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IMPA NEWS

THE OFFICIAL NEWS LETTER OF THE INDEPENDENT MEDICAL PRACTITIONERS ASSOCIATION

FROM THE PEN OF THE PRESIDENT. . .

We have planned a webinar in view of the COVID-19 situation in the country to discuss the experience of a premier private hospital in the island, Lanka Hospital. It was deemed necessary to have insight into the COVID preparedness in the country in view of the alarming trends of the current epidemic.

There will be a four speakers all from Lanka hospital - the theme of the webinar which will be conducted as a Zoom meeting was "Challenges of Covid-19 Suspected Patient Management". Dr Mahesh Harishchandra consultant physician, Dr Geethani Galagoda consultant virologist, Dr Nihal Munasinghe consultant anaesthetist, and Dr R Wadanamby consultant clinical microbiologist will be addressing the zoom audience.

The IMPA council also took the initiative this month to keep the membership updated regarding the COVID-19 research by way of email on COVID-19 Research Briefs compiled and distributed by Dr Ananda Perera.

Please make use of the coming webinar to update you on the current pandemic and apply the knowledge gained in your own practices.

Dr. Ananda Perera
President IMPA

DESENSITIZATION
THE ULTIMATE SOLUTION FOR FOOD AND DRUG ALLERGIES

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What is Desensitization? (Which is also known as Drug and Food Immunotherapy)
When a person is allergic to a food or drug, introducing it to the patient in a gradually increasing dose over a period of time.

Is done according to a predetermined protocol. After carefully selecting the patients. In a safe environment.

Afterward desensitization the person is able to take the food or drug without any reaction.

Desensitization for food and drug allergies were

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BE SURE OF RELIEF FROM PAIN

3X EFFECTIVE PAIN RELIEF vs PLACEBO*[1]

Panadeine

Formulation: With the combined strength of paracetamol and codeine, Panadiene offers relief from strong pain

Indication: Used in backache and muscular pain

Voltaren

Penetrates deep through the skin and fights pain at the source, by sensitising the pain receptors and inhibiting the activity of the pain-responsive nerve cells[2]

Pain reduces by half, after **24 hours**†[1]

*vs placebo in acute neck pain † Pain at rest in acute neck pain

References: 1. Predel HG. *et al.* efficacy and safety of diclofenac diethylamine 1.16% gel in acute neck pain: a randomized, double-blind, placebo-controlled study. *BMC Musculoskeletal Disord.* 2013;14:250. **2.** Brune K. Persistence of NSAIDs at effect sites and rapid disappearance from side-effect compartments contributes to tolerability. *Curr Res Opin.* 2007; 23:2985-95.

Use as directed on pack. Do not exceed recommended dose and frequency, as excessive dosage could be harmful to the liver. If fever persists, consult your doctor.
For adverse events reporting please call on 0112636341 or email on pharmacovigilance@gsk.com

CHSRI/CHPAND/0003/18

done in 38 patients at Lanka hospitals during last 3 years. Of them 36 are able to take food and drugs they were allergic to afterwards.

Desensitization done successfully at Lanka Hospitals for

Food	Drugs
Milk	Co Amoxyclave
Chicken	Cephalosporins
Beef	Paracetamol
Fish	Asprin
Egg	Salbutamol
Tomatoes	Clarithromycin
Coconut Milk	Multiple drug allergies
Multiple food allergies	

How to select patients for desensitization

Take a detailed history, examination and investigate -

1. To determine whether there is a true allergy
2. To determine that it is a Ig E mediated allergy which is curable with desensitization
3. To determine how bad the allergic reaction was

History

How do you know that you are allergic?

What were the symptoms?

Urticaria (hives), Swelling / angioedema, Vomiting, Respiratory symptoms, Mood change, Anaphylaxis, Alone or in combination?

How long after taking the food/drug did this happen?

