

Clinical Updates on Life Threatening Allergies and Implications for School Nurses & 504 Plans, IHCP and the Role of the School Nurse

All Regions Regional Meeting on February 12, 2025

Q&A Document

1. You only have one NEFFY®, it's administered, and now you need a second dose. Is it safe to then use an auto-injector?
 - Yes. In fact, as the intranasal route is quite new, some people may even be using auto-injectors as the second dose purposefully.
2. How commonly is omalizumab being used in the field?
 - It has been around since 2003 and first gained FDA approval for moderate to severe asthma. This new indication is for ages 1 and up. Patients that have had severe reactions/anaphylaxis or have multiple allergens that are challenging to avoid are good candidates. There has been excitement amongst allergists and the food allergy community.
3. Do you have to keep taking it forever, or after the 20 weeks, does it last for a while?
 - It takes 16-20 weeks to be considered effective and needs to be routinely administered.
4. So, the child needs to be on the Omalizumab indefinitely?
 - Correct
5. "Airborne" nut allergy, especially if the school is not grinding it, cooking it, or shelling it. Is it real and do we really need to tell students no peanut butter at all in a large cafeteria?
 - Most allergic reactions are caused by proteins. It takes grinding, cooking, or crushing to aerosolize proteins. Smells are caused by volatile organic compounds, and these do not trigger allergic reactions. The consideration for specific allergen restrictions depends on the developmental capabilities of the students and school resources.
6. Is a student with pea allergy, automatically considered to have a pea protein allergy? If so, this is often a hidden ingredient. Any advice on planning for this?
 - As green pea is not included in the major 9 then it can be included without specific mention under language like natural flavors.