ALLERGIES: Their Increasing Incidence and Challenges to Health Care John A. Molinari, Ph.D. Director of Infection Control THE DENTAL ADVISOR Professor Emeritus University of Detroit Mercy School of Dentistry

HYPERSENSITIVITY REACTIONS (Allergies)

- The result of normally beneficial immune responses acting inappropriately
- Exaggerated, pathological responses to substances, situations, or physical states c/o comparable effect in normal individuals
- · Damaging, uncomfortable, or occasionally fatal
- · Do not occur in all members of the same species
- · Can occur against "just about anything"

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IRRITANT REACTIONS

- A form of dermatitis caused by contact with a substance that physically or chemically damages the skin.
- Either 1x or multiple exposures.
- 2 Not an immunologic response.
- Dryness, fissuring, redness of hands.



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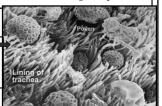


SENSITIZING DOSE

- 2 initial immune response to allergen.
- 2 no symptoms manifested from this response.
- 2 latent interval required before sensitivity can be expressed.
- **2** variable # of exposures for sensitization of individual:
 - * some people are easily sensitized with single exposure.

Pollen in lining of nose & trachea ■

During sensitization, Abs / lymphocytes produced to remove pollen



CHALLENGE DOSE

- 2 exposure to allergen in a sensitized person
- **Presults in manifestation of allergic symptoms**
- 2 challenge occurs with much lower allergen exposure
- 2 severity of symptoms dependent on extent of sensitization
- some do not react, or only slightly react, to multiple challenges ---- leads to diagnosis difficulties

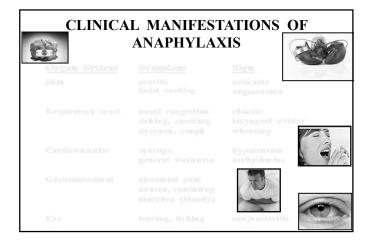


TYPE I HYPERSENSITIVITY

- ☐ IgE mediated allergic response
- □ reaginic -- skin-fixing Ab
- □ normally found in very low serum concentrations (<1%)
- \Box elevated in atopy (3 5%)
- ☐ primarily on mast cell & basophil surfaces



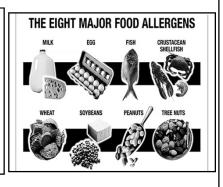
Leading Causes of Type I Allergies HOUSE PESTS Dust Mile Feecs FOOD Red Shellish Nuts Pearunts Eggs Percential Pet DANO GRASS POLLEN RAGWEED POLLEN SEASONAL RAGWEED POLLEN SEASONAL



∽ Shellfish – most commor	ı allergenic food
⊂ 15% adults c AOFA dev	eloped allergies after age 18
☐ Each of Top 8 allergies v	vere AOFA triggers
▽ most common:	
1. shellfish	
2. tree nuts	
3. fish	The state of the s
4. soy	
5. peanuts	
☐ Majority females (onset	age 18-86 yrs) – early 30's peak age
Older age onset of AOF	A = greater risk of severe rxs
	Proce et al. I Allerey Clin Immunel (9/2014)

Top 8 Food Allergy Triggers

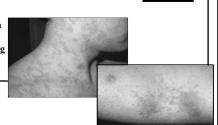
- #1. Peanuts
- 2. Tree nuts (walnuts, cashews, pecans)
- 3. Milk
- 4. Shellfish (shrimp, lobster, crab)
- 5. Fish (cod, salmon, tuna)
- 6. Eggs
- **7. Soy**
- 8. Wheat



Food Allergy Symptoms

Can be sudden & severe commonly include one or more of following:

- hives
- tingling in the mouth
- **☞** swelling in the tongue and throat
- difficulty breathing
- abdominal cramps
- vomiting or diarrhea
- eczema or rash
- coughing or wheezing
- loss of consciousness
- dizziness



