

Anaphylaxis Awareness— What You Can Do

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Did You Know?

- Anaphylaxis (Ana-fil-akses) is a severe life-threatening allergic reaction resulting from exposure to allergens—It may result in death¹
- Food allergies are the most common cause of anaphylaxis²

Food allergies are on the rise³

- Food allergies affect 8% of children under the age of 18 and 4% of adults^{4,5}
- Twenty-five percent of school-day reactions happen to children who didn't know they had an allergy¹
- Peanuts, bee stings, and latex are all common allergens that can cause anaphylaxis^{1,6,7}

Protect Yourself

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

- Sudden hives²
- Lip swelling²
- Trouble breathing or wheezing⁸
- Dizziness⁹
- Nausea⁹

Strict avoidance of known allergens must be the first line of defense in reducing the risk of anaphylactic reactions.¹ Additionally, if you or a family member are allergic, it is important to have a food allergy management plan in place.

An anaphylactic reaction can occur suddenly and is potentially life-threatening. If you think that you or a family member may be at risk for anaphylaxis, check with a doctor. Epinephrine auto-injectors may be the right choice.

If you or your child have been diagnosed with a severe allergy or have been prescribed an epinephrine auto-injector, you should have one accessible at all times. While having an epinephrine auto-injector is important, it does not prevent a reaction from occurring. Remaining vigilant is critical.



Epinephrine/epinephrine auto-injector is considered to be the first-line treatment of choice. Seek immediate emergency medical treatment after use.¹⁰

Be sure to follow your product's storage instructions.

Here are some places where you may want to consider having an epinephrine auto-injector available for YOUR CHILD:

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

Here are some places where YOU may want to consider having an epinephrine auto-injector available:

- Office
- Backpack/Knapsack
- Gym bag
- Business suitcase
- Vacation suitcase
- Dining out

References: 1. Centers for Disease Control and Prevention. Food allergies in schools. <http://www.cdc.gov/healthyouth/foodallergies>. Accessed January 9, 2012. 2. Simons FER, Arduoso LRF, Bilo MB, et al. World Allergy Organization Guidelines for the Assessment and Management of Anaphylaxis. *WAO Journal*. 2011;4:13-37. 3. 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. 4. 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. 5. National Institute of Allergy and Infectious Diseases, National Institutes of Health. Report of the NIH Expert Panel of Food Allergy Research. <http://www.niaid.nih.gov/topics/foodallergy/research/reportfoodallergy.aspx>. Accessed March 7, 2012. 6. O'Connell J. Bee sting sends Ashland High student to hospital. *Milford Daily News*. January 7, 2012. <http://www.milforddailynews.com/news/x1468792501/Bee-sting-sends-Ashland-High-student-to-hospital>. Accessed January 9, 2012. 7. Reddy S. Latex allergy. *Am Fam Physician*. 1998;57(1):93-100. 8. 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. National Institute of Allergy and Infectious Diseases; 2011. <http://www.niaid.nih.gov/topics/foodallergy/clinical/Pages/default.aspx>. Accessed January 31, 2012. 9. Tang AW. A practical guide to anaphylaxis. *Am Fam Physician*. 2003;68(7):1325-1332. 10. 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.