

Information sheet subcutaneous specific immunotherapy (SIT)

The goal of subcutaneous immunotherapy is a reduction of the hypersensitivity to the substances that provoke allergic diseases. It is based on injecting precisely measured amounts of the substances to which one is allergic under the skin at precisely determined points in time.

Immunotherapy is carried out either all year round (e.g.: dust mites, pesticide) or pre-seasonally (pollen). The entire duration of the therapy is usually 3 years (5 years for pesticides). The respective therapy protocol is explained (initiation phase and maintenance phase) and provided to you by the doctor.

The following points are of the utmost importance

- In the initiation phase, the intervals between injections may not be fewer than 7 or more than 14 days (see therapy protocol).
- There should be an interval of at least one week between other (protective) vaccinations.
- No unaccustomed strain in the 24 hours following the injection.
- Notify the doctor of any health impairments (e.g. infection, asthma, ...) or changes in medication intake before each injection.
- The injection preparation is a refrigerated product and must be stored between 2° and 8°C. It may not be frozen or exposed to more than 30°C. Room temperature is possible for transportation.
- Please note that children under the age of 14 must be accompanied by an adult for the injection.
- Please take the prescription to the pharmacy on the same day on which it is prescribed and arrange (at least) the first 4 injection dates approx. 4 weeks after filling the prescription (ideal start: trees: September/October, grasses: January, mugwort/ragweed: March/April; with Pollinex, these should each be 2 months later).

Possible side effects

- Most frequently: Swelling, redness and itchiness at the injection site
- Rarely: Runny nose, urge to sneeze, skin rash, granuloma formation (little lumps at the injection site)
- Extremely rarely: Trouble breathing, poor circulation, unconsciousness.

Since these complications usually occur within the first 30 minutes after the injection, you need to remain under medical supervision until then. Notify us immediately if symptoms occur during this time!

If severe symptoms occur after you have left the Allergy Centre, you need to inform your doctor or an emergency physician immediately. For immunotherapy against pesticides, it is recommended to administer an antihistamine before the injection according to the European guidelines. For pollen or mite allergies, the administration thereof may also be taken into consideration if there are previously existing local reactions.

Declaration of consent

I have read and understood the information about my allergic disease and about the treatment options. My doctor has explained the planned immunotherapy to me and I hereby declare my agreement to the planned form of therapy and the selected preparation. My questions about this treatment have been answered. My doctor has explained the potential side effects that may occur to me and I am aware that successful healing cannot be predicted with complete certainty. If side effects occur, I will contact my attending doctor. I shall obtain further information from the patient information leaflet. In addition, the doctor continues to be available to me as a point of contact. I confirm that I have no further questions.

Vienna, ____ . ____ . ____
Date

Signature of patient or legal guardian (if one parent is signing by themselves, they declare with their signature that they have sole custody or that they are acting in agreement with the other parent).

Signature of doctor