

Newsletter Autumn 2012

Severe Allergies and Anaphylaxis

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One common topic of discussion on our PHEC programmes is anaphylaxis. With the northern South Island beech forest humming with wasps and numerous children per camp with food allergies there is a real concern about how to care for a person with a severe allergic reaction. Some outdoor centre staff now carry adrenaline or epipens – and many more instructors are asking should we carry it too?

An anaphylactic reaction is a severe, exaggerated, systemic allergic reaction. There is some debate as to how someone needs to be before they can be classified as having anaphylaxis. It's generally considered that they should be showing signs and symptoms of allergy (in one or more systems) as well as respiratory and circulatory complications.

The allergy New Zealand website suggests that approximately 1% (40 000) of New Zealanders are allergic to either bee or wasp stings and about the same number are estimated to be allergic to peanuts <http://www.allergy.org.nz/Allergy+Today+Magazine/Article+archive/sting+in+the+tail.html>. Allergy New Zealand also states that 'Although anaphylaxis is not uncommon and can be life-threatening, deaths are rare.' Allergy Australia states that 'Bee sting anaphylaxis is estimated to result in approximately 2 deaths/year in Australia, with wasp stings causing an estimated 1 death/year'. http://www.allergycapital.com.au/allergycapital/Allergies_in_Australia.html

The Allergy Clinic <http://www.allergyclinic.co.nz/guides/71.html> talks about an allergy epidemic in New Zealand as in other developed nations and of allergies close association with asthma. Liew, Williamson and Tang looked at the causes, demographics and time trends of anaphylaxis fatalities in Australia between January 1997 and December 2005, and found that food-induced anaphylaxis deaths increased by about 300% , and drug-induced deaths by about 150% over the eight year period. The authors found drugs were the commonest cause of anaphylactic deaths about 60%, followed by insect stings (18%), and foods (6%).

We are currently research this topic and intend to provide an up to date information pack that will assist with the following:

- Client information gathering: What should we be asking our clients about allergies and what messages should our 'alarm bells' ring and we then ask more?
- Avoidance of allergens.
- Signs and symptoms- to help us distinguish a severe allergic reaction versus an anaphylaxis.
- Managing severe allergic reactions and anaphylaxis. Including antihistamines, epinephrine and advanced life support.

We will send a newsletter in the next month with the link to this information on it.