

Mould allergy

Some people have an allergy to the spores released by mould (spelled mold in the US), which in very rare cases can cause anaphylaxis (pronounced ana-fil-ax-is). This factsheet explains what mould is, how it causes allergic reactions, and how to avoid and manage exposure. If you think you or your child may have an allergy to mould, speak to your GP.

What is mould?

Moulds are a type of microscopic fungus made up of clusters of fine fibres. They grow on plant or animal matter, which they break down (decompose) to gain energy and nutrients. There are thousands of different types of mould, and all of them need moisture to grow.

Moulds reproduce by releasing tiny particles called spores, which float through the air. These spores are too small to see and can be breathed in easily. For people with mould allergy, breathing in these spores can trigger allergy symptoms.

Mould can grow indoors in damp places such as bathrooms, kitchens, and even in the soil of plant pots. Outdoors, mould is commonly found in areas like compost piles, garden sheds, fallen leaves, and rotting wood.

What is an allergy to mould?

Moulds reproduce and grow by releasing spores (seeds) that contain their DNA. Different moulds have different spores. Some are released into the air, while others spread through water or on animals.

Mould releases its spores whenever growth conditions worsen or when it's disturbed—for example by wind, human activity, or sudden temperature changes. In a damp environment, turning on heating can quickly warm the area and trigger a burst of spore release.

In sensitive individuals, inhaled spores prompt the immune system to release chemicals like histamine, causing allergy symptoms. It is the spores that cause the allergic reaction, not the mould itself.

Mould allergy can **worsen asthma**, and some people report asthma attacks during thunderstorms due to rapid spore dispersal.



A brighter future for people with serious allergies

Not all symptoms brought on by dampness and mould are caused by an allergy. If you have symptoms, your doctor should consider other causes too and refer you to a specialist, if needed, to get a diagnosis.

Here we focus on allergy to mould, rather than other causes of symptoms.

Symptoms of mould allergy

The symptoms of mould allergies are very similar to those of the common cold and other airborne allergies such as hay fever. Mould spores get into your nose and cause these symptoms. In more serious cases they can also reach the lower airways and trigger asthma.

Symptoms tend to flare in damp, humid, environments (e.g. bathrooms, cellars, garages) and during late summer when outdoor spore counts peak.

Common symptoms

Symptoms of mould allergy vary from person-to-person but often include:

- sneezing
- congestion
- coughing
- wheezing
- itchy or watery eyes
- runny itchy nose
- swelling around the eyes
- postnasal drip (mucus runs from the back of your nose down your throat)

In some cases, mould exposure may also cause skin symptoms such as itching or rashes, particularly in people with sensitive skin or eczema, though this is less common than respiratory symptoms.

Asthma and serious symptoms

Mould allergies aren't dangerous for most people, however, in people with asthma, inhaled spores could cause an **asthma exacerbation (attack)**, causing increased coughing, wheezing and shortness of breath. You can find out more about what to do in an emergency below:

[Asthma attack guidance](#)

[Anaphylaxis guidance](#)

When to suspect mould allergy

- Symptoms consistently worsen in damp or poorly ventilated rooms (bathrooms, cellars, garages).
- Hay fever-type reactions that are persistent beyond typical pollen seasons, especially in autumn.

Diagnosing a mould allergy

A healthcare professional may use:

- skin prick tests with mould extracts (e.g., *Cladosporium*, *Aspergillus*)
- specific IgE blood tests to measure mould-specific antibodies – your GP can usually order these tests.

These tests can be reliable when interpreted alongside clinical history.

Treating allergic reactions to mould

Mild symptoms

If you have mild allergic symptoms, you may be prescribed antihistamines that you take by mouth. If your symptoms are similar to hay fever, a nasal spray, eye drops, or both can also help.

If you have asthma

If you have asthma and you're allergic to mould, it is **important** that your asthma is **well-managed** and therefore well controlled.

