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VACCINE THERAPY

Vaccine Therapy is also known as Immunotherapy. Most patients understand the basic concept of a vaccine. Doses of the offending substance are given to build immunity but not enough to cause the disease. The same is true of allergen vaccine therapy. By giving small doses of allergen and slowly building the doses up, one becomes "immune" to the effects of these allergens. Consequently, when exposed to allergens sensitivity should be decreased. It is important to understand that all vaccines are not the same. Some vaccines may last for a lifetime (measles); for years (tetanus toxoid); and some yearly (flu vaccine). For allergies, vaccine therapy must be given often to maintain its effectiveness.

Vaccine Therapy is not for everyone. It will work only if the patient is clinically sensitive to inhalant allergens. This is determined by positive skin or blood tests that coincide with the history and physical findings. Some patients say that vaccine therapy did not work for them. Most likely, this is the result of one or more of the following factors: inaccurate diagnosis, low therapy dosages, incorrect allergens or leaving out significant allergens. Vaccine therapy seems to work best for pollens, dust mites, molds, and dander, in that order. Vaccine therapy approaches 100% in effectiveness for insect sting reactions. Vaccine therapy for food allergy has not been proven to work and is not recommended.

WHAT SHOULD HAPPEN DURING THE TERM OF TREATMENT?

Most patients improve significantly within 6 months to a year (some earlier or later). However, as therapy progresses, allergy sufferers will probably need less medications and will experience a renewed sense of well-being. Experience has shown that most patients respond to this therapy. Studies show that treatment should continue for about 6 years (sometimes longer) to minimize the risk of symptoms returning. As each year goes by, this risk diminishes so that after this period the risk of returning symptoms is minimal.

WHAT HAPPENS AFTER THERAPY IS STOPPED?

Most patients will not experience any problems from to any degree. This treatment affords long-term relief of symptoms well after it has stopped. However, this treatment is not a cure for allergies. We prefer to think of it as a long-term remission and, hopefully, a permanent one.

COURSE AND LENGTH OF TREATMENT

Depending on how many allergens you are sensitive to, you will get 1 or more injections each visit. (We try to combine them into 1 or 2 injections whenever we can.)

Injections are administered once a week until a maintenance dose has been reached. The time required to reach maintenance is variable. Once reached, injections will be given every other week for approximately 2 years, every 4 weeks for four more years. However, at the two-year mark, the patient and the physician will decide if vaccine therapy has made him/her significantly better! Remember that the operative word is "significant". The patient will determine if it was all worth it. There will be no "maybe" or "I think I'm a little better." In other words, vaccine therapy should work within two years or we will discontinue it.

Do's and Don'ts You Must Follow

1. Try to receive injections within a few days of the schedule. Straying from this will only prolong the buildup period.
2. A physician must be present at the time of the injection. A physician does not have to give the injections but must be able to respond if there is a reaction. This is for your protection. After all, you are sensitive to the allergens you are receiving.
3. You must wait in the doctor's office for at least 20 to 30 minutes and the size of the local reaction (if any) must be recorded. If unusual swelling, sneezing, coughing, shortness of breath or itching in any area of the body occurs, patients must let the nurse or doctor know immediately.
4. If there are any unassociated symptoms such as a head cold or other infection, you should notify the nurse before you receive the injection. We do not like to give injections if patients have infections.
5. If allergic symptoms are acting up more than usual, it might not be a good idea to get an injection. Check with the nurse beforehand.
6. If you are on your way home and start getting any symptoms beyond the local reaction, don't continue home but come back to the office immediately or call. If these symptoms occur when at home, call us immediately.
Go to an emergency room if severe.
7. We prefer you not engage in strenuous physical exercise just before and after injections.
8. If there is any change in medication given by another doctor, especially a beta-blocker, let us know immediately. This type of medicine can be a problem.

SIDE EFFECTS

- 1) Local reactions are to be expected from time to time as we are building up from a low concentration to a higher one. These usually go away by an average time of 4 to 6 hours, sometimes longer. Itchiness may occur.
- 2) Delayed local swelling sometimes occurs. Swelling is described as a "puffiness" of the arm. It is usually itchy but may occasionally involve the whole arm. These reactions often start 6-9 hours after the injection or are present by the following morning. These are usually mild and self-limiting.
- 3) Systemic reactions occur very rarely and are an exaggeration of allergic symptoms. Symptoms beyond the area of the injection site, may include itching, hives, sneezing, watery eyes, and wheezing. Reactions of this nature occur in from 1 to 2.5 persons per 1000 (average about 1 in 500). This is an extremely low number. Life threatening reactions can occur, but these are extremely rare and occur in the range of one in several million (about the same odds of winning the lottery).

A Final Note...

Your progress will be monitored very carefully. The first re-evaluation visit is usually scheduled after one month and progressively longer intervals thereafter depending on the results of treatment. If you have any further questions, we will be happy to answer them.

Please Sign and Return

I have read the information on this form about Vaccine Therapy. I have had the opportunity to ask questions, which were answered to my satisfaction. I understand the benefits and risks of receiving Vaccine Therapy and I request therapy be started on me or the person named below for whom I am authorized to make this request.

PATIENT'S	Last Name	First	MI	Birth Date	Age
SIGNATURE	of person to receive therapy or person authorized to make request (relationship to patient)				Date