Beta-lactams

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Disclosures

· A principle owner and President of AllerQuest LLC, which manufactures penicilloyl-polysine (Pre-Pen®).

Drug Allergy: An Updated Practice Parameter

These parameters were developed by the Join Task Force on Practice Parameters, representing the American Academy of Allergy, Asthma and Immunology, the American College of Allergy, Asthma and Immunology, and the Joint Council of Allergy, Asthma and Immunology.

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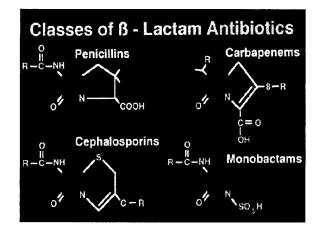
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Ann Allergy Asthma Immunol 2010;105:273e1-e78.

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- Blanca M, Romano A, Torres MJ, et al. Update on the evaluation of hypersensitivity reactions to betalactams. Allergy,2009;64:183
 - European Network for Drug Allergy (ENDA)



Penicillin and Aminopenicillin Allergy

- · Penicillin allergy is reported in approximately 10 -20% of patients
 - Penicillin allergy label associated with:
 - · Increase use of vancomycin & quinolones
 - · Increased medical cost
- Up to 90% of these individuals labeled as penicillin allergic are able to tolerate penicillins.
- Penicillin skin test positive rate is declining.

Evaluation of patient with history of penicillin allergy

- · History:
 - Patient's reaction history is often a poor predictor of skin test reactivity
 - Patients often cannot recall reaction details
 - Patients with convincing histories (i.e. anaphylaxis) lose penicillin-specific IgE over time
 - Incidence of severe anaphylaxis secondary to oral administration differs in USA and Europe
 - Patients with vague histories could be allergic
 - Review of published studies revealed that among history-positive/skin test-positive patients, 1/3 had a vague reaction history

Penicillin Skin Test Reagents				ıts
	Add at 11 Page 9 11 Page 9			

Penicillin allergy testing using only Pre-Pen and Pen G

· "based on available literature, skin testing with penicilloyl-polysine and penicillin G appears to have adequate negative predictive value in the evaluation of penicillin allergy".

Drug Allergy: An updated practice parameter; Ann. Allergy Asthma Imm 2010;105:273 e44

Penicillin Skin Testing Without Penicilloate and/or Penilloate

- ~10% of penicillin ST+ patients positive to only penicilloate and/or penilloate
 - 15/171 (8.8%)¹
 - 7/64 (10.9%)2
 - 11/101 (10.9%)3
 - 9/136 (6.6%)4
 - 8/64 (12.5%)⁵
- NPV of skin testing <u>with</u> this MDM is comparable to NPV of skin testing with penicillin and <u>without</u> the other MDM⁶⁻⁸
- Jost, B, et al. Ann Allergy Asthma Immunol 2006; 97:807-12.
 Park MA, et al. Ann Allergy Asthma Immunol 2007; 99:54-8.
 Macy E and Burchette RJ. Allergy 2002; 57:1151-8.
 Bousquet PJ, et al. JACI 2005; 116:1314-6.
 Matheu V, et al. J Livestig Allergol Clin Immunol 2007; 17:25
 Green GR, et al. JACI 1977; 90:339-45.
 del Real GA, et al. Ann Allergy Asthma Immunol 2007; 98:35
 Shepherd G. JACI 1997; 99:S134.

- ol 2007: 17:257-60.

Penicillin Allergy: Value of Including Amoxicillin as a determinant in Penicillin Skin Testing

- · Addition of amoxicillin/ ampicillin skin test may detect additional penicillin allergic patients
- Concentration of amoxicillin (3.65 mg/ml -20mg/ml)needs further study (European experience versus North American Experience)
 - Parenteral amoxicillin for human use not available in USA. Available in Europe
 - Ampicillin (12.5 to 20 mg/ml)
- Differences in positive skin test results to aminopenicillins between Spanish data and USA needs
- Delayed skin test to aminopenicillin

Penicillin Skin Testing - Negative Predictive Value

- United States¹⁻⁵
 - >95%
 - Reactions to challenge generally mild
- Europe⁶⁻¹²
- 70-99%
- Reactions to challenge sometimes severe
- Sogn DD, et al. Arch Intern Med 1992; 152:1025-32. Gadde J, et al. JAMA 1993; 270:2456-63. Mendelson LIM. JACI 1984; 7376-81. Macy E, et al. JAC/ 2003; 111:1111-5. del Real GA, et al. Ann Allergy Asthma Immunol 200 98:355-9.

