

# Anaphylaxis Awareness— What You Can Do

## Did You Know?

- Anaphylaxis (ana-fil-akses) is a severe allergic reaction resulting from contact with allergy triggers<sup>1</sup>
- It is rapid in onset and can cause death<sup>1</sup>
- Food allergies are the most common cause of anaphylaxis in children, and they are on the rise<sup>2</sup>
- An estimated six million children have food allergies and between 16% and 18% of children have had an anaphylactic reaction at school<sup>3,4</sup>
  - Twenty-five percent of allergic reactions at school happen to kids who didn't know they had a food allergy<sup>4</sup>
- Up to 3% of the US population may experience anaphylaxis due to insect stings<sup>5</sup>
  - Roughly 40 to 100 anaphylactic deaths in the US result from insect stings each year
- Of all medication allergy triggers, penicillin is the most frequent cause of anaphylaxis and accounts for about 75% of fatal anaphylactic cases in the US each year<sup>6</sup>
- As many as 16 million people may be allergic to latex (e.g., gloves)<sup>6</sup>

## Protect Your Children

Staying clear of known allergy triggers must be the first line of defense in reducing the risk of anaphylactic reactions.<sup>4</sup> Additionally, if your child is allergic, it is important to have an allergy management plan in place.

**The signs and symptoms of an anaphylactic reaction may include one or more of the following:**

- Sudden hives<sup>7</sup>
- Lip swelling<sup>7</sup>
- Trouble breathing<sup>8</sup>
- Dizziness<sup>5</sup>
- Nausea<sup>5</sup>

An anaphylactic reaction can occur suddenly, and can be life-threatening. If you think your child may be at risk, check with a doctor. Ask if an epinephrine auto-injector is right for them.

Epinephrine/epinephrine auto-injector is considered to be the first-line treatment of choice. Seek immediate emergency medical treatment after use.<sup>1</sup>

It is essential to have access to these auto-injectors in all the places your child goes every day.

**Be sure to follow your product's storage instructions.**

**References:** 1. Sampson HA, Muñoz-Furlong A, Campbell RL, et al. Second symposium on the definition and management of anaphylaxis: summary report—Second National Institute of Allergy and Infectious Disease/Food Allergy and Anaphylaxis Network symposium. *J Allergy Clin Immunol.* 2006;117(2):391-397. 2. Koplin JJ, Martin PE, Allen KJ. An update on epidemiology of anaphylaxis in children and adults. *Curr Opin Allergy Clin Immunol.* 2011;11(5):492-496. 3. Gupta RS, Springston EE, Warrier MR, et al. The prevalence, severity, and distribution of childhood food allergy in the United States. *Pediatrics.* 2011;128(1):e9-e17. 4. Centers for Disease Control and Prevention. Food allergies in schools. <http://www.cdc.gov/healthyouth/foodallergies>. Accessed January 9, 2012. 5. Tang AW. A practical guide to anaphylaxis. *Am Fam Physician.* 2003;68(7):1325-1332. 6. Neugut AI, Ghatak AT, Miller RL. Anaphylaxis in the United States: an investigation into its epidemiology. *Arch Intern Med.* 2001;161(1):15-21. 7. Simons FER, Arduoso LRF, Bilò MB, et al. World Allergy Organization guidelines for the assessment and management of anaphylaxis. *WAO Journal.* 2011;4:13-37. 8. National Institutes of Health, US Department of Health and Human Services. *Guidelines for the Diagnosis and Management of Food Allergy in the United States: summary for patients, families, and caregivers.* Bethesda, MD: National Institute of Allergy and Infectious Diseases; 2011. NIH publication 11-7699.



While having an epinephrine auto-injector is important, it does not prevent a reaction from occurring. Remaining alert at all times is critical.

**Here are some places where you may want to consider having an epinephrine auto-injector available for your child:**

- ☒ Nurse's office
- ☒ Caregiver/relative's house
- ☒ Classroom
- ☒ After-school activities (sports, music, etc)
- ☒ School gym
- ☒ School cafeteria
- ☒ Parks
- ☒ Birthday parties
- ☒ Camp
- ☒ Travel sports teams