Name	Manufacturer	Age Range	# of Strains
Afluria	bioCSL	9 years and older*	Trivalent
Fluarix Quadrivalent	GSK	3 years and older	Quadrivalent
Flublok	Protein Sciences	18 years and older	Trivalent
Flucelvax	Novartis	18 years and older	Trivalent
FluLaval Quadrivalent	GSK	3 years and older	Quadrivalent
FluMist Quadrivalent	Medimmune	2 - 49 years	Quadrivalent
Fluvirin	Novartis	4 years and older	Trivalent
Fluzone	Sanofi Pasteur	6 months and older	Trivalent
Fluzone Quadrivalent	Sanofi Pasteur	6 months and older	Quadrivalent
Fluzone High-Dose	Sanofi Pasteur	65 years and older	Trivalent
Fluzone Intradermal	Sanofi Pasteur	18 - 64 years	Quadrivalent

Affuria is licensed for ages 5 and older, but ACIP recommends that it not be used in children 5 through 8 years of age because of increased reports of febrile reactions in this age group. See "Safety," below





Mold Allergies

- exposed to some mold every day with no bad effects.
- → may breathe in mold spores that are present in the air or eat foods in
 which mold has begun to grow.
- ♡ Some people may have a reaction if exposed to too much fungus
- Common early symptoms: coughing, wheezing, stuffy nose, or irritated eyes; can become more severe (sinus drainage, upper respiratory problems)
- ongoing 12 months a year
- ▽ severe mold allergy not a minimal problem
- "Black mold" -- Stachybotrys chartarum
 - can cause severe symptoms



Antiperspirant & Deodorant Allergies

- ➡ Deodorants used to mask odor; antiperspirants reduce amount of sweat produced
- ⇒ Deodorants considered cosmetics (do not change skin function)
 - 2 mechanisms: -- antimicrobial agents \slash # odor-causing bacteria
 - -- fragrances cover any odor produced

Antiperspirants classified as drugs (thus, FDA-regulated)

- active ingredient usually aluminum (Al): causes obstruction of eccrine glands (Al components can be allergenic)
- Among most common products causing cosmetic allergies
- **⇒** Frequently tested products for person c ACD
- ⇒ Axillary dermatitis common in persons with known fragrance allergies
- ⇒ Tx: topical corticosteroids & avoidance of allergenic chemical

Zirwas. Clin Cont Derm (2008)

Aluminum Effects on Skin

- **⇒** Usual form not harmful
- ⇒ Common aluminum compounds in antiperspirants:
 - Al chloride Al chlorohydrate
 - Al zirconium tetrachlorohydrex glycine
- ⇒ Create chemical rxs with sweat & clog glands may cause irritation in sensitive underarm areas
- **⇒** Allergic contact dermatitis Type IV hypersensitivity
- **⇒** Alternative FDA-approved products available



Allergens Found in Deodorants & Antiperspirants

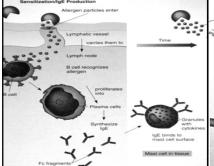
Zirwas. Clin. Con. Dermat. (9/2008)

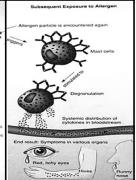
		()
Allergen	# Products c Allergen	% Products c Allergen
Fragrance *	97/107	90%
Propylene glycol	51/107	47%
Essential Oils & Biological Additives	11/107	10%
Parabens	2/107	2%
Vitamin E	2/107	2%
Lanolin	1/107	1%

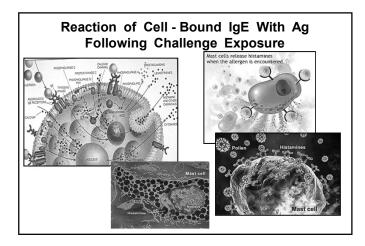
- 4% population allergic to fragrances No perfect product multiple options



Type I Hypersensitivity Response







Pharmacologically Active Mediators - chemical substances that

- act directly or indirectly on muscles, glands, or vessels to produce clinical allergic manifestations.
- histamine
- serotnin
- kinins
- SRA A
- prostaglandins

