EAACI Task Force – Drug Allergy in Primary Care Settings Across Europe

Thank You for Participating

Educational Summary of Drug Allergy Scenarios

The EAACI Task Force – Drug Allergy in Primary Care Settings Across Europe acknowledges your completion of this survey and thanks you for your contribution.

Your participation supports the European Academy of Allergy and Clinical Immunology (EAACI) in its ongoing efforts to strengthen the recognition, diagnosis, and management of drug allergy in primary care settings across Europe, in alignment with the Academy's educational and scientific objectives.

The content presented below is provided as an educational resource reflecting current evidence-based understanding in drug allergy. It is intended to support clinical reflection in primary care and does not replace individual clinical judgement or specialist assessment.

Educational Reflections on Survey Scenarios

1. Development of drug allergy after previous uneventful exposure

Correct answer: TRUE

IgE-mediated drug allergy requires prior sensitisation, which may occur in the absence of clinical symptoms. A reaction following repeated exposure is therefore compatible with a true allergic mechanism.

2. Family history of penicillin allergy as an indication for testing

Correct answer: FALSE

Beta-lactam allergy is not inherited. A family history alone does not constitute an indication for drug allergy testing in the absence of a personal history suggestive of hypersensitivity.

3. Persistence of penicillin allergy over time

Correct answer: FALSE

Penicillin-specific IgE antibodies decline over time. The majority of individuals labelled as penicillin-allergic in childhood are no longer sensitised years later.

4. Risk of cephalosporin reaction in penicillin anaphylaxis

Correct answer: FALSE

Cross-reactivity between penicillins and cephalosporins is primarily related to side-chain similarity. Later-generation cephalosporins are associated with low cross-reactivity rates.

5. NSAID hypersensitivity and cross-reactivity

Correct answer: TRUE

Many NSAID hypersensitivity reactions are non-immunological and mediated by cyclo-oxygenase-1 (COX-1) inhibition, resulting in cross-reactivity across multiple NSAIDs.

6. Necessity of avoiding all vaccines after a reaction to one vaccine

Correct answer: FALSE

Most vaccine-associated reactions are not IgE-mediated. In the majority of cases, re-vaccination is safe following appropriate clinical evaluation.

7. Seafood allergy and iodinated contrast reactions

Correct answer: FALSE

Seafood allergy does not increase the risk of hypersensitivity reactions to iodinated contrast media. There is no evidence of cross-reactivity between seafood allergens and contrast agents.

8. Frequency of true allergic reactions to local anaesthetics

Correct answer: FALSE

True IgE-mediated hypersensitivity to local anaesthetics is rare. Most adverse reactions are vasovagal, anxiety-related, or toxic in nature.

9. Diarrhoea during amoxicillin treatment as evidence of allergy

Correct answer: FALSE

Diarrhoea is a common non-allergic adverse effect of antibiotic therapy and does not, in isolation, contraindicate future use unless accompanied by features suggestive of hypersensitivity.

The findings of this survey will inform the development of future EAACI educational activities, including learning modules and other resources designed to address identified needs in primary care.

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