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**P015**

**PRE-VACCINE COUNSELING TO ASSIST WITH RISK ASSESSMENT PRIOR TO COVID-19 VACCINATION**

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**Introduction:** During early vaccine roll-out of Pfizer-BioNTech, Moderna, and Johnson & Johnson (J&J) COVID-19 vaccines, reports of severe allergic reactions led to hesitancy among patients with allergic history and disorders. Evaluation was initially limited to restricted access to vaccines and pandemic-associated clinical constraints.

**Methods:** We conducted a retrospective chart review of patients over 18 years of age who sought vaccine counseling in-person or by telehealth between December 1, 2020 and May 1, 2021 prior to their first dose of vaccine. Demographics, atopic history, anaphylaxis history, and vaccine administration/reactions were recorded. Follow up phone calls were used to complete data collection.

**Results:** We identified 80 patients (N= 63 Female, 17 Male). The most frequently reported comorbidities included rhinitis (54%), asthma (36%), hypertension (21%), and chronic urticaria (21%). Twenty-six patients (33%) reported a history of anaphylaxis, 14 of which were attributed to medications. Of the 80 patients evaluated, 77 (93%) successfully completed a vaccination series (defined as 1 dose of J&J or 2 doses of an mRNA vaccine). 77 patients that completed vaccination, 7 (9%) reported reaction to a dose of vaccine, all consistent with expected adverse effects. No reactions suggested anaphylaxis. Three patients elected not to receive vaccination; none of these patients had history of anaphylaxis.

**Conclusion:** Many patients with atopic history expressed hesitancy regarding COVID-19 vaccine administration and sought pre-vaccine counseling. Our experience suggests an effective role for counseling in patients with no prior exposure to COVID-19 vaccination as over 90% of patients with allergic history, including anaphylaxis, were safely vaccinated.

**P016**

**LONG-TERM SAFETY IN ADULTS WITH MODERATE-TO-SEVERE ATOPIC DERMATITIS TREATED WITH DUPILUMAB UP TO 4 YEARS**

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**Introduction:** In patients with atopic dermatitis (AD), classical immunosuppressive treatments are not recommended for continuous use due to safety concerns. This analysis reports long-term safety of dupilumab up to 4 years in adults with moderate-to-severe AD.

**Methods:** In the LIBERTY AD OLE (NCT01949311) study, adult patients ≥18 years old with AD initially received dupilumab 300mg weekly. 226 ongoing patients transitioned to 300mg every other week (q2w) to align with approved dosing. Use of topical corticosteroids (TCS) or calcineurin inhibitors was permitted. Treatment-emergent adverse events (TEAE) were reported as number of patients per 100-patient years (nP/100PY). Due to the lack of a control arm, LIBERTY AD CHRONOS (NCT02260986) 52-week safety results are provided.

**Results:** 2,207/1,065/362/352 patients completed up to 52/100/148/172/204 weeks of treatment. Mean (SD) treatment exposure was 103.4±57.8 weeks. Of the 2,677 patients included in the analysis, 2,273 experienced ≥1 TEAE (167.5 nP/100PY), which were mainly mild or moderate, and were lower than in the 300mg weekly + TCS arm of the 1-year CHRONOS trial (322.4 nP/100PY). 99 patients (1.8 nP/100PY) experienced TEAEs leading to treatment discontinuation. Of 536 patients reporting ≥1 event of conjunctivitis, 95% had mild (4.7 nP/100PY) or moderate (5.0 nP/100PY) severity. 89% of conjunctivitis events were resolved or resolving, and 0.5% (0.2 nP/100PY) led to treatment discontinuation. Efficacy was sustained and consistent with previous reports of this study.

**Conclusion:** The overall safety profile of dupilumab up to 4 years was consistent with the known safety profile and demonstrated sustained efficacy in adult patients with moderate-to-severe AD.
Conclusion: In a monitored setting, this challenge protocol is safe and effective for patients with history of adverse reaction to the vaccine or an underlying history of severe allergic reaction that would traditionally preclude repeat vaccination. The mechanism and pathophysiology of these reactions need to be elucidated through further research.

P018
KNOWLEDGE OF ANAPHYLAXIS MANAGEMENT AMONG LATIN AMERICAN DENTISTS
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Introduction: Anaphylaxis is a severe and potentially life-threatening disorder that could occur in dental practice and can be triggered by antibiotics, chlorhexidine, local and general anesthetic and latex. The aim of our study is to assess the knowledge of anaphylaxis management among Latin American dentists.

