

Did You Know?

- Anaphylaxis (Ana-fil-aksis) 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}
- 25% 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 to something specific, it is important to have an allergy management plan in place.

An anaphylactic reaction can occur suddenly and is potentially life-threatening. Check with a doctor if you think that you or a family member may be at risk for anaphylaxis. 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

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/healthyyouth/foodallergies>. Accessed January 9, 2012. 2. Simons FER, Arduzzo 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.