**HL7 Patient Care Work Group**

**Allergy/Intolerance/Adverse Reaction Topic Sub-Group Meeting Minutes**

**Date: December 20, 2011**

Co-Chairs: Stephen Chu, Hugh Leslie, Elaine Ayres Scribe: Elaine Ayres

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| **Name (email)** | **Organisation** |
| Elaine Ayres (eayres@nih.gov) | Academy of Nutrition and Dietetics/NIH |
| Margaret Dittloff | Academy of Nutrition and Dietetics/CBORD |
| Russell Leftwich [Russell.Leftwich@tn.gov] | Office of eHealth Initiatives, Tennessee |
| Stephen Chu | NEHTA |
| Ian Bull | Australia |
| Carolyn Sizle | Academy of Nutrition and Dietetics |

**Agenda for December 20, 2011**

1. Review and approve minutes from December 6
2. Andre Boudreau will present Canadian workgroup meeting outcome on Allergy topic
3. Review proposed document to request extension of DSTU ballot.
4. DSTU questionnaire – review proposed document
5. Stakeholder questionnaire
6. Glossary
7. CCD Question
8. Plan agenda for WGM allergy topic session
9. Any other business

**Minutes** – Approved minutes from the December 6th 2011 meeting as written.

**Presentation by Andre Boudreau on Canadian standards for allergies**

A copy of Andre’s slides with Stephen Chu’s comments: 

This presentation represents key concepts in the allergy domain. Concepts are pan-Canadian and largely driven by the pharmacy community. The main concept (parent) is “Adverse Sensitivity to Agent”. Actual exposure would be an adverse reaction but often the actual reaction may not be known. Andre noted that at the current time, the ‘Shared Health Record” implementation guide and the “Pharmacy Implementation Guide” do not align.

* Adverse sensitivity to agent (currently called uncategorized intolerance) – “A sensitivity to an agent or substance or category of substances, such that exposure to it is likely to result in an adverse reaction AND where it has not been possible to determine whether the sensitivity is of the allergic type or not.” This is a patient condition.
* There are two points of entry to this model; as an adverse reaction (present) or as a condition (observed at some time).
* The proposed definition of an allergy is: “An immunological hypersensitivity to one or several defined antigens, called allergens, resulting in a marked increase in adverse reactivity to that antigen upon subsequent exposure, sometimes resulting in harmful immunologic consequences”. This is an adverse sensitivity to an agent.
* The slides share a number of other definitions as per the Canadian model.

The group then discussed the presentation. The following discussion points were noted:

* In practice, majority of physicians (and patients) do not make a distinction between allergy and intolerance
  + The term ‘allergy’ is used to cover all cases
  + Intermountain Healthcare has merged allergy-intolerance together
* Findings today indicate that most critical / fatal situations are not due to immunological factors: other mechanisms are at play
  + E.g. aspirin sensitivity, radio contrast media sensitivity
* The key term is criticality, from a clinical perspective
  + This is different from severity
* Yes, both allergy and intolerance are conditions
  + Adverse reactions are circumstantial
* We have to be careful with definitions. Research has brought new knowledge since the 1960’s (Gell and Coombs model)
  + Review ‘allergy’, ‘anaphylaxis’
  + The proposed parent concept ‘Adverse sensitivity to agent’ is good
* Definition of ‘Adverse Reaction to Health Product’: ‘noxious’ seems redundant
* An adverse event is not a synonym of adverse reaction

Post meeting notes from Russ Leftwich – Allergy SME:

* I would say some life threatening reactions are non-immunologic, probably not most.  But, the point is "intolerance" does not equate to benign.
* I would offer the example of severity vs. criticality:  a severe vomiting reaction has low criticality, but a severe anaphylactic reaction, high criticality.
* Gell and Coombs Classification is a classification system of different types of immunologic reactions (originally 4, now 6) but is not a model.  It is still accurate, but fails to classify all non-immunologic reactions and there may be more than the 6 types of immunologic reactions.  Some reactions were thought to be immunologic that are now known to have other mechanisms.  Aspirin sensitivity for example, until the 1980's was thought to be an allergic reaction equivalent to penicillin sensitivity.  It is now known to be related to the mechanism of action of aspirin (inhibition of the cyclooxygenase enzyme) and other chemically dissimilar compounds which have the same mechanism of action, such as ibuprofen, produce the same reaction in the same individuals.  The symptoms of a reaction to aspirin or ibuprofen are indistinguishable from a generalized immediate hypersensitivity (anaphylaxis) but the mechanism is different.

**DSTU Extension Request**

Elaine reviewed the current draft of the extension request. No further comments provided.

**DSTU Implementation Survey**

Elaine presented the current proposed survey. Andre noted that in its’ current form it would be difficult for implementers to respond. Additional information on why the survey is necessary, some additional background on the needs of the HL7 Patient Care Allergy Work Group and how the survey data will be used was suggested. It was also suggested that a question be added on the relationship of the current DSTU model to the respondents’ current implementation with an emphasis on criticality, as well as the ability to cite the critical elements for their organization. Also, it was suggested that a question be added regarding issues related to not implementing the standards – if not, why not. Elaine will continue to work on this survey.

The group discussed who should receive this survey – it was suggested that it be distributed to the head of each HL7 delegation by country.

**Glossary** – Stephen has provided comments to Andre. A presentation can be made on January 3rd.

Russ noted that he had given a presentation to a group on Massachusetts on allergies and intolerances. He offered to share his slides at the next meeting.

**San Antonio Work Group Meeting –** the agenda requires development for the Wednesday, Q4 session.

**Agenda for January 3, 2012**

1. Review and approval of minutes from the December 20th meeting.
2. Russ Leftwich – presentation on allergies and intolerances from the allergists view.
3. Andre – current status of the glossary
4. Agenda for San Antonio Working Group Meeting