Rapid-onset? (Usually within 2 hours of ingestion)How fast did it resolve? (Typically resolve within 24 hours)

Some will have recurrence of symptoms within 72 hrs of an initial reaction

When was the last reaction?

How many times did it happen?

Were there associated symptoms?

Eczematous rash (late onset), rhinorrhea, diarrhea, or abdominal pain.

Were there any augmenting factors?

Fever, Exercise, Infection, Medications (e.g., NSAIDS), Menstruation,

Alcohol consumption

What was the mode of preparation?

Raw, cooked, baked, smoked, roasted (reactive to whole cow's milk or egg may tolerate heated or baked forms)

IV, oral, syrups - what brand

How much did you take

Larger amounts of food/drugs are more likely to cause a reaction (Reactions to trace amounts can also occur)

Physical examination

Signs of an allergic reaction, Photographs of acute reactions. Signs of other atopic disorders- atopic dermatitis, Signs of Asthma, Assess growth parameters in children- risk factor for growth impairment due to avoidance of many food items.

Common false positive drug allergy diagnoses

Adverse drug reactions – e.g. Amoxicillin causing diarrhea

Reactions of the drug for specific infections e.g. Amoxicillin rash in Infectious Mononucleosis (IMN)

Viral exanthema - concurrent ingestion of medications

Post viral exanthema - concurrent ingestion of medications

F/H of allergy to a drug Non IgE mediated reactions - Steven Johnson Syndrome (SJ) syndrome, fixed drug eruptions

Common false positive food allergy diagnoses

Acute infections-diarrhea, abdominal pain

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Food aversion - Nausea
Viral exanthema - concurrent ingestion of food
Post viral exanthema - concurrent ingestion of food
F/H/O of allergy to food
Social believes about food allergies. e.g. "heaty food", pineapple, vinegar, tomatoes ilk and/or multiple foods.

Problems caused by food and drug allergies

1. Problems due to symptoms- Urticaria, angioedema, anaphylaxis
2. Psychological stress caused by the thought of being allergic.
3. Inability to take the food the patient would like to eat.
4. Inability to receive essential medications.
5. Nutritional issues and failure to thrive.

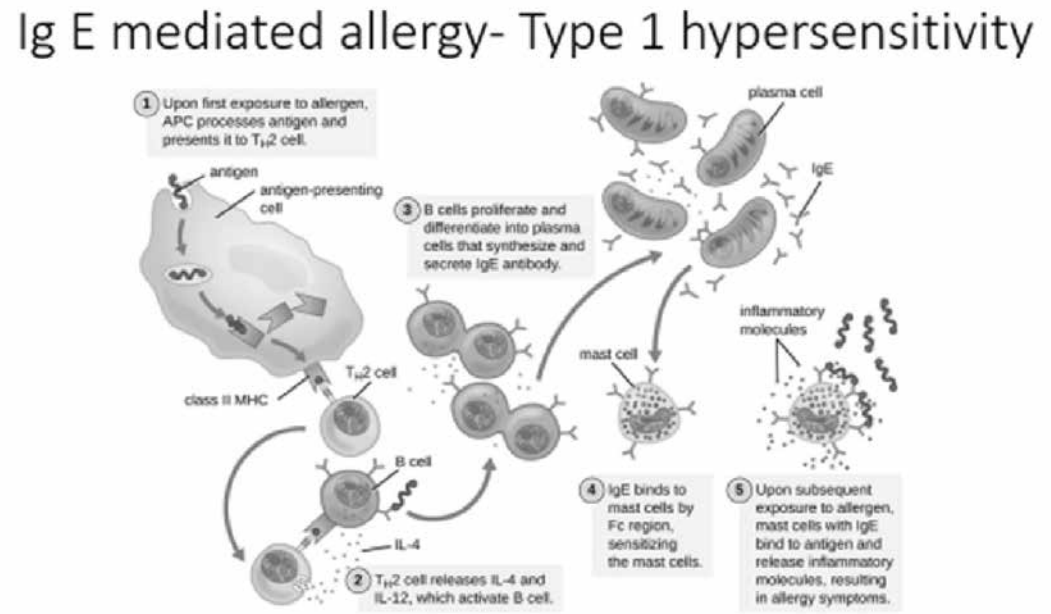
Mast cell activation related clinical presentations

