ANAPHYLAXIS FACT SHEET

**Key facts**

- Anaphylaxis is a serious allergic reaction that is rapid in onset and may cause death\(^1\)
- Common allergens include foods such as peanuts, tree nuts (e.g. almonds, walnuts, cashews, brazils), sesame, fish, shellfish, dairy products and eggs\(^1\)
- Non-food causes include wasp or bee stings, natural latex (rubber), penicillin or any other drug or injection\(^1\)
- Anaphylaxis in children is most often caused by food\(^2\)
- The symptoms of anaphylaxis can start within minutes after contact with the allergen. Less commonly, they can occur a few hours or even days after contact\(^3\)
- Intramuscular (IM) adrenaline is the recommended as immediate, first line treatment in anaphylaxis. Early use of IM adrenaline in anaphylaxis is associated with improved outcomes\(^5\)

**What is anaphylaxis?**

- Anaphylaxis is a serious allergic reaction that is rapid in onset and may cause death\(^1\)
- After being exposed to an allergen the person's immune system becomes sensitised to that allergen. On a later exposure, an allergic reaction may occur\(^6\)
- This reaction may be sudden, severe, and involve the whole body. Tissues in different parts of the body release histamine and other substances. In many cases the airways may tighten causing difficulty in breathing and/or lowered blood pressure leading to dizziness and collapse\(^1\)

**What causes anaphylaxis?**

- Common allergens include foods such as peanuts, tree nuts (e.g. almonds, walnuts, cashews, brazils), sesame, fish, shellfish, dairy products and eggs\(^1\)
- Non-food causes include wasp or bee stings, natural latex (rubber), penicillin or any other drug or injection\(^1\)
- In some people, exercise can trigger a severe reaction - either on its own or in combination with other factors such as food or drugs (e.g. aspirin)\(^1\)
- Anaphylaxis in children is most often caused by food\(^2\)
• Patients with food allergy and coexisting asthma are at an increased risk of developing fatal anaphylaxis.

What are the symptoms?
• The symptoms of anaphylaxis can start within minutes after contact with the allergen. Less commonly, they can occur a few hours or even days after contact.
• Patients may experience any of the symptoms below:
  o Itchy rash
  o Sense of impending doom
  o Tingling and swelling of the lips, eyes and face
  o Tightening of the throat, hoarseness
  o Vomiting, diarrhoea and abdominal cramps
  o Shortness of breath, cough, wheeze
  o Light headedness, weak pulse and unconsciousness

How is anaphylaxis diagnosed?
• Patients present to a Primary Care Practitioner with symptoms and are often referred to a Specialist (e.g., allergist, dermatologist, pulmonologist). Diagnosis of anaphylaxis is often based on: patient history (e.g., allergies, asthma), skin prick test and a specific IgE blood test

How is anaphylaxis managed?
• The management of anaphylaxis includes both the treatment of acute episodes and the implementation of community strategies to avoid recurrences.
• Intramuscular (IM) adrenaline is the recommended as immediate, first line treatment in anaphylaxis. Early use of IM adrenaline in anaphylaxis is associated with improved outcomes.
• After an severe allergic reaction, a patient should be observed by a HCP for at least 4 hours after symptoms have abated and referred to an allergy specialist to assist with diagnosis, allergen avoidance measures, risk assessment, preparation of an action plan and education on the use of self-injectable adrenaline.
• It is recommended that a second AAI is carried as a second injection may be required 10-15 minutes after the first, if the patients condition has not improved or medical assistance has not arrived.
Anaphylaxis is unpredictable. If a previous attack was mild, it doesn’t mean the next one will also be mild. So, both high and at risk patients should carry an AAI at all times.

-ends-

References
2 Anaphylaxis: diagnosis and management - Simon GA Brown, Raymond J Mullins and Michael S Gold
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7 Fatalities due to anaphylaxis to foods. Bock S. J Allergy Clin Immunol; 107,1; 191-3
8 Lessons for the management of anaphylaxis from a study of fatal reactions. Pumphrey R. Clinical and Experimental Allergy 2000; 30;144-50

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Notes to Editor:
About ALK
• ALK is a research-driven global pharmaceutical company focusing on allergy treatment, prevention and diagnosis. ALK’s mission is to improve quality of life for people with allergy by developing pharmaceutical products that target the actual cause of allergy, permanently reduce and potentially halt the allergic reaction. ALK offers three types of allergy immunotherapy: injections, sublingual drop based and tablets, and an auto-injector for the emergency treatment of allergic reactions (anaphylaxis). ALK has approximately 1,700 employees with subsidiaries, production facilities and distributors worldwide. The company is headquartered in Hørsholm, Denmark and listed on NASDAQ OMX Copenhagen A/S. Further information at www.alk-abello.com.