma and allergy without unduly burdening the hospitality industry. Nevertheless, it is worth remembering that as of 1992, the Americans

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Table 1
Hypoallergenic hotel room modifications

Modification	Target
Properly maintained, filtered, individual, climate control	Pollen, mold, dust mite (humidity control)
No rooms on ground floor, concrete slabs	Mold, dust mite (humidity control)
Pet-free, feather-free floor or section	Animal dander
Pillow, mattress, comforter dust mite covers (or hot water-washed blankets)	Dust mites
Glass or plastic bath or shower enclosure, no floor mats or shower curtains, mold proof, frequently washed in hot water and bleach	Mold
No leaky windows, plumbing, or air conditioning	Mold, dust mite
No wall-to-wall carpet (or equivalent)	Dust mite, mold, animal dander
Plant free (especially grasses and trees)	Pollen, mold
Fragrance-free hypoallergenic bath and body products (on request)	Specific and nonspecific contactants
Smoke free, no ionizing filtration	Tobacco smoke, ozone

with Disabilities Act, Section 504 is interpreted to pertain to people with asthma and allergies, ensuring full access to all facilities, programs, and services, including hotel rooms.⁸

Currently, approximately 250 hotels in the United States and Canada have a percentage of their rooms specifically designed as hypoallergenic. Most are modified by commercial services such as PURE, which also runs its own online booking site. In 2010, Hyatt Hotels (working with PURE) announced it was converting 3% to 5% of their hotel rooms to meet hypoallergenic standards, translating to 2,000 rooms in 125 properties across the United States, Canada, and the Caribbean. Individual hotels such as the Fairmont Vancouver Airport have made significant efforts to provide their clients with such accommodations. In Europe, the European Centre for Allergy Research Foundation (ECARF) specified modifications implemented in 114 hotels in Europe, mainly in Germany,⁹ which can be found through the ECARF Web site. In addition to hotels that expressly create hypoallergenic rooms, there are many that are hypoallergenic by virtue of their policies and room designs, without being aware of it, and therefore without promoting their availability to travelers with allergy.

An independent Web site, AllerPassMD, curated by an allergy specialist, lists and rates hotels based on their suitability to the needs of travelers with allergy and asthma. It has more than 1,000 visitors each month. The site lists approximately 1,200 hotels (including ECARF and PURE modified hotels), and a general travel site, Tripadvisor, lists approximately 500,000 hotels. Clearly, there is room for improvement.

A 2005 Cornell University survey of hotel patrons regarding allergy-friendly facilities found that 55% of respondents would choose a hotel offering allergy-friendly rooms over a hotel without such options.¹⁰ The need for hypoallergenic hotel rooms is real. Their availability can result in significant health benefits for travelers with allergy and result in substantial good will and marketing advantages for the hotel. The increasing prevalence of asthma and allergy and the availability of simple and inexpensive measures to create suitable rooms make this an opportune time to implement the standard across the hospitality industry. Although our position

of authority as asthma and allergy specialists puts us in a perfect position to propose such a standard, our responsibility for our patients gives us the authority to advocate such standards in appropriate venues. The idea of a standard hypoallergenic hotel room offers a unique opportunity for allergy and asthma specialists as individuals and as a group to be the central force guiding, promoting, and advocating for a significant socio-medical change for the good of our patients. In the age of ever-increasing pharmacotherapy costs and changing perceptions of physicians, it is an opportunity.

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