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CHEMICAL	ACTIVITY	SYMPTOMS
	Constricts bronchial airways	Wheezing; difficulty breathing
	Dilates blood vessels	Local redness at sites of allergen delivery; if dilatation is wide- spread, it can contrib- ute to a lethal drop in blood pressure (shock)
Histamine	Increases permeability of small blood vessels	Swelling of local tissue; if change in permeability is widespread, it can contribute to shock
	Stimulates nerve endings	Itching and pain in skin
	Stimulates secretion of mucus in airways	Congestion of airways
Platelet-activating	Constricts bronchial airways	Same as for histamine
factor	Dilates blood vessels	Same as for histamine
	Constrict bronchial airways	Same as for histamine
Leukotrienes	Increase permeability of small blood vessels	Same as for histamine
Prostaglandin D	Constricts bronchial airways	Same as for histamine

Hypersensitivity Against

Medicaments & Materials

Allergic Rxs: Dental Examples	
rx to nickel (i.e. in crowns, bridges)	
rx to toothpaste components & mouthwashes	
☐ IC products: latex & nitrile gloves, masks	
□ allergic rxs to fragrances in hand hygiene products	
☐ glutaraldehyde & chemical disinfectants	-
□ allergy to amalgam – very rare	
	-
allergies to cobalt alloy	
☐ induced, systemic/local reactions to eugenol. ☐ allergenic newer dental materials: acrylic resin,	
resin composite materials.	
O entibiotics & local enesthetics	
ADVISOR www.dentaladvisor.com	
]
ALLERGIC RX TO TOOTHPASTES	
with initial tartar – control products.	
□ additional cinnamon (2-4%) added to mask taste of	
pyrophosphate.	
☐ multiple oral reaction sites, with Type I (IgE) reactions.	
☐ classic pattern: red, painful gingiva. JAM	
™DENIAL ADVISOR	
www.dentaladvisor.com	
OTC Consumer Dental Products Associated With	
Allergic or Other Adverse Reactions	
Anergic of Other Auverse Reactions	
1. Toothpastes and mouth rinses containing sodium laurel	
sulfate (SLS)	
2. Tartar control toothpastes	
3. Toothpastes, mouth rinses and floss containing natural oil	
flavoring agents (i.e. cinnamon)	
4. Topical pain relieving gels (topical anesthetics) that	
contain benzocaine	
5. Whitening/bleaching agents – overuse can cause rash,	
irritant rxs on gingiva & other oral tissues, and cause	
demineralization of teeth	

Sodium Lauryl Sulfate (SLS)	
□in shampoo, bubble bath, liquid/bar soap, dish soap, toothpaste, &	
some mouthwashes ☐ deemed safe for personal care products – added to enhance foaming qualities	
☐ used in labs to cause <i>loss of skin integrity</i> - thus, SLS in skin care products can cause damage!	
breaks down skin before application of other chemicals; causes stronger tissue rx's to other irritants, including easier	-
entrance of allergens	
	<u> </u>
	7
Types of Dental Materials Associated c Allergic or Other Adverse Reactions	
1. "Base metal" alloys containing nickel used to make crowns	
& bridges 2. Gold alloys used for crowns & bridges that may contain	
base metals 3. Dental amalgam: very rare allergic reactions to metals in	
amalgams – allergic individual may have family hx of	
metal allergies 4. Acrylics or denture reline materials: very small percentage	
of patients allergic or irritant reactions to chemicals in these materials	
	<u> </u>
	_
Allergy to Denture Cleansers	
✓ FDA warning (2008)	
✓ Reports of allergic reactions, including at least one death, linked to denture cleansers	
✓ Persulfate most likely cause of problem	
✓ Denture cleaners designed to clean dentures in a container NOT in the mouth!	
✓ Never chew, swallow, or gargle with denture cleansers.	

✓ Always thoroughly rinse dentures & other dental appliances before placing in mouth

✓ Rxs may not occur right away – may worsen c years of use.



