

# Paul F. Wubbena, Jr. M.D., P.A.

Diplomate, American Board of Allergy and Immunology

Infants, Children and Adults

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## ALLERGY VACCINE

Allergy vaccines are used to build up a resistance to things that one is allergic to but cannot avoid, such as pollens, mold spores, dust and animals. They are generally not effective in treating food allergies.

A vaccine usually contains a number of individual items that a person reacts to on skin testing. One cannot start with the top strength vaccine since it would probably cause a severe reaction. As a result, dilutions are made until the vaccine is weak enough that it will not cause symptoms but strong enough to start building up the patient's resistance. In some cases when an individual is highly allergic to many different items, it may be necessary to split up the ingredients and have two or more separate sets of vaccines. One common way of doing this is to put the pollens in one set and dust and molds into another set. Starting with the most diluted bottle, each shot is stronger until a final top strength dose is reached. Generally the top strength dose is the strongest the patient can tolerate without getting sick or getting local reactions from the shot. This maintenance dose is then continued, usually for several years, depending on the progress of the patient.

While there are several different types of shot schedules, depending on the degree of allergy and the type of vaccine used" the following is the most common schedule used in this office: Bottle #1 is the weakest and Bottle #4 or Bottle #5 is the strongest. Preferably shots are given twice a week however, once a week is acceptable if the patient is tolerating the vaccine without recurring reactions. It usually takes 20-24 weeks to get the maintenance dose. Weekly shots are continued for 6-12 months, depending on how rapidly the patient improves. Then if one is doing well, we try shots every two weeks for approximately 6 months, then every three weeks and then once a month. If a patient can continue to do well for a year on shots once a month, the vaccine can usually be stopped. Usually this process takes 5 years.

If the patient stops the vaccine too soon, even if one has been doing well, there is a high risk of getting a relapse. Occasionally, even if the full schedule is completed a patient may tend to relapse. While this is not the desired effect, if one can stay well with one shot a month, this is still a relatively simple treatment.

There is still NO guarantee that an allergy vaccine will help at all. In a great percentage of individuals however, the symptoms may clear completely or only rarely require a few doses of medicine. Asthma patients generally respond faster and more completely than do patients with hay fever and sinus problems. At the present time, we have no reliable way of predicting who will and will not get a good response other than trying the vaccine.

### SIDE EFFECTS

People have died from allergy shots, but people have also died from Penicillin shots. Generally, allergy shots are quite safe. The most common reactions are at the site of the injection and include redness, itching and swelling larger than the size of a quarter. The shots should not "hurt" since they go into the fatty part of the arm. If they go into the muscle they will hurt. For this reason, we suggest the shots be given in the lower part of the upper arm rather than near the shoulder where the muscles are larger and harder to miss. Some individuals may not show an immediate reaction, but later that night may notice increased nasal stuffiness, coughing, wheezing, or behavior changes. Usually a dose of the patient's regular allergy medicine will take care of this, however, BE SURE to tell the nurse the next time you come in for a shot so the dosage won't be increased. IF dosage increases continue in spite of symptoms, very serious reactions might occur. On the other hand, just because a patient has not had a reaction for a year or more doesn't mean he won't have a reaction with the next shot. For this reason it is ALVAYS IMPORTANT TO WAIT THE FULL 20-30 MINUTES after a shot before leaving the office. While all of this sounds complicated, the majority of patients have no problems with their shots and even the 2-year-olds walk in and get their shots without tears.

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## **RELEASE**

I have read and understand the procedure of getting allergy shots. I also understand the possible side effect of allergy shots. The benefits of getting allergy shots versus just treating with medicines has also been explained and I desire to start allergy shots for:

\_\_\_\_\_

Patient's Name

\_\_\_\_\_

Date

Signed: \_\_\_\_\_ Witness: \_\_\_\_\_  
(self / parent / guardian)

Please keep in mind that allergy vaccines do have expiration dates. My staff will notify you when your vaccines are ready. Please make EVERY EFFORT to begin shots immediately and to be CONSISTENT.

## **INSURANCE**

If your insurance company requires a referral for any part of your allergy treatment it is YOUR responsibility to be certain that we have an active referral.

A change of your primary physician OR a change in insurance plans will AUTOMATICALLY mean that you need a new referral.

My staff will assist as much as possible with obtaining and keeping track of your referral however, there are circumstances that we cannot possibly know about without your cooperation. Please see my office manager for any other financial concerns.

**I have read, understand and agree to be regular in getting my injections and responsible for any referral required by my insurance company.**

Signed: \_\_\_\_\_ Witness: \_\_\_\_\_  
(self / parent / guardian)