5PSQ-028 ASSESSMENT OF SUSPICION OF ALLERGY TO CORONAVIRUS DISEASE 2019 VACCINE BY SKIN TESTING: RESULTS FROM A MONOCENTRIC COHORT

[1]G Lafci*, [2]E Cuvillon, [2]D Pelletier de Chambure, [1,3]P Odou, [1,3]D Lannoy, [2]C Chenivesse. *[1]CHU Lille, Pharmacy, Lille, France; [2]CHU Lille, Pneumology, Lille, France; [3]University Lille, ULR 7365 Grita, Lille, France*

10.1136/ejhpharm-2022-eahp.265

Background and importance National recommendations mention vaccinating against COVID-19 patients at risk of allergy after referring them to an allergologist. Included patients had suspected allergy to one of the vaccine's components (polyethylene glycols (PEG) and polysorbates) or with a history of immediate reaction to a first injection of an mRNA vaccine. Patients at risk were referred to the allergology unit for investigation.

Aim and objectives The purpose of this monocentric retrospective study was to assess positive skin tests (ST), and anaphylaxis reaction during vaccination after allergological work-up.

Material and methods For any tested patient, pharmacy extemporaneously prepared: PEG 400 and 4000 (100 mg/mL), prick 1:1 and intradermal tests (IDT) 1:100 000, 1:10 000, 1:1000, 1:100, 1:10; polysorbate 80 (PS80) (0.4 mg/mL), prick 1:1, IDT 1:1000, 1:100, 1:10; and Comirnaty vaccine (30 µg/0.3 mL), prick 1:1 and IDT 1:10. ST readings were done after 20 minutes.

Patients' characteristics, test results and indications of allergological work-up were collected. Vaccination was authorised if negative ST. Patients were systematically recalled after vaccination to assess side effects including anaphylaxis.

Results Between 1 February and 31 August 2021, 49 patients, age (mean±SD) 54.5±17.8 years and female 81.6%, performed ST: 20 were tested after a reaction to the Comirnaty (19 after the first dose and 1 after the second dose) and 29 for a suspected allergy to an excipient. Among them, 3 had positive ST (one patient to PS80 prick test and vaccine IDT 1:10, and two patients to vaccine IDT 1:10 without positive ST to PS80 and PEG). Vaccination with Cominarty was contraindicated for these 3 patients. Four patients had delayed positive ST to the vaccine. They were not considered allergic and vaccination was authorised. Of the 46 patients with negative ST, 39 (85%) were vaccinated (one with VaxZveria) without any anaphylaxis reaction (7 did not answer the pharmacist's call).

Conclusion and relevance Positive ST to the vaccine are rare (6%). No patients had simultaneously positive ST to the vaccine and PEG. These results may suggest that the exact predictive positive value remain uncertain and that IDT to the vaccine might be irritating.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

5PSQ-029 EVALUATION OF THE EFFICACY AND SAFETY OF ERENUMAB IN THE PROPHYLAXIS OF CHRONIC AND EPISODIC MIGRAINE

AM Martínez Soto, M García Coronel, C Pastor Mondéjar*, JM Marco Puig, P Ortiz Fernandez, P Fernández-Villacañas Fernández, C Caballero Requejo, L Rentero Redondo, C Iniesta Navalón, I Salar Valverde, E Urbieta Sanz. *Hospital General Universitario Reina Sofía, Pharmacy, Murcia, Spain*

10.1136/ejhpharm-2022-eahp.266

Background and importance The use of monoclonal antibodies against the CGRP receptor in the treatment of migraine was approved by the Commission of Pharmacy within the programme of drugs capable of evaluating health outcomes (MERS). An evaluation should be carried out in 3 months with a reduction of at least 50% in the number of episodes.

Aim and objectives The purpose was to evaluate the efficacy and safety of erenumab in the treatment of chronic and episodic migraine

Material and methods This was a retrospective observational study. Patients with chronic or episodic migraine and treated with erenumab (between November 2019 and January 2021) were included.

Demographic and clinical data were collected with the following variables: classification of migraine, number of episodes/month before treatment, days of migraine per month during the treatment and adverse events.

For the collection of the number of migraines and rescues a registration calendar was designed that was delivered to the patient at each visit.

Results 30 patients were included, median age 50.5 years,78.4% women, 66.7% suffered chronic migraine and 33.3% episodic migraine.100% of the patients had tried at least three previous treatments.

In the patients with chronic migraine the mean of days of migraine previous to the treatment were 24.52±4.18 and in the patients with episodic migraine this was 12.5±1.69. After 3 months of treatment 10 (50%) chronic migraine patients and 7 (70%) episodic migraine patients responded to the treatment (at least a 50% reduction compared to the previous number of basal migraines).

The percentage of reduction of the number of migraines/month in responder patients was greater at 6 months (71% of mean reduction for both chronic and episodic migraines) than 3 months after the start (57% of mean reduction for chronic and 63% for episodic migraines).

In relation to the safety of erenumab, 15 patients showed possible adverse effects, the most common being constipation (9 patients, 30%) and skin reactions (4 patients, 15.3%), detecting two cases of serious adverse reactions which forced treatment to be stopped.

Conclusion and relevance The ratio of response to the treatment in both chronic and episodic migraines were greater than 50%which contrasts with the results in the pivotal trials. This can be explained because of the different inclusion criteria. Moreover according to our results we can observe a tendency towards a greater response as the persistence of the treatment is increased. We can conclude that erenumab is an effective and safe drug in the treatment of migraine.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

5PSQ-030 USE OF CEFIDEROCOL FOR MULTIDRUG-RESISTANT *ACINETOBACTER BAUMANNII* IN PATIENTS WITH SARS-COV-2: TWO CASE REPORTS

[1]MDP Briceño Casado*, [1]B Criado-Rubio, [2]MD Gil-Sierra, [1]B De La Calle-Riaguas, [1]B Garcia-Esteban. *[1]Hospital Nuestra Señora del Prado, Hospital Pharmacy, Talavera de La Reina, Spain; [2]Hospital Universitario Puerto Real, Hospital Pharmacy, Cadiz, Spain*

10.1136/ejhpharm-2022-eahp.267