Methods: A cross-sectional study using a validated web-based survey. All statistical analyses were performed using Stata. Descriptive and univariate and multivariate logistic analysis were used to determine potential associations.

Results: A total of 480 board-certified dentists completed the survey. The mean age was 35±10 years. 59.3% were female, and 49.2% were general dentists. The mean of professional experience was 10±9 years. 21.3% had seen a patient with a systemic reaction caused by local anesthesia, 85.2% identified dyspnea as a major clinical manifestation of anaphylaxis, 56.7% knew epinephrine was the drug of choice to treat anaphylaxis, 50.1% of them knew the correct route of administration of anaphylaxis, 56.7% knew epinephrine was the drug of choice, and age (OR=0.97) was associated with lower odds of knowing that epinephrine is the drug of choice (OR=1.73), and age (OR=0.97) was associated with lower odds of knowing that epinephrine is the drug of choice. Dyspnea as a symptom of an anaphylactic reaction was associated with increased odds of knowing that epinephrine is the drug of choice to treat anaphylaxis (OR=1.73), and age (OR=0.97) was associated with lower odds of knowing that epinephrine is the drug of choice.

Conclusion: The barriers regarding the proper and timely identification of anaphylaxis remain a problem. These findings reinforce the need to increase diffusion regarding clinical criteria of an anaphylactic reaction and its correct management.

P019
IMMUNIZATION STRESS-RELATED RESPONSES DURING SKIN TESTING AND CHALLENGE TO COVID-19 VACCINES: A CASE SERIES
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Introduction: While IgE-mediated hypersensitivity to COVID-19 vaccines may occur, many adverse reactions (ARs) to COVID-19 vaccination are non-immunologic in nature and meet criteria for immunization stress-related response (ISRR).

Methods: Patients were referred to our allergy clinic for skin testing (prick with undiluted vaccine, intradermal with 1:100, 1:10, and undiluted vaccine) and graded challenge with COVID-19 vaccines (Pfizer, Moderna, or Johnson and Johnson) between July 2021 and June 2022. ARs were documented and treated accordingly. ARs were characterized as ISRR based on the World Health Organization diagnostic criteria or non-ISRR if symptoms were outside those criteria.

Results: 83 patients underwent skin testing (ST) and/or graded challenge (GC) with COVID-19 vaccines in our office. Twenty-six (31.3%) patients had one or more symptoms of AR in the immediate period following ST/GC while 57 patients completed vaccination without any AR. 15 patients (1 to ST, 14 to challenge dose) had symptoms consistent with ISRR. 14 of these patients completed full vaccine dose. No patients had any significant objective changes in physical exam. 11 patients had ARs not meeting ISRR criteria. The most reported symptom in this cohort was subjective pruritus. 6 of these patients were able to complete full vaccination dose.

Conclusion: Most patients with AR consistent with ISRR successfully completed full COVID-19 vaccine administration. Some patients with symptoms suggestive of histamine-mediated reaction had no objective findings and were also able to complete vaccination. Our experience highlights the need to consider ISRR in evaluation of vaccine reactions and supports the safety of COVID-19 vaccination in patients with ISRR.

P020
SYSTEMIC LUPUS ERYTHEMATOSUS IS ASSOCIATED WITH INCREASED RISK FOR RADIOCONTRAST ALLERGY
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Introduction: Systemic lupus erythematosus (SLE) is a chronic autoimmune condition that can manifest in multiple organs. Imaging is common to confirm systemic involvement of disease and may frequently require the use of radioactive contrast. Hypersensitivity reaction to radioactive contrast media and dye is rare but moderate to severe reactions can complicate a patient’s clinical course. Immunologic dysfunction plays a significant role in both SLE and radiocontrast allergy. We investigate the association between contrast allergy and SLE in this study using a large nationwide database.

Methods: All adults >18 years hospitalized between 2008-2014 were selected from the National Inpatient Sample (NIS) database. Patients with radiocontrast allergy, SLE, drug allergy, food allergy, obesity, eczema, asthma, allergic rhinitis were identified using ICD-9 CM codes. The prevalence of SLE was compared in patients with and without radiocontrast allergy. A survey-weighted logistic regression model was used to describe the association between contrast allergy and SLE independent of age, race, sex, obesity, drug allergy, food allergy, eczema, asthma, and allergic rhinitis.

All reactions occurred following a challenge vaccine dose unless otherwise noted.