



April 22, 2016

Dr. Michelle Smith-Jefferies, Acting Director
Federal Occupational Health
Program Support Center
U.S. Department of Health & Human Services
4550 Montgomery Avenue
Ste 950, Rm 902
Bethesda, MD 20814

Re: Anaphylaxis Protocols in Federal Facilities

Dear Dr. Smith-Jefferies:

On behalf of the Asthma and Allergy Foundation of America (AAFA, www.aafa.org), I am writing to offer comments about allergy safety protocols in federal facilities. AAFA, a not-for-profit organization founded in 1953, is the leading patient organization for people with asthma and allergies, and the oldest asthma and allergy patient group in the world. AAFA is dedicated to improving the quality of life for people with asthma and allergic diseases through education, advocacy, and research. AAFA provides practical information, community-based services, support and referrals through a national network of chapters and educational support groups.

AAFA's programs support vital research leading to better treatments and understanding of the causes of severe allergies, such as our Anaphylaxis in America™ study, which depicts the current prevalence and characteristics of severe allergies in the U.S. As part of our mission, we support both federal and state-level policies that promote the health and safety of Americans with severe allergies. These policies include state legislation that allows schools, businesses, and other entities to keep a supply of epinephrine auto-injectors for use in allergy emergencies.

Anaphylaxis is a type of severe allergic reaction that can be triggered by allergens such as foods, certain pharmaceuticals, or insect stings. With prompt injection, epinephrine is nearly always effective in halting or slowing the reaction until a person can receive proper medical attention. In situations where a person does not have access to epinephrine (they may not have their prescribed auto-injector with them, or they could be experiencing their first-ever reaction to a certain allergen), the reaction can become life-threatening.

Since 2012, 47 states have enacted laws to allow or require schools to keep extra epinephrine auto-injectors stored for emergencies. Of those states, 23 have expanded access to emergency epinephrine into other places by allowing businesses or entities (such as restaurants, movie theaters, sports venues, etc.) to also maintain a supply of auto-injectors. These laws have been born out of a greater understanding of the severity of



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allergies (particularly food allergies) and an awareness of the importance of having proper allergy protocols in place.

AAFA urges Federal Occupational Health (FOH) to consider implementing anaphylaxis protocols among the more than 360 federal agencies it serves. For example, one approach is to maintain a supply of epinephrine in federal facilities and designate trained personnel to administer the medication. AAFA stands ready to meet with you and your colleagues to further address this public health concern.

We hope you will take the important step of protecting Americans at risk for severe, life-threatening allergic reactions. If you require further information, please do not hesitate to contact me at csennett@aafa.org, or AAFA's Senior Vice President of Policy, Advocacy, and Research, Meryl Bloomrosen, at mbloomrosen@aafa.org.

Sincerely,

Cary Sennett, MD, PhD
President and CEO
Asthma and Allergy Foundation of America

Cc: Julia Shiner, PhD; Marc Leffer, MD, MPH; Jim R. Esquea