Allergic Conjunctivitis



 many etiologies: pollen, grasses, weeds, dust mites, dander, contact lenses & solns, cosmetics

Can occur:

- more frequent in people c other allergies (i.e. hay fever, asthma, eczema)
- usually both eyes
- seasonal, c high pollen counts
- ♦ year-round due to indoor allergens (i.e. dust mites, animal dander)
- ♦ from exposure to certain drugs & cosmetics
- when contact lenses worn too long or not cleaned properly
- \Rightarrow Clears up once allergen/irritant removed or after allergy medication tx

Allergic vs. Infectious Conjunctivitis

ALLERGIC

- Usually occurs in both eyes
- Not infectious
- Symptoms subside when allergen in removed

VIRAL / BACTERIAL

- Usually begins in 1 eye; may progress to 2nd eye c/in days
- · Rapidly spread to others
- Typically mild; can last days or few wks viral: 2-3 weeks for complete resolution bacterial: 2-3 days to 2-3 weeks; topical antibiotics





Atopy

exposure of skin, nose, or airway to a challenge allergen dose produces cutaneous wheal - flare rx, sneezing, wheezing, running nose c/in minutes.

often have chronic manifestations with repeated episodes:

mouth breathing, conjunctivitis, constant stuffed nose

	_
1	\sim

	ATOPY	,	
☐ from Gr. atopos ☐ often used to de	_	_	
□ possibly > 15 -20 □ characterized by	y: asthma, hay f	ever, hives.	
often hereditary atopic membe	r.		
odds that a child 33% with 1 al 70% with 2 al	lergic parent	rgies (2010): Risk of allergy ercent of 50 children 500 ercepy 400	1980's
often readily dis	scernable upon	30- 20-	
		0	nts lergy

ANGIONEUROTIC EDEMA

- An acute, painless, dermal, subcutaneous or sub-mucosal swelling of short duration involving the face, neck, lips, larynx, hands, feet, or genitalia.
- · May result from:

food or drug allergy infection trauma emotional stress

hereditary factors

· Also called angioedema

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Allergy Medica	tions
Can help ease symptoms (runny r	nose, congestion)
Antihistamines - block histamine	receptors
OTC: Benadryl, Claritin, Chlor-Trime	, , , , , , , , , , , , , , , , , , ,
PRE: Clarinex, Xyzal, Allegra, Astelin	` ' ' '
Decongestants – relieve congestion	n
shrink swollen nasal tissues &	blood vessels
OTC: Zyrtec-D, Sudafed, Neo_synephr	rine, Afrin
PRE: Claritn-D, Allegra-D	
Combination allergy medications	
OTC: Zyrtec-D, Benadryl Allergy & S Sinus	inus, Tylenol Allergy &
PRE: Allegra-D, Claritin-D, Semprex	(nasal), Naphcon

Allergic Desensitization (Hyposensitization)

- ☐ No cure for allergies
- $\ \square$ BUT, "allergy shots" can gradually increase ability to tolerate allergens
- ☐ Goal: stimulation competing &/or blocking immune responses in serum:

 humoral: IgG "competitive inhibition." cellular: lymphokine synthesis to prevent chronic inflammation.
- ☐ Competing for Ag on mast cell surfaces.



Specific Allergic Immunotherapy: Why Is It Used ?

- O to treat Type I allergy caused by inhalent allergens.
- O to treat bee/wasp allergic pts
- O to treat atopic & asthmatic pts.
- O variable success rate

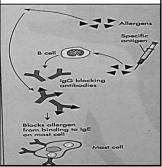


Sensitization vs. Hyposensitization

Allergens B cell IgE Mast cell Degranulation Histomine

Sensitized Individual

Desensitized State



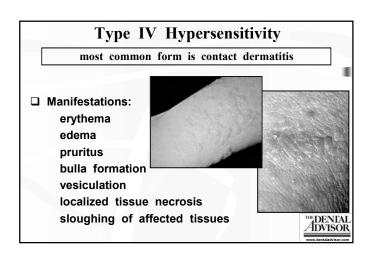
Allergic Manifestations During Screening allergic salute transverse nasal crease allergic shiners allergic gapers conjunctival changes nose & throat disorders https://doi.org/10.1001/10.10