Cutaneous symptoms-flushing, pruritus or urticaria, angioedema Respiratory - cough, wheezing, tightness of chest Gastrointestinal - abdominal pain, vomiting, diarrhea Severe reactions - Anaphylaxis, Throat tightness / choking, Generalized swelling

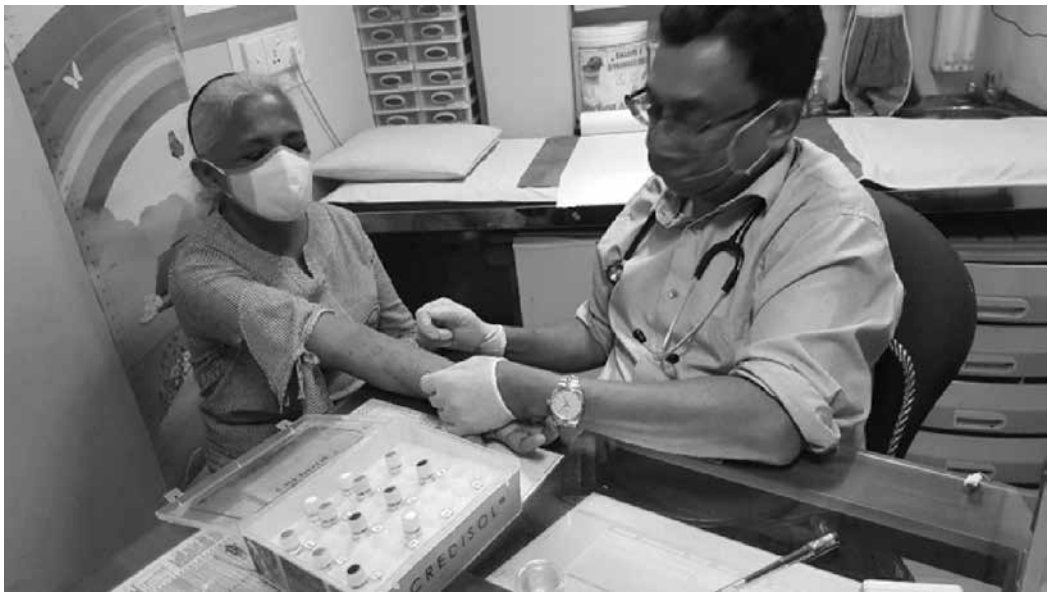
Investigations

Serum specific Ig E measurement

(70% - 90% for sensitivity) - not available for drugs



Skin testing (greater than 90% sensitivity)



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Common Food Allergens

The specificity of both tests is lessthan 50%. Diagnostic testing should be interpreted only in the context of a convincingclinical history. Sensitization often does not equate to clinical allergycan lead to unnecessary food avoidance

- Oral/Drug challenge

Gold standard test conducted by specialists with expertise in food/drug allergy. In this test the patient ingest incremental amounts of a food in a medically supervised environment.

Common modalities of managing food and drug allergies Avoidance

Strict avoidance of allergens is the only methodadvocated to prevent food/drug-induced reactions.

But relatively small amounts of food / drug can triggeracute reactions in highly sensitized individuals

Treatment after the reaction

Antihistamines, Steroids, Adrenaline

Drug and Food desensitization

Is the best way to treat? The first reported case ofdrug desensitization was in 1942 an English soldier in urgent need of penicillin who was allergic to it and at that time when no alternatives existed. Further advances in the 1980s when first oral and intravenous protocols for penicillin were created. Safety and efficacy of penicillin desensitization was widely described without deaths even in pregnant women. The first intravenous protocol with penicillin desensitization was introducedin 1987.