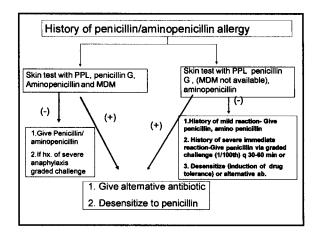
- 98:355-9.
 Torres MJ, et al. Allergy 2001; 56:850-6.
 Bousquet PJ, et al. Allergy 2007; 62:872-8.
 Bousquet PJ, et al. Allergy 2008; 38:185-90.
 Bousquet PJ, et al. JACI 2005; 115:1314-6.
 Demoly P, et al. Allergy 2010; 65:327-32.
 Matheu V, et al. JACI 2005; 116:1167-8.
 Matheu V, et al. J

- 17:257-60.

Penicillin Skin Testing - Positive Predictive Value

- · Based on limited # of patients
- PPV = ~50% (33-100%)1-8
- Recent "outlier" study9: PPV = 10%
 - Only patients with mild reactions > 3 years prior
 - Skin test-positive rate = 43%
 - Sogn DD, et al. Arch Intern Med 1992; 152:1025-32. Chandra RK, et al. Arch Dis Child 1980; 55:857-80. Green GR, et al. JAC1 1977; 60:339-45. Solley GO, et al. JAC1 1982; 69:238-44. Adkinson NF, et al. NE. 1997; 1998; 43:231-44. Adkinson NF, et al. NE. Jerry 1989; 43:231-44. Macy E and Burchette RJ. Allergy 2002; 57:1151-8. Caubet JC, et al. JAC2 (2011; 127:218-22. Geldher A. et al. App. (Blemy, Asthma Remund) 2018.

- Goldberg A, et al. Ann Allergy Asthma Immunol 2008; 100:37-43.



Skin testing useful for only IgE penicillin reactions

- · Exclude from testing anyone with history of non IgE reactions such as:
 - Hemolytic anemia
 - Drug fever
 - Interstitial nephritis
 - Exfoliative dermatitis
 - Steven-Johnson syndrome
 - Contact dermatitis
- · Commonly occur 72 hours after penicillin administration.

Serologic test for penicillin allergy

- "The usefulness of in vitro tests for penicillin specific IgE is limited by there uncertain predictive value. They are not suitable substitutes for penicillin skin testing."
- Drug allergy: an updated practice parameter 2010.

Penicillin Allergy: When to Skin Test?

- · Electively when patients are well and not in acute need of antibiotic treatment
 - Outpatient testing in acute situations is impractical or impossible to schedule
 - Patients inevitably receive alternate antibiotics and in children grow up with history my mother told me I was allergic.
- · Resensitization = re-development of penicillin allergy in patients who have lost their sensitivity
 - Theoretical argument against elective penicillin skin testing

Drug Allergy: An Updated Practice Parameter

Summary Statement #84:

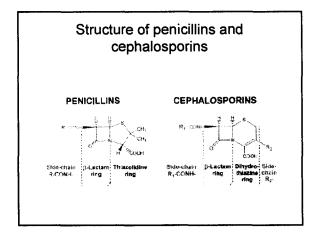
Resensitization after treatment with oral penicillin is rare and therefore penicillin skin testing does not routinely need to be repeated in patients with a history of penicillin allergy who have tolerated one or more courses of oral penicillin

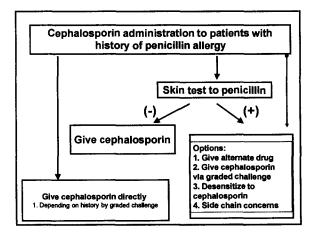
Elective testing for penicillin allergy

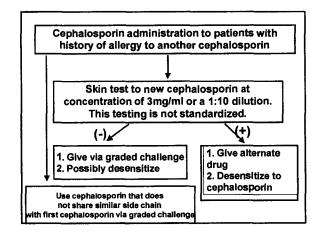
- History
- · Skin test for penicillin allergy
- · Oral challenge

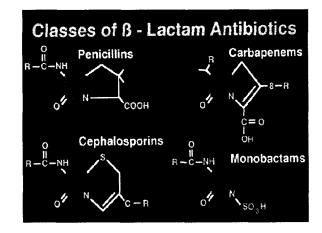
Why do oral challenge?

- Confirm that patient can tolerate antibiotic in view of negative skin test.
 - Immediate reaction
 - Big difference between American and European data
 - Delayed reaction
 - · Length of challenge
- Reluctance to take penicillin based upon negative skin test
 - Patient
 - Parent of patient
 - Referring physician
 - Future prescribing physician









Testing patients with history of penicillin allergy

· Good for the cost of medical care

Elective Penicillin Skin Testing – Cost Savings

- · 236 outpatients
- 83% penicillin skin test-negative
- Average antibiotic cost per penicillin skin test-negative patient
 - -\$71.17 during year <u>before</u> penicillin skin test
 - -\$49.63 during year after penicillin skin test
 - -P value = 0.0001

Macy E. JACI 1998; 102:281-5.

