Dear Governor Andrew Cuomo,

On behalf of the more than 1,975,000 New York 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 1,777,000 New Yorkers may be erroneously labeled as penicillin-allergic.**

Why is this important?

* 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-allergic.2
* Patients labeled penicillin-allergic have a threefold increased risk of adverse events (ADE).3 In the hospital setting, history of penicillin allergy translates to about 10% more hospital days, 30% higher incidence of VRE infections, 23% higher incidence of *C difficile* infections, and 14% higher incidence of MRSA infections2.

* 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 attached 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.

**Please 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