Protocol used at Lanka Hospitals

Final dose which cause an allergic reaction is decided. Dilutions are made down to 10 X - 6. 18 solutions are made with doubling the dose in incremental bottles finally reaching the desired dose either as a solution of the solid food or drug. Introduced over 24 hours in the hospital (Rush immunotherapy) or over 6 days at home (slow immunotherapy). If severe reactions are expected patients are always admitted. If admitted done with continuous monitoring and with preparedness for anaphylaxis management.

Allergy to IV drugs are managed in a simile manner but in them oral desensitization is done first.

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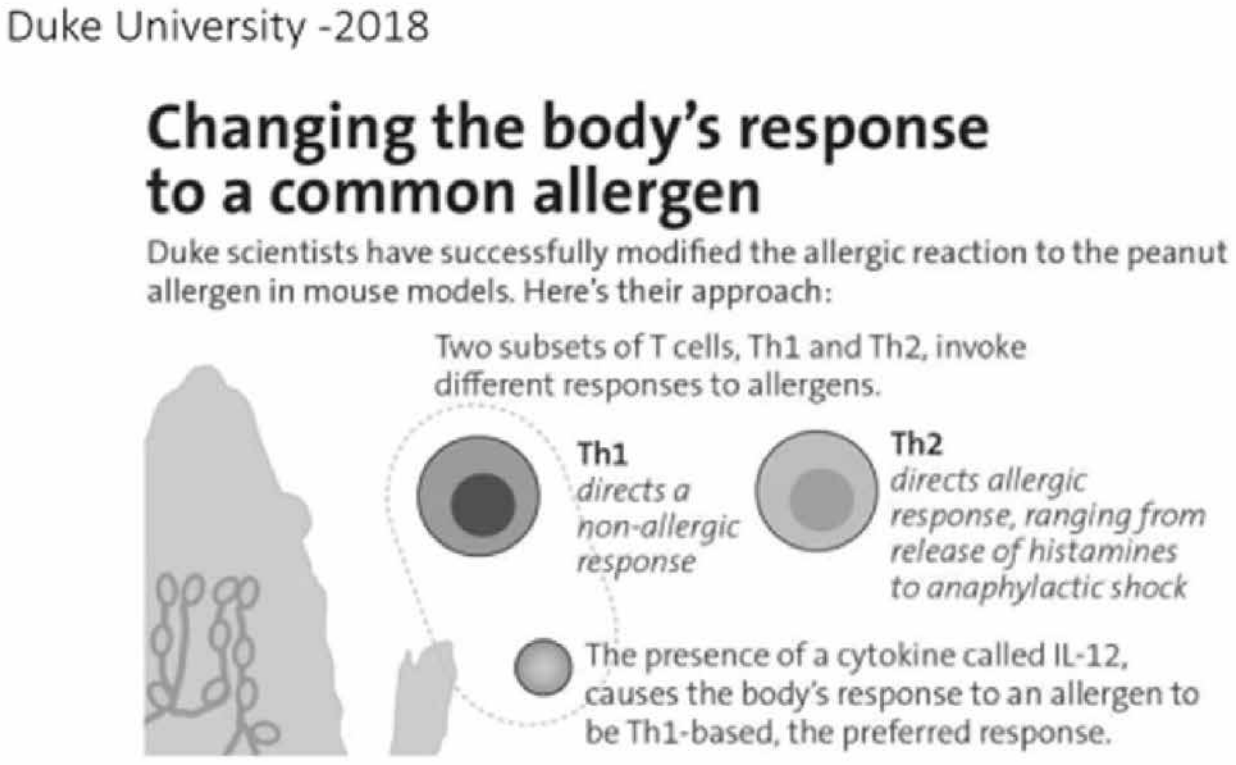
Preparing the solutions

What happens during desensitization process?

