

Correspondence

Reply

To the Editor:

In response to our recent report of a case of anaphylaxis in an allergy immunotherapy extract-compounding technician after an extract needle stick,¹ we want to thank Dr Dreborg² for sharing his own similar clinical experience with both allergen stock solutions and allergen bronchial provocation. Of special interest is his survey among 20 pediatric nurses, with the majority reporting possible sensitization or new allergic symptoms coinciding with occupational exposure. Although this might have been merely temporally related to natural nonoccupational exposure responsible for the sensitization, this survey highlights an occurrence that has not been well described or investigated in the allergy community. Regarding bronchial provocation tests, the American Thoracic Society has reported precautions for technician safety and ventilation requirements during methacholine challenges, which would be similar for aerosolized allergen challenge.³ More practical and of greater clinical importance are the issues of compounding personnel and also those who deliver immunotherapy in the clinics around the world, the development of new allergen sensitivities to the allergen mixing compounds through either natural or occupational exposure, and the potential risk to such personnel should an accidental stick, mucosal splash, or allergen entry into a broken cutaneous surface result in subsequent anaphylaxis, as described in our recent report.¹

Although cases such as detailed in our description are rare, we have recently been contacted with another similar case occurring in the last few months at a separate military allergy clinic, again involving a compounding technician. We agree with Dr Dreborg that additional data are needed so that the scope of potential exposures and subsequent reactions can be adequately addressed to ensure the occupational safety of compounding and immunotherapy-delivery personnel. We reiterate that future

research and the next allergen immunotherapy practice parameter should address (1) the prevalence of accidental mucosal splashes or cutaneous penetration with allergen extract in compounding personnel and those delivering immunotherapy injections and subsequent adverse reactions; (2) the feasibility, necessity, and ramifications of providing preoccupational and/or routine allergen sensitization screening in these personnel; (3) the prevalence of compounding outside of normal clinic hours with recommendations that would ensure the safety of these personnel should an adverse reaction occur with unintended exposure; and (4) the prevalence and recommendations of β -blocker use among both compounding personnel and those who administer immunotherapy. Once the scope of unintended exposures and adverse reactions is better defined, evidence-based recommendations can be made to safeguard the health of those we rely on to compound and deliver those products that represent the core of our subspecialty.

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