

ANAPHYLAXIS AWARENESS in Children + Infants



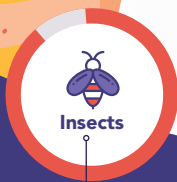
WHAT IS ANAPHYLAXIS?

Anaphylaxis is a rapid and severe allergic reaction that can become a potentially life-threatening emergency without warning.¹ It causes the immune system to respond to otherwise harmless substances from the environment. Prompt diagnosis and treatment are crucial for life-saving outcomes.² Allergic reactions are unpredictable in terms of when they occur, what types of symptoms develop, and the severity of those symptoms. Anaphylaxis can occur in children at any age, including infants.¹

5-12%^{1,2}
OF TRIGGERS



- Peanuts
- Milk
- Eggs
- Tree nuts
walnuts, pecans, cashews, brazil nuts, hazelnuts, almonds, pistachios
- Fish
salmon, tuna, halibut
- Shellfish
shrimp, lobster
- Soy
- Wheat
- Sesame



- Bees
- Wasps
- Hornets
- Yellow Jackets
- Fire Ants

5-13%^{1,2}
OF TRIGGERS



- Antibiotics and antiseizure medications (67% of medication triggers)
- Aspirin and Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)

Anaphylaxis Symptoms

CHILDREN

CLINICAL FEATURES	FREQUENCY
Difficulty/noisy breathing	83%
Urticaria	72%
Wheezing	59%
Angioedema	55%
Pruritus	55%
Cough	33%
Vomiting, diarrhea, abdominal cramps	29%
Hypotension, pale and floppy, impaired/loss of consciousness, collapse	17%
Swelling tongue	13%
Difficulty talking/hoarse voice	13%
Swelling/tightness in throat	11%

INFANTS¹

- Irritability
- Fussiness or inconsolable crying
- Sudden drooling
- Unusual sleepiness

Anaphylaxis Treatment



Epinephrine is the recommended emergency treatment for symptoms of anaphylaxis.

Epinephrine helps quickly reverse the life-threatening symptoms of anaphylaxis. If it is available and advised, epinephrine should be given immediately to anyone experiencing symptoms of anaphylaxis, followed by a call to 911, and possibly a trip to the emergency department.¹

The medicine comes in auto-injector syringes to make treatment easier for self-administration (for children who are old enough to be taught how to use) or from a relative, friend, coworkers, parent, etc. It is encouraged for teachers and staff working in the child care settings to be properly trained on administration of epinephrine. The best place to inject it is in the muscles of the outer part of the thigh. Epinephrine auto-injectors should be prescribed for anyone who has ever had an anaphylactic attack especially infants and children at high risk for anaphylaxis. Because a second dose may be needed if symptoms don't ease quickly, children at risk for anaphylaxis should carry at least two auto-injectors with them at all times.¹

Epinephrine injection devices have been in the news lately due to skyrocketing costs, shortages, new products, and new generics. Some patients are experiences difficulty obtaining these life-saving devices. There are currently auto-injectors, prefilled syringes, and generic auto-injector products available on the market. There is no clinically significant difference in the active ingredient between the products. However, the costs and availability of epinephrine injection devices may vary depending on your patient's insurance and market supply. Several options are available in our Veradigm ePrescribe solution in single or multi-pack options that can even help to find the most cost effective option.³



MORE THAN 40% OF CHILDREN

with food allergies have experienced a **SEVERE ALLERGIC REACTION** such as anaphylaxis.⁴ And, about 40% with food allergies are allergic to more than one food.⁴



32 MILLION AMERICANS HAVE FOOD ALLERGIES, including 5.6 million children under age 18. That's **ONE IN 13 CHILDREN**, or roughly two in every classroom.⁴



IN SCHOOLS, APPROXIMATELY 20-25% EPINEPHRINE ADMINISTRATIONS involve individuals whose **ALLERGY WAS UNKNOWN** at the time of the reaction.⁴



MORE THAN 170 FOODS have been reported to **CAUSE ALLERGIC REACTIONS**.⁴



EACH YEAR IN THE U.S., 2,000,000 PEOPLE require **EMERGENCY MEDICAL CARE** for allergic reactions to food.⁴



THERE ARE ABOUT 150 DEATHS ANNUALLY due to **FOOD-INDUCED** allergic reactions.²



EVERY 3 MINUTES A FOOD ALLERGY REACTION sends someone to the **EMERGENCY ROOM**.⁴



AN INCREASE OF 380% IN PROCEDURES: Medical procedures **TO TREAT ANAPHYLAXIS** resulting from food allergy increased by 380 percent between 2007 and 2016.⁴



A COST OF \$25 BILLION PER YEAR: **CARING FOR CHILDREN** with food allergies costs U.S. families nearly \$25 billion annually.⁴

1. <https://www.healthychildren.org/English/health-issues/injuries-emergencies/Pages/Anaphylaxis.aspx> 2. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3492692/> 3. <https://pharmacist.therapeuticresearch.com/Content/Segments/PRL/2017/Feb/Options-for-Emergency-Epinephrine-Injection-Devices-10688> 4. <https://www.foodallergy.org/life-with-food-allergies/food-allergy-101/facts-and-statistics>