



Anaphylaxis: it's everyone's problem

Anafilaxia: um problema de todos nós!

Dirceu Solé¹, Fábio Chigres Kuschnir²

A few decades ago, anaphylaxis would make headlines in print, spoken, and televised media if it affected a notable figure such as an actor, singer, or other public personality, typically during cosmetic surgeries, and often with fatal outcomes.

Over time, the frequency of these episodes has increased significantly and has been linked to other causes such as food ingestion (cow's milk, chicken eggs, shellfish, fish, nuts), medications (nonsteroidal anti-inflammatory drugs, vaccines), insect stings (bees, wasps, hornets, ants), radiocontrast agents, among others, still often resulting in fatal outcomes.

How can we explain this increase in the incidence and severity of anaphylaxis? In addition to genetic predisposition for the development of allergic diseases, early exposure to adverse environmental conditions can determine the development of allergic diseases in their various forms.

In Brazil, information about the true extent of anaphylaxis and anaphylactic shock, as well as their mortality rates, is scarce. Moreover, little is known about the therapeutic procedures used in these conditions. Thus, under the leadership of Prof. Dr. Emanuel Sarinho (2021-2022), ASBAI created the Brazilian Anaphylaxis Registry (*Registro Brasileiro de Anafilaxia*, RBA), similar to initiatives observed in several other countries. This national registry of patients who have experienced at least one episode of anaphylaxis will allow us to improve our understanding

related to the diagnosis, treatment, and follow-up of these patients, potentially saving thousands of lives.

What is the point of having a registry if the cases are not reported? In parallel with the creation of the RBA, Federal Deputy Dr. Luiz Antonio Teixeira Jr. proposed Bill 1945/21, which mandates that doctors, clinics, hospitals, and health centers across the country report anaphylactic shock occurrences to the Brazilian Ministry of Health. The bill will be conclusively reviewed by the Committee on Social Security and Family and the Committee on Constitutional, Justice and Citizenship Affairs. Once enacted into law, we will have a data record that will likely reflect reality more accurately.

Although anaphylaxis is the most severe type of allergic reactions, in some instances, an allergist may intervene to reverse it, as it is a medical emergency, and the patient must be urgently referred for hospital care. Therefore, it is crucial that emergency physicians are well-informed and prepared to provide the best treatment protocol. The treatment of choice consists of intramuscular injection of epinephrine and should be administered by health care professionals. The availability of an epinephrine autoinjector has greatly facilitated the treatment of these patients in areas where it is available.

In addition to actively participating in the public consultation on the availability of epinephrine autoinjectors on the Brazilian Unified Health System

1. Scientific Director of Associação Brasileira de Alergia e Imunologia (ASBAI).

2. President of ASBAI (2023-2024).

(SUS), ASBAI is also supporting Bill 85/2024 proposed by Deputy Geraldo Resende, which advocates for the free supply of epinephrine autoinjectors by the SUS.¹ The availability and easy access to this medication would greatly facilitate the therapeutic approach to anaphylaxis in Brazil.

In this issue, Felix MMR et al.² published the first results obtained from the preliminary analysis of the initial patients who experienced anaphylaxis and were included in the RBA. The study found that most episodes occurred in familiar environments, were triggered by known etiological agents, and often received inadequate emergency treatment. Few patients received injectable epinephrine.

Although some researchers suggest that mortality from anaphylaxis is low, it should be close to zero, as we are dealing with a highly preventable clinical condition.

There is a mantra that all of us specialists like to repeat: “The best treatment for anaphylaxis is prevention.” To prevent it, in addition to understanding how it develops and progresses, we also need to understand how it is triggered and adequately treated.

Join us!

References

1. Brasil. Câmara dos Deputados. Projeto de Lei N° 85/2024. Dispõe sobre fornecimento gratuito da caneta de adrenalina autoinjetável pelo Sistema Único de Saúde (SUS) [em tramitação]. Available in: <https://www.camara.leg.br/proposicoesWeb/fichadetramitacao?idProposicao=2417038#tramitacoes>.
2. Felix MMR, Solé D, Chong-Neto HJ, Goudouris ES, Watanabe AS, Rubini NPM, et al.; Grupo Brasileiro de Interesse em Anafilaxia (GBIA). Epidemiologia da Anafilaxia no Brasil: Registro Brasileiro de Anafilaxia (RBA) da Associação Brasileira de Alergia e Imunologia (ASBAI). *Arq Asma Alerg Imunol*. 2024;8(1):35-42.