To: [Recipient's email]

From: MPR on behalf of ALK, Inc.

## **Subject Lines:**

[Optimize patient care: assess true penicillin allergies today]

[Enhance patient outcomes: correct allergy labels and verify true allergy status] [Is your patient really allergic to penicillin?]

# Preheader:

Improve patient outcomes with penicillin allergy testing

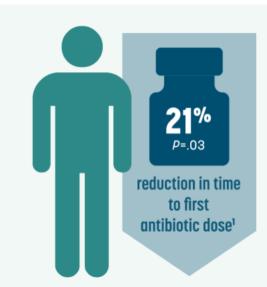
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Did you know that mislabeling patients with a penicillin allergy could significantly impact their future treatment options?

Removing or de-labeling your nonallergic patients could expand their treatment options and improve their outcomes.

The benefits of reclassifying patients as "nonallergic" are well documented:



## lower rate of clinical failure<sup>2</sup>

Additionally, patients with a reported allergy had a 50% increased risk of developing a surgical site infection  $(P=.04)^3$ 

decreased risk of infection with

Clostridioides difficile (C diff)4 Demonstrated decreases in MRSA and

VRE infections have also been seen in patients without penicillin allergy<sup>5,6</sup>

decrease in 30-day hospital readmission rate<sup>4</sup>

In a retrospective study in 2 tertiary care hospitals over almost 6 years, patients without penicillin allergy had a 15.1% 30-day readmission rate, compared with 19.2% for patients with penicillin allergy4

Individuals labeled as penicillin allergic often receive more broad-spectrum and potentially toxic antibiotics, leading to the development of drug-resistant bacteria like meticillin resistant Staphylococcus aureus (MRSA) and healthcare-associated infections like Clostridium difficile related colitis.4



You can play a role in the effort to advance the proper use of antibiotics. Before prescribing broad-spectrum antibiotics to a patient thought to be penicillinallergic, evaluate the patient for true penicillin allergy.

**Learn More About Penicillin Allergy Testing** 

References: 1. Jeffres MN, Narayanan PP, Shuster JE, Schramm GE. Consequences of avoiding βlactams in patients with β-lactam allergies. J Allergy Clin Immunol. 2016;137(4):1148-1153. doi:10.1016/j.jaci.2015.10.026 2. Blumenthal KG, Ryan EE, Li Y, Lee H, Kuhlen JL, Shenoy ES. The impact of a reported penicillin allergy on surgical site infection risk. Clin Infect Dis. 2018;66(3): 329-336. doi:10.1093/cid/cix794 3. Huang KH, Cluzet V, Hamilton K, Fadugba O. The impact of reported betalactam allergy in hospitalized patients with hematologic malignancies requiring antibiotics. Clin Infect Dis. 2018;67(1):27-33. doi:10.1093/cid/ciy037 4. Blumenthal KG, Lu N, Zhang Y, et al. Risk of meticillin resistant Staphylococcus aureus and Clostridium difficile in patients with a documented penicillin allergy: population based matched cohort study. BMJ. 2018;361:k2400. 5. Macy E, Contreras R. Health care use and serious infection prevalence associated with penicillin "allergy" in hospitalized patients: a cohort study. J Allergy Clin Immunol. 2014;133(3):790-796.



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### Improve patient outcomes with penicillin allergy

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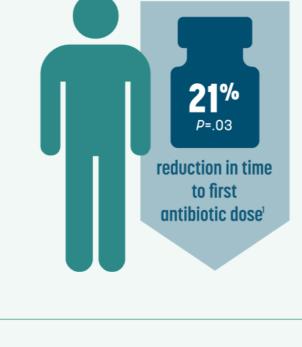
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lower rate of clinical failure<sup>2</sup>
Additionally, patients with a reported

27%

allergy had a 50% increased risk of

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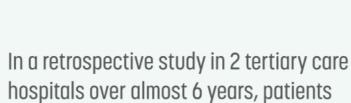
Demonstrated decreases in MRSA and

**Nearly 35%** 3

decrease in 30-day hospital

VRE infections have also been seen in

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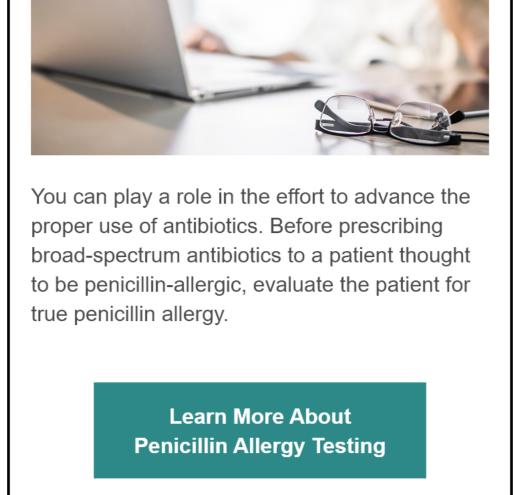
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