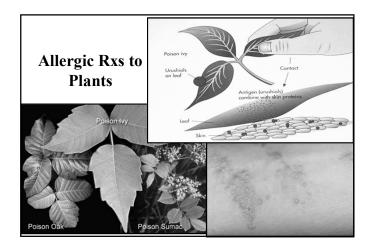
ls I	t a Cold or the	Flu ?
Symptoms	Cold	Flu
Fever	rare in adults and older children, but can be as high as 102° F in infants and small children	usually 102° F, but can go up to 104° F and usually lasts 3 to 4 days
Headache	rare	sudden onset and can be severe
Muscle aches	mild	usual, and often severe
Tiredness and Weakness	mild	often extreme, and can last two or more weeks
Extreme exhaustion	never	sudden onset and can be severe
Runny nose	often	sometimes
Sneezing	often	sometimes
Sore throat	often	sometimes
Cough	mild hacking cough	usual, and can become severe CDC

Allergies vs. Colo
<u>allergies</u>
Cause challenge with allergen
Contagious no
Symptoms sneezing; runny, itchy, stuffy nose; watery, itchy eyes, itchy throat; coughing; clear mucus

Type IV Hypersensitivity delayed hypersensitivity -- sensitized CD₄+ T cells. develops 12-24 hrs post-challenge with allergen. generally evokes local response, sometimes may extend past area of contact. forms: -- contact dermatitis -- tuberculin -- granulomatous (21-28 days)

Sources of Contact Dermatitis Allergens REP. SOURCES COMPOUNDS Metal jewelry, belt buckles, nickel, chromium, copper, mercury animal & plant fibers, dyes, watches (& bands) Clothing vinyl, permanent press agents antioxidants, accelerators Rubber swim wear, shoes, condoms, garters Cosmetics lipstick, hair dye, iron / cobalt dyes, sulfides, perfumes, lotions balsam Leather belts, shoes, watchbands, potassium dichromate, dyes leather Plants poison ivy, oak, sumac, catchols etc.





GUESS WHO IS ALLERGIC TO LATEX **RICHARD STATES** **Preventing Allergic Reactions to Natural Rubber Latex in the Workplace **In the Workplace** **Preventing Allergic Reactions to Natural Rubber Latex in the Workplace** **Preventing Allergic Reactions to Natural Rubber Latex in the Workplace** **Preventing Allergic Reactions to Natural Rubber Latex in the Workplace** **Preventing Allergic Reactions to Natural Rubber Latex in the Workplace** **Preventing Allergic Reactions to Natural Rubber Latex in the Workplace** **Preventing Allergic Reactions to Natural Rubber Latex in the Workplace** **Preventing Allergic Reactions to Natural Rubber Latex in the Workplace** **Preventing Allergic Reactions to Natural Rubber Latex in the Workplace** **Preventing Allergic Reactions to Natural Rubber Latex in the Workplace** **Preventing Allergic Reactions to Natural Rubber Latex in the Workplace** **Preventing Allergic Reactions to Natural Rubber Latex in the Workplace** **Preventing Allergic Reactions to Natural Rubber Latex in the Workplace** **Preventing Allergic Reactions to Natural Rubber Latex in the Workplace** **Preventing Allergic Reactions to Natural Rubber Latex in the Workplace** **Preventing Allergic Reactions to Natural Rubber Latex in the Natural Rubber

"Healthcare is rich in evidence-based innovations, yet...they often disseminate slowly, if at all."

D.M. Berwick, JAMA 2003



- Rubber surgical gloves popularized by Halsted in 1889
- Allergic reactions to rubber gloves reported 1927 & 1933

Latex Allergy Background

- ☐ 1890: latex surgical rubber gloves in hospls.
- ☐ 1979: 1st case of latex allergy reported (??).
- □ 1988: increasing # of latex allergy reports to FDA, including 16 deaths.
- ☐ 1991: FDA latex allergy alert to HCW.
- □ 1997: FDA regulations for manufacturer label, protein, & hypoallergenic claims.
- □ 9/30/98: FDA regulations go into effect.

