MY TOP 5 TAKES ON A PAPER TITLED

DOCA

A viable approach for 'low-risk' patients labelled with penicillin allergy (PenA)?

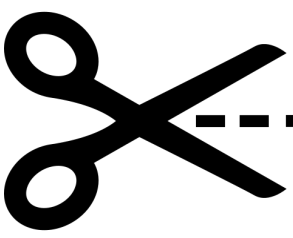
DOCA = direct oral amoxicillin challenge

True PenA is rare

10% of population and 20% of hospitalised patients carry PenA label. However, true allergy is seen in **< 5% only**

Pseudo-PenA is dangerous

PenA is **expensive** and can be **dangerous** as patients may be given suboptimal treatment using alternative antibiotics and face a paradoxical increase in the rate of teicoplanin-induced anaphylaxis reaction.



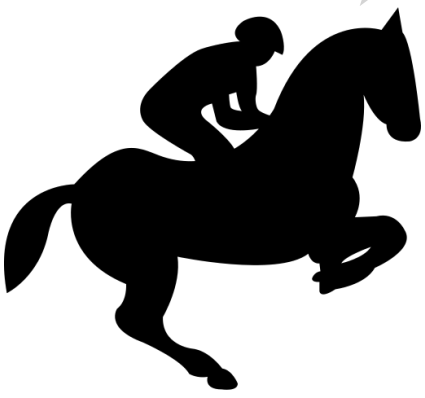
First divide them into 2

Low Risk = i.e. pruritus only, 'benign rash' or an indeterminate history: > 10 years of a non-HSR history

OR

High Risk = i.e. HSR reactions (both type 1 and 4) or high-risk comorbidities like severe asthma/heart failure

Then go DOCA in low risk patients



This can either be;

A single- or 2/ 3-step DOCA under medical supervision with accumulative dose of 500mg

OR

A further course for 3–5 days to exclude both immediate and non-immediate HSR

Important Points

Raising awareness in both health care workers and patients on the "abuse" of PenA label is imperative.

AND

Supervised DOCA to delabel low-risk patients presents a promising option, but needs validation in larger prospective studies in different healthcare setting

Click **HERE** for the algorithm