Types of inhalers: you may have been prescribed the following inhalers to manage your asthma:

- **Reliever inhalers (short-acting β_2 -agonists):** these (usually blue) inhalers – such as salbutamol or terbutaline – work within minutes to relax tightened airways during an asthma flare-up and allow you to breathe more easily when your chest is tight. This type of inhaler should never be used alone, but **always** alongside a preventer inhaler.
- **Preventer inhalers (inhaled corticosteroids):** these inhalers (containing medicines like beclometasone, budesonide or fluticasone), help prevent asthma symptoms by reducing swelling and inflammation in the airways. Daily use as prescribed lowers the chance of symptoms and serious asthma attacks, and they are recommended for everyone with asthma.
- **Combination inhalers:** these inhalers combine an inhaled steroid (preventer) with a long-acting reliever (e.g. formoterol) which works quickly to relax your lungs. This combination inhaler can be used as a **reliever** when **required**, for

people with **mild** asthma (sometimes called the anti-inflammatory reliever (**AIR**) approach), or if people have more regular symptoms, they will be advised to use the same inhaler twice a day and then also when required (this is called the maintenance and reliever therapy (**MART**) approach. This can simplify treatment and improve outcomes for many patients aged 12 years and over.

Proper inhaler technique is **essential**. Your GP, nurse or pharmacist will demonstrate how to use your inhalers correctly. Regularly reviewing your inhaler technique ensures the medication reaches your lungs effectively.

Your GP, nurse or pharmacist will be able to advise which type of asthma treatment is best for you. You should have a check-up review at least **once-a-year** to assess your asthma control, review your **asthma action plan** and confirm you're on the **optimal inhaler regimen**.

Common moulds

There are a handful of common moulds that can be found both indoors and outdoors. These include:

- ***Cladosporium herbarum***: this is the most common cause of mould allergy as it is easily transported through the air. Levels of this mould rise in the spring and peak in the late summer and autumn. Indoors you'll find it on dirty surfaces such as window frames and refrigerators. It is also one of the most common moulds colonising dead plants and soil.
- ***Penicillium notatum***: this green-blue mould thrives in cool, damp places—garden soil and decaying leaves outside, and stale bread or fruit indoors. Spore counts are highest in winter and spring, making it a frequent trigger of indoor allergy. This is the mould used in the production of blue cheese.
- ***Aspergillus fumigatus***: a key asthma-exacerbating mould, *Aspergillus fumigatus* grows on rich organic matter—rotting leaves, compost heaps, bird droppings and improperly stored sweet potatoes. Its tiny spores penetrate deeply into the lungs, heightening asthma risk. It generally is associated with cooler months.
- ***Alternaria alternata***: common in warm, humid conditions, *Alternaria* peaks in late summer when it forms large outdoor spore clouds. You'll find it on compost piles, decaying wood and garden debris, and as black spots on overripe tomatoes and other produce.

Trichophyton rubrum* and *Pityrosporum orbiculare: these are found within the skin in certain types of eczema.

Avoiding mould: indoors

If you have a mould allergy, you will need to take steps to avoid coming into contact with mould spores.

General tips for the whole home

- **Keep your home dry and well ventilated.** Open windows regularly, use extractor fans in bathrooms and kitchens, and consider fitting trickle vents to double glazing if not already present. If you have other environmental allergies and can't open the windows, you may need to consider other air-cleaning devices (e.g. air purifier, dehumidifier).
- **Use a dehumidifier** in damp-prone areas to collect excess moisture from the air. The ideal indoor humidity is 50-55%. Empty and clean the reservoir regularly.
- **Quickly repair any plumbing or roof leaks** to prevent water from accumulating.
- **Check for evidence of damp.** Look for mould on walls (especially behind wallpaper), rising damp, or musty smells. Ensure guttering is clear and working properly to prevent water running down outside walls. If in doubt, request a damp survey.
- **Avoid drying clothes indoors.** If you must, ensure good ventilation by opening windows or using a vented tumble dryer (vented to the outside) or regularly emptying a condenser dryer. Dry clothes outside whenever possible.
- **Remove and clean visible mould** using a mould killer or suitable cleaning solution. Wipe down affected areas and treat with a sealer or anti-mould paint if needed.
- **Be aware of other sources of mould.** Check houseplants (especially soil/compost), mattresses, pillows, carpets, and foam furniture-especially if they have been in damp areas or smell musty. Only water plants when soil is dry.

Bathrooms

- **Use an exhaust fan or open a window** during and after bathing or showering (run the fan for 15–20 minutes after use).
- **Remove bathroom carpeting** from areas that can get wet.
- **Clean sinks, baths, tiles, and grout regularly** (at least monthly) to remove soap scum and prevent mould growth.
- **Quickly repair leaks** around sinks, baths, or toilets.

Kitchens

- **Use an extractor fan** or open a window when cooking or washing dishes.
- **Clean garbage bins, refrigerator seals, and drip pans regularly.**
- **Throw out old produce** before it develops mould.
- **Quickly repair any leaks** under sinks or appliances.

