

Vulnerable should be on allergy vaccine therapy

■ All doctors have to mourn the death of someone who died from an allergic reaction to hymenoptera venom ("Wasp sting kills retired Que. doctor," the *Medical Post*, Aug. 26). These are preventable deaths.

Dr. Jacques Hébert is absolutely correct in that venom-allergic individuals should have access to emergency epinephrine injection, such as an EpiPen. However, Dr. Hébert should have been even more definitive in his recommendations. Any adult who has had an anaphylactic reaction to a stinging insect should be on allergy vaccine therapy (immunotherapy/allergy shots).

In Canada today, the vast majority of patients who have had an anaphylactic reaction are not in treatment. All physicians should actively search out these patients.

What should be pointed out is that an injection of epinephrine, if it is effective, gives a window of 15 to 20 minutes to reach an emergency room. If the time from the sting to the hospital is longer than 15 minutes, additional injections must be available.

Anyone reaching an emergency room with an anaphylactic reaction should have epinephrine and remain in observation for a minimum of six to eight hours. Neither epinephrine nor the minimal observation period is the usual practice in Canada, although it is clearly supported by the scientific literature. —