Dear Governor Jerry Brown,

On behalf of the more than 3,925,000 California residents labeled penicillin-allergic, I am writing to request that a proclamation be issued this year for NATIONAL PENICILLIN ALLERGY DAY, September 28, 2018.

Allergy to penicillin and related antibiotics is the most commonly reported drug allergy in the United States.1 Studies have found that an estimated 10% of patients self-report as being penicillin allergic; and that 9 out of 10 of these patients reporting penicillin allergy are not truly allergic.1

**This means that up to 3,532,500 Californians may be erroneously labeled as penicillin-allergic.** Why is this important?

* Carrying an inaccurate diagnosis of penicillin "allergy" could adversely affect the quantity and quality of healthcare used.2
* Patients labeled penicillin-allergic have a threefold increased risk of adverse events (ADE).3
* By some estimates, up to half of all hospitalized patients in the US receive antibiotics and up to half of antimicrobial use may be inappropriate.4 There is a causal relationship between inappropriate antimicrobial use and resistance; changes in antimicrobial use lead to parallel changes in the prevalence of resistance.5

With your support in declaring NATIONAL PENICILLIN ALLERGY DAY, we can continue to increase public awareness about false penicillin allergy. It is our objective to help educate both healthcare practitioners and the citizens of our state on the serious public health and economic implications of false penicillin allergies.

Please find included on the following page a draft of a proposed Proclamation for NATIONAL PENICILLIN ALLERGY DAY for September 28, 2018 to help build recognition and awareness for penicillin allergy and penicillin allergy testing. You may send the proclamation to:

**[Your Organization]**

**Attn: [Your Name and/or Department]**

**[Street Address]**

**[City], [State] [Zip Code]**

**References:**

1. Salkind, A. R., Cuddy, P. G., & Foxworth, J. W. (2001). Is This Patient Allergic to Penicillin? *Jama,285*(19), 2498. doi:10.1001/jama.285.19.2498
2. Macy, E. M., & Contreras, R. (2014). Healthcare Utilization and Serious Infection Prevalence Associated With Penicillin “Allergy” In Hospitalized Patients: A Cohort Study. *Journal of Allergy and Clinical Immunology, 133*(2). doi:10.1016/j.jaci.2013.12.559
3. Blumenthal, K. G., & Shenoy, E. S. (2016). Editorial Commentary: Fortune Favors the Bold: Give a Beta-Lactam! *Clinical Infectious Diseases, 63*(7), 911-913. doi:10.1093/cid/ciw467
4. Owens, R. C., Fraser, G. L., & Stogsdill, P. (2004). Antimicrobial Stewardship Programs as a Means to Optimize Antimicrobial Use. *Pharmacotherapy, 24*(7), 896-908. doi:10.1592/phco.24.9.896.36101
5. Dellit, T. H. (2007). Summary of the Infectious Diseases Society of America and the Society for Healthcare Epidemiology of America Guidelines for Developing an Institutional Program to Enhance Antimicrobial Stewardship. *Infectious Diseases in Clinical Practice, 15*(4), 263-264. doi:10.1097/ipc.0b013e318068b1c0

*(TEMPLATE ONLY: PLEASE MODIFY TO YOUR NEEDS)*

**CALIFORNIA STATE PROCLAMATION**

**SEPTEMBER 28, 2018: NATIONAL PENICILLIN ALLERGY DAY**

**WHEREAS,** penicillin is the most commonly reported drug allergy with 10% of all US patients—30 million Americans, or more than 3,925,000 Californians—reporting having an allergic reaction to a penicillin-class antibiotic in their past1; and

**WHEREAS,** penicillin allergy history is often inaccurate, with research showing that 9 out of 10 patients reporting as penicillin allergic—about 27 million Americans, or up to 3,532,500 Californians—are not truly allergic to penicillin1; and

**WHEREAS,** inaccurate diagnosis of penicillin allergy can adversely impact medical costs for both patients and healthcare systems: research shows that antibiotic costs for patients reporting penicillin allergies are up to 63% higher than for those who do not report being penicillin-allergic2; and

**WHEREAS,** these adverse events occur because penicillin “allergic” patients are given more broad spectrum antibiotics2, which contributes to the public health problem of antibiotic resistance3; and

**WHEREAS,** National Penicillin Allergy Day is being organized to raise awareness of false penicillin allergy and encourage the de-labeling of patients erroneously labeled as penicillin-allergic by promoting penicillin allergy skin testing;

**NOW THEREFORE** I, EDMUND G. BROWN JR., Governor of the State of California, do hereby proclaim September 28, 2018, as “National Penicillin Allergy Day” in California.

**References:**

1. Joint Task Force on Practice Parameters representing the American Academy of Allergy, Asthma and Immunology; American College of Allergy, Asthma and Immunology; Joint Council of Allergy, Asthma and Immunology. Drug allergy: an updated practice parameter. Ann Allergy Asthma Immunol. 2010 Oct;105(4):259-273
2. Macy, E. M., & Contreras, R. (2014). Healthcare Utilization and Serious Infection Prevalence Associated With Penicillin “Allergy” In Hospitalized Patients: A Cohort Study. *Journal of Allergy and Clinical Immunology,* *133*(2). <http://dx.doi.org/10.1016/j.jaci.2013.09.021>
3. Dellit, TH, Owens, RC, McGowan JE, Jr et al. Infectious Disease Society of America and the Society for Healthcare Epidmiology of America Guidelines for Developing Institutional Programs to Enhance Antimicrobial Stewardship. Clin Infect Dis. 2007;44-150-77.