Laundry Areas

- **Remove clothes from the washing machine promptly** after the cycle finishes.
- **Clean and dry the rubber seal and door** of front-loading washing machines often. Leave the door slightly open when not in use.
- **Ensure good air circulation** in laundry rooms and avoid leaving wet clothes sitting around.

Bedrooms

- **Check windows for condensation** and wipe away moisture.
- **Improve air flow** by keeping wardrobe doors open if they are colder than the room.
- **Use plastic zippered covers** on bedding made from foam, which is prone to mould.
- **Declutter.** Remove old books, newspapers, and unused bedding that can collect dust and mould.

Garages/basements and storage areas

- **Remove carpets** from damp-prone rooms.
- **Ensure groundwater drains away from your home** by keeping gutters clear and removing leaves or debris near the foundation.
- **Use a dehumidifier** if necessary.
- **Store items off the floor** and away from walls to allow air circulation.

Avoiding mould: outdoors

- **Wear a dust mask.** If you're digging soil, cutting grass or collecting decaying leaves, wear a mask to stop you breathing in mould spores. The [Health and Safety Executive](#) provides information on dust masks.
- **Avoid damp woodland.** Mould is common where soil is moist and leaves are rotting. Remove leaves and piles of dead plant material or tree clippings as soon as possible.
- **Be extra aware of when mould can multiply.** Outdoor moulds multiply in the late summer and autumn, especially on warm humid days in the late afternoon and evening. Limit your outdoor activities when mould counts are high. This will lessen the amount of mould spores you inhale and your symptoms.

What to do if you've got damp and mould at home?

Always report any problems with mould.

- If you're living in social housing, then contact your housing association or local authority. If you're renting privately, [Shelter](#) have information about talking to your landlord/landlady.
- If you're struggling with heating or energy costs, [Citizens Advice](#) can guide you on grants, benefits and affordable warmth schemes to help keep your home dry and warm.
- Babies and children should also be kept away from mould and damp. Early exposure could potentially increase their chances of developing asthma or long-term allergies.

Might I react to food?

People with allergy to mould spores often ask if they might have an allergic reaction to foods contaminated with mould, or to foods such as mushrooms, yeast or *Quorn* (mycoprotein derived from fungus).

People who are allergic to *Quorn* may also react to mould spores and vice versa. This is because of a process called cross-reactivity – where the proteins in one food or substance are similar to the proteins in another.

There is not enough research to show whether people with a mould allergy have a significant risk of having an allergy to other foods. A small number of cases have been reported, but it appears to be very rare.

Key messages

- If you think you or your child may be allergic to mould spores, visit your GP for testing and diagnosis.
- If you are prescribed antihistamines, carry them with you at all times.
- Ensure that asthma inhalers are used correctly and asthma is well controlled. See your GP about this.
- Reduce indoor damp and mould sources, and protect yourself outdoors when spore levels are high.

Feedback

Please help us to improve our information resources by sending us your feedback at:

<https://www.anaphylaxis.org.uk/information-resources-feedback/>

Sources

All the information we produce is evidence-based or follows expert opinion and is checked by our clinical and research reviewers. If you would like to know the sources we used in producing any of our information products, please contact info@anaphylaxis.org.uk and we will gladly supply details.

Reviewer

The content of this factsheet has been peer-reviewed by Prof. Anna Murphy, Consultant Respiratory Pharmacist at University Hospitals of Leicester NHS Trust & Professor of Pharmacy Practice at De Montfort University.

Disclosures

We are not aware of any conflicts of interest in relation to her review of this article.

Disclaimer

The information provided in this Factsheet is given in good faith. Every effort has been made to ensure accuracy. All patients are different, and specific cases need specific advice. There is no substitute for good medical advice provided by a medical professional.

About Anaphylaxis UK

Anaphylaxis UK is the only UK-wide charity solely focused on supporting people at risk of serious, life-threatening allergic reactions. We provide information and support to people living with allergies through our free national helpline and local support groups. We fundraise to achieve our ultimate aim, to create a safer environment for all people at risk of serious allergies. Visit our website www.anaphylaxis.org.uk and follow us to keep up-to-date with our latest news. We're on Facebook @anaphylaxisUK, LinkedIn, Instagram @anaphylaxisUKK and you can find our podcast [here](#).