



Suggested talking points for media interviews on penicillin allergy

Many people are concerned with being prescribed penicillin because they have penicillin allergy listed in their medical record. It's important to know that up to 90% of people aren't actually allergic to penicillin – they have carried the diagnosis since childhood, and it potentially costs them the opportunity for the best treatment any time they have an infection. Here are some facts you should know about penicillin allergy.

Q: Why do so many people believe they're allergic to penicillin?

A: Up to 10% of the US population think they are allergic to penicillin, but recent studies show fewer than 10% truly are. The label “penicillin allergic” in most people is due to mistaking an adverse reaction -- such as vomiting or diarrhea -- for an allergy. It's also possible to confuse an unrelated viral rash as being caused by penicillin. Other people may have been truly allergic to penicillin in the past, but the allergy has gone away over time.

Q: There are a lot of alternatives to penicillin, right? Why should anyone worry?

A: The alternatives may be more expensive and have side effects that penicillin doesn't. And there are some medical conditions where penicillin is still the most effective treatment.

Q: If a patient's insurance covers the medication, is cost really an issue?

A: Some of the high deductible plans don't fully cover the newer antibiotics, and these often are more expensive than penicillin.

Q: How does penicillin work?

A: Penicillin works by killing bacteria or stopping them from growing. It's often used to treat mild to severe infections like strep throat, sinus and ear infections, pneumonia, meningitis, and blood stream infections. It is the most effective antibiotic for the treatment of syphilis. Penicillin is a class of drugs that includes penicillin, amoxicillin and ampicillin.

Q: How do you get tested for a penicillin allergy? Is it a complicated or dangerous process?

A: Penicillin allergy testing involves a simple, minimally invasive, and reliable office-based test done by a board-certified allergist. If the test is negative, you will be given

an oral dose of a penicillin drug and be monitored for 1-1 ½ hours in the allergist's office. If you are negative on skin testing and do not react to an oral challenge, you may safely take penicillin in the future. A positive skin test or oral challenge would confirm you should not take penicillin.

Q: How is a true allergy to penicillin treated?

A: A small number of people are truly allergic to penicillin. Symptoms of a true allergic reaction can vary from a mild skin rash to a severe reaction called anaphylaxis, which can be fatal. Anaphylaxis caused by true penicillin allergy is very rare. Because it is difficult to determine penicillin allergy based solely on patient history, a formal evaluation by an allergist is recommended.

Q: What else should I know about penicillin?

A: For those not allergic, penicillin is safe to use during pregnancy and breastfeeding, is well tolerated in children, and is very economical. Allergists understand that your doctor's treatment choices are restricted if you are listed as allergic. The result is less effective, more expensive and often more dangerous antibiotics being prescribed to treat common infections such as sinus and ear infections.

Q: Can Penicillin Allergies Be Outgrown?

A: Many people outgrow their penicillin allergy over time. Studies show that around 80% of people lose their allergy within 10 years of their first reaction. This includes patients with a history of prior immediate reactions and skin symptoms related to penicillin use. This is why retesting is important. If you haven't been exposed to penicillin in several years, your allergist may suggest that you get tested to see if the allergy is still present. If you outgrow your allergy, you could safely take penicillin again – giving you more and better treatment options in the future.