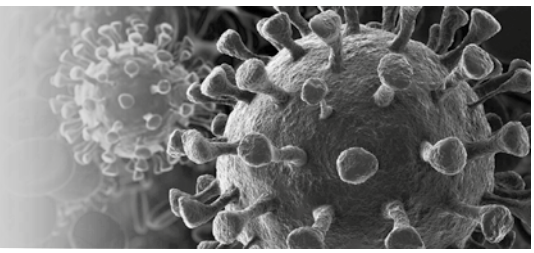


Conclusion

Desensitization is a scientifically accepted modality of treating food and drug allergies, successfully. It is best done by a trained allergist, in a safe environment, after carefully selecting patients.

COVID NEWS

IMPORTANT INFORMATION
After you have COVID-19, when are you COVID-19 free?



This is an important question because it will govern when you can stop all the isolation measures and also when you can go back to work. This is especially important for the front line health care providers (HCP) because we don't want them to pass the virus to their patients when they return to work. Yet we are low on health care personnel so getting those people back safely is critical.

This letter to the editor helps to highlight this issue. It is only 17 COVID-19 patients but it nicely illustrates the variability in the duration of viral shedding. First of all severe patients had higher viral loads overall and still had detectable levels out to day 12 after the onset of symptoms. Some of the secondary cases, which got it from a close contact had very high viral titres right from day 1 of their symptoms. What this means is that the COVID-19 virus could have high viral titres in the first few days but the virus can still be present well into the 12th day after symptoms have started. That means patients are infectious over a very long period of time.

This may explain why this virus can transmit so easily because even before patients have a lot of symptoms, the viral load is already high. This means that physical distancing is really important because people will not look ill and if you are close to them then you could breathe the same airspace as them and therefore pick up the virus. Now at the other end, when the patient has "recovered", he can still be transmitting the virus as well.

The WHO report from China stated that the Guangzhou CDC as of 20 February mentioned that the "virus can initially be detected in upper respiratory samples 1-2 days prior to symptom onset and persist for 7-12 days in moderate cases and up to 2 weeks in severe cases". This becomes important as we decide when to clear people to return to work and when to remove self-isolation protocols.

Currently, for health care providers, CDC needs two negative swabs that are 24 hours apart in order to clear that person. However, we do not have enough swabs so for non-test based patients, CDC says that 3 days without fever, without using fever-reducing medications, and improved respiratory symptoms and at least 7 days have passed since the start of symptoms then they are clear to go back to work. But for HCP, they must wear masks until 14 days have passed from the start of the illness and they must stay away from all immunocompromised patients.

However, the data from China shows that the severe cases could shed virus for 2 weeks.So we should erring on the side of caution. So even if the patient feels well on day 8, we should still follow strict isolation protocols for the full 2 weeks to make sure that recovered patient does not spread the virus.

So the key take away from all this data, is that this virus spreads before the patients look sick and it continues to spread well past the time when the patient is feeling better. There are other studies indicating that the virus RNA can be present in the secretions for 20 days after symptoms start and there is even viral RNA detected in stool samples as well. Now we have to be smart and ask the question are we just detecting remnant RNA after the virus is destroyed? Or are we really detecting viable viral particles that could go onto infect others? These are important questions that need to be answered with further studies.

For now let us simply practice physical distancing, wearing face masks and good hand hygiene and hopefully we will not infect others as we return patients back to their workplaces. Everyone is talking about the possibility of a second wave of infection, so let us not create that scenario by letting our recovered patients be the vector again. So let's keep our guard up even when the patients say that they feel better.

World Health Organization. Report of the WHO-China Joint Mission on Coronavirus Disease 2019 (COVID19). Geneva: WHO; 2020. https://www.who.int/docs/default-source/coronaviruse/whochina-joint-mission-on-covid-19-final-report.pdf. https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html

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