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Latex Hypersensitivity Symptoms

☐ Type I localized:

- -- immediate IgE allergic reaction
- -- develops within minutes to latex protein challenge
- -- urticaria, hives, pruritus, rhinitis

□Type I systemic:

- -- more generalized, severe manifestations
- -- conjunctivitis, laryngeal / respiratory distress

☐Type IV:

- -- delayed, contact dermatitis
- -- slow-forming, localized rash, necrosis, sloughing
- -- develops within 12-24 hrs to chemical challenge

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Type I Latex Allergy on Dental Assistant

- ✓atopic -- hx of multiple allergies
- √initial rx on hands c/in minutes of donning gloves
- \checkmark 2nd rx on face from touching while wearing gloves
- \checkmark complicated by staph pyoderma

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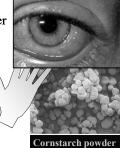
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Glove powder: carrier for allergenic NRL proteins

Airborne powder:

- NRL proteins absorbed in manufacturing (slurry)
- · Aerosolized and inspired allergen
- Cornstarch alone is a rare sensitizer





Latex Hypersensitivity Responses

- ☐ Type I localized and systemic: (immediate)
 - -- elution of water-soluble latex proteins into skin & mucous membranes
 - -- IgE response
- ☐ Type IV: (delayed)
 - -- not against latex components
 - -- sensitized CD4+ lymphocyte response to watersoluble chemicals added to latex
 - chemical accelerators, anti-oxidants, thiurams, conditioners, etc.

Latex Allergy Risk Factors

- People who have multiple allergic conditions (Atopic individuals)
 increasing % in population (15-20%)
- People with spina bifida (up to 17-68%)
- · Hx of multiple surgeries
- · Occupational factors (HCWs; Rubber industry workers)
 - HCW risk decreased since late 1990's manufacturing changes
- · People with allergies to certain fruits & nuts, such as:



Avocado Bananas Chestnuts Kiwi fruit Papaya Potatoes Tomatoes Hazelnuts



Common Products Containing Latex

Household Goods

Automobile tires

Motorcycle and bicycle handgrips

Carpeting

Swimming goggles
Racquet handles

Expandable fabric (waistbands)

Dishwashing gloves
Hot water bottles
Condoms
Diaphragms

Balloons Pacifiers

Baby bottle nipples





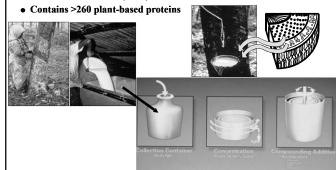
Office Supplies
Rubber bands
Erasers

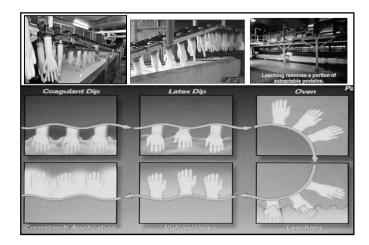


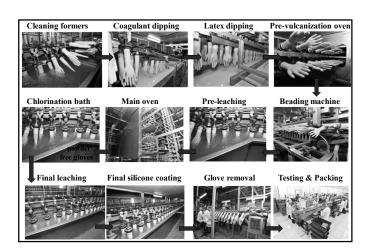
WA State Dept Labor & Statistics (2011)

A Type I Allergy Develops to Plant-Based Proteins in NRL

• Natural rubber latex (NRL) is harvested from Hevea brasiliensis tree

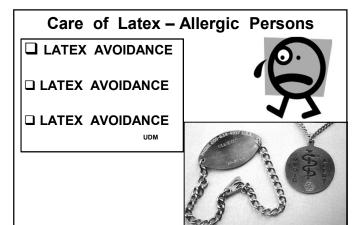






Required Latex Labeling

- □"This product contains natural rubber latex which may cause allergic reactions in sensitized individuals."
- ☐ Allowed label claim for reduced protein in gloves.
 - 50 ug protein / gm by modified Lowry
 - total protein not only allergenic protein
- ☐ "Safe use of this by or on latex sensitized individuals has not been established."





Thank You Any Questions? THEDENTAL ADVISOR www.dentaladvisor.com