Penicillin testing in ER setting

Raja et al. Ann of Emergency Medicine. 2009;54:72

	Med cost first choice	Medium cost of second choice	Difference
History. Pos. skin test neg.(21)	\$30.36	\$104.16	\$73.80
History Pos skin test pos.(7)	\$30.36	\$109.76	\$79.40

137/150 patients with positive history for penicillin allergy had negative skin test

Testing patients with history of penicillin allergy

- · Good for the cost of medical care
- · Good for the patient

ole 2. Antibiotics Used Belicre and Afte (T) in 101 Patients Studied		in resultativities	• 101 consecutiv
	Patients, No. (%)		pon skin test
Antibiotic used	Before PST	After PST	consults at
Vancomycin	78 (77)	0 (6)	community
Ficesagainolones	26 (26)	3 (3)	teaching hospit
Penicitin	0	7 (7)	0.20/
Semisynthesic persolites	Э	27 (27)	 92% skin test-
ratigoneration cophalosporas	э	32 (32)	negative
Second-generation cephalosporins	9	0	3
Third-generation dephalospoons	4 4:	13 (13)	
mpmen	0	12 (12)	
Aztreonám	20 (20)	0	
Aminogrycoside	20 (20)	11 (11)	
Clandramycre	9.9	2 (2)	Nadaruah K. et al. Ann
Others	3/3	110	Alteray Asthra harran

Penicillin Skin Testing – Effect on Antibiotic Use			
Study	% Pcn ST Negative	Effect on Broad Spectrum Antibiotic Use (% of Patients)	
Harris AD (1999)	86%	Vancomycin 25% → 0% Quinolones 27% → 14%	
Arroliga ME (2003)	89%	Vanco/Quinolones 100% → 58%	
Nadarajah K (2005)	92%	Vancomycin 77% → 8% Quinolones 26% → 3%	
Park M (2006)	96%	Vancomycin 30% → 16%	
del Real GA (2007)	88%	Vancomycin 37% → 16% Quinolones 36% → 13%	
Frigas E (2008)	?	Vancomycin 28% → 10%	

Penicillin Allergy in Pregnant Women

- · CDC Recommendations for GBS prophylaxis in women with history of penicillin allergy:
 - Patients not at high risk for anaphylaxis
 - Cefazolin
 - Patients at high risk for anaphylaxis
 - · Clindamycin or erythromycin if GBS susceptible
 - · Vancomycin if resistant to clindamycin/erythromycin or if susceptibility unknown

Schrag S, et al MMWR 2002; 51:1-22.

Antibiotic Choices for GBS Prophylaxis in Women with History of Penicillin Allerqy

- Adherence to 2002 CDC Guidelines for GBS prophylaxis in penicillin allergic patients is poor
 - 84-96% treatments deviated from CDC Guidelines^{1,2}
 - Most patients received clindamycin or vancomycin
 - GBS sensitivity testing frequently not performed
 - GBS resistance to clindamycin (26%) and erythromycin (37%) is increasing1
- GBS-positive women with history of penicillin allergy often receive inappropriate antibiotic prophylaxis
- Matteson KA, et al. Obstet Gynecol 2008; 111:356-64. Pelaez LM, et al. J Perinat Med 2009; 37:487-9.

Penicillin Skin Testing of GBS-Positive Pregnant Women

Study	# of Patients	# (%) of Patients Pcn Skin Test Negative	# (%) of ST-Neg Patients Treated with Penicillin
Macy E (2006)	56	53/56 (95%)	47/53 (89%)
Philipson EH	28	25/28 (89%)	25/25 (100%)

Macy,E; Ann. Allergy Asthma Immunolog 2006;97:164 Philipson EH. J Reprod Med 2007 Jun;52 (6) 480-484

Penicillin testing good for patients

- · Question:
 - Should all female children and women of child bearing age with a history of penicillin allergy be tested before they get pregnant?

Testing patients with history of penicillin allergy

- · Good for the cost of medical care
- · Good for the patient
 - Decrease chance of antibiotic resistance and more potential toxicity
 - Decrease chance of reactions to antibiotics for which we have no test
 - Prophylaxis for dental or other procedures
 - · Very appreciative patients
 - Not growing up with history my mother or physician told me I am allergic and never to take penicillin

Testing patients with history of penicillin allergy

- · Good for the cost of medical care
- · Good for the patient
- · Good for the specialty of allergy
 - Reinforces the image of the allergist in the community and hospital as the expert in antibiotic allergy management.
 - Increases image of allergist in community and hospital
 - Providing a new service for existing patients
 - Attracting new patient referrals
 - Expanding your referral network

