

Identifying 3 Types of Latex Glove Reactions^{1,2}

1.

Identifying Type I Latex Allergy (For patients and staff)

Latex allergy is an allergy to products made from natural rubber latex

TYPE I Immunoglobulin E (IgE) Antibody Mediated Reaction³

- Immediate – reaction occurs minutes after exposure
- Late-phase – reactions may re-occur 2-6 hours after initial exposure

People most at risk of having or developing a latex allergy are those who have **other allergies**.²

DO YOU SUFFER FROM:

- Eczema
- Asthma
- Hayfever (Rhinitis)
- Dermatitis

Latex and some food contain similar short sequences of **amino acids** and are recognised by antibodies and thus may react the same way.^{1,2,4}

FOOD ALLERGY TO:

- Avocado*
- Banana*
- Chestnut*
- Kiwi*
- Apple
- Tomato
- Papaya
- Potato
- Grape
- Melons
- Celery

* higher probability

Certain people are at **greater risk** of developing a latex allergy.^{1,2,4}

ARE YOU:

- A healthcare worker
- A spina bifida sufferer
- A person with urinary tract abnormalities present at birth (congenital)
- A person who has undergone multiple surgeries or medical procedures
- Rubber industry worker

Latex allergy often begins with a **rash on the hands** when using natural rubber latex gloves but symptoms may then develop.

Signs and symptoms range from mild to severe (anaphylaxis).¹

HAVE SIGNS AND SYMPTOMS OF:

- Itchy skin, swelling, hives, rhino-conjunctivitis, wheezing, cough or rashes associated with latex products and treatments:
- Rubber gloves
- Elastic bands
- Visit to the dentist
- Condoms
- Balls and balloons
- Tapes and adhesives

2.

Identifying Type IV Chemical Allergy (For patients and staff)

Chemical allergy is an allergy to specific chemical residues

TYPE IV Allergic Contact Dermatitis (ACD)

T-cell mediated allergic response

Delayed type hypersensitivity as the reaction does not occur immediately:^{1,2}

- Risk factor for the development of Type I Latex Allergy
- Symptoms 6-48 hours after initial contact
- Symptoms can last for up to 4 days

DO YOU SUFFER FROM:

- Blisters
- Erythema
- Swelling
- Cracking
- Itching
- Weeping
- Dryness of the skin at the site of exposure

ARE YOU USING PRODUCTS THAT CONTAIN:

- Polyoxypropyleneglycol
- Thiurams
- Carbamates
- Mercaptobenzothiazole (MBT)
- Lanolin
- Diphenylguanidine (DPG)
- Colouring pigmentation, preservatives

3.

Identifying Irritant Contact Dermatitis (For staff)^{1,2,4}

This is a condition affecting the skin, and is not an allergy

Irritant Contact Dermatitis (ICD)

Non-immune response

This type of contact dermatitis is more frequently encountered than allergic contact dermatitis:^{1,2}

- Risk factor for the development of Type I Latex Allergy
- Symptoms within minutes to hours after initial contact
- Symptoms limited to site of exposure

DO YOU SUFFER FROM:

- Redness
- Chapping
- Chafing
- Dryness
- Scaling
- Cracking

ARE YOU EXPOSED TO:

- Detergents and sanitisers
- Frequently washing hands
- Inadequate hand drying
- Frequent glove use
- Pre-existing dermatitis
- Repetitive scrubbing techniques
- Glove powder

Our goal is to ensure that the most recent information is in the hands of the healthcare provider to help enhance their safety and the safety of their patients.

References

1. Binkley H M, Schroyer T, Catalano J. Latex Allergies: A Review of Recognition, Evaluation, Management, Prevention, Education, and Alternative Product Use. *Journal of Athletic Training* 2003;38(2):133-140.
2. Australasian Society of Clinical Immunology and Allergy (2019) Latex Allergy. https://www.allergy.org.au/images/pcc/ASCI_A_PCC_Latex_allergy_2019.pdf Accessed December 3, 2020.
3. Galli, S., Tsai, M. & Piliponsky, A. The development of allergic inflammation. *Nature* 454, 445-454 (2008).
4. Wu M, McIntosh J, Liu J. Current prevalence rate of latex allergy: Why it remains a problem? *J Occup Health* 2016; 58: 138-144.

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