



The Penicillin Allergy Clinic

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Dear Pediatrician,

As of September 2020, our clinic will begin testing patients in Winnipeg for true Penicillin/Amoxicillin allergy in an attempt to de-label all false allergies. Up to 10% of children are labelled as β -lactam allergic but instead developed rashes due to viral exanthems or virus-drug interactions of no consequence [1]. This leads to the unnecessary avoidance of Penicillin/Amoxicillin in place of more expensive broad-spectrum antibiotics when Amoxicillin and Penicillin have shown to be the most effective antibiotics for streptococcal pharyngitis and otitis media [2,3]. ***Choosing Wisely recommends ALL patients with a Penicillin allergy be referred for testing [4].***

Our de-labelling process is incredibly safe and requires only a few hours of the patient's time. Our process allows us to de-label low risk patients which is the majority of patients who carry a Penicillin or Amoxicillin allergy label. Any patients we deem higher risk who are unable to be de-labelled at our clinic will be referred to an allergist for further management. We do not offer skin testing as the most recent studies and guidelines state that skin-prick and intra-dermal testing are not required for a majority of patients who are at low-risk for a Penicillin/Amoxicillin allergy. There are numerous benefits to you and your patients by removing their Penicillin/Amoxicillin allergy such as...

Benefits to Patients by Removing Penicillin/Amoxicillin Allergy

- Reduced risk (55%) of methicillin-resistant *Staphylococcus aureus* (MRSA) [5]
- Reduced risk (35%) of *Clostridium difficile* infection [5]
- Reduced Vancomycin use [6]
- Reduced length of hospital stay [6]
- Reduced antimicrobial resistance [6]

Benefits to Healthcare System by Removing Penicillin/Amoxicillin Allergy

- Average antibiotic costs per patient decreased from \$1,265.81 to \$592.08 USD, a 53% savings [7]
- Reduced antibiotic prescription costs from \$14-193 per patient [8]
- Inpatient costs savings were \$1145-\$4254 per patient when Penicillin allergy was removed [8]

To provide your patients the best possible care and reduce healthcare costs, **please fax a consult to 1-888-736-1743 addressed to the 'The Penicillin Allergy Clinic'.**

Sincerely,

Dr. Norm Silver, FRCPC
Pediatrician/Emergency Physician

Dr. Taft Micks, CCFP(EM)
Family/Emergency Physician

References

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3. Le Saux N, Robinson J. Management of acute otitis media in children six months of age and older. *Paediatr Child Health* 2016;21:39-44.
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6. Jones BM, Bland CM. Penicillin skin testing as an antimicrobial stewardship initiative. *Am J Health-Syst Pharm.* 2017;74:232-7
7. Chen JR, Tarver SA, Alvarez KS, Wei W, Khan DA. Improving aztreonam stewardship and cost through a penicillin allergy testing clinical guideline. *Open Forum Infect Dis.* 2018 May 5;5(6)
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