From what I gather, it all began with the AIDS crisis. In the late '80s and early '90s, after the government's call for universal precautions and condom use, U.S. manufacturers apparently could not keep up with the demand for natural latex rubber. Many believe that the quality of the gloves was sacrificed. These gloves, often made in third world countries, may not have been washed, soaked, leached, or otherwise processed to remove excess protein allergens.

As a result, some latex gloves manufactured since the late 1980s may be much more allergenic than in the past. We are also wearing gloves much more frequently, but we seem to hear about more operating room nurses and anesthesiologists who are having reactions than ever before, and their use of gloves has remained constant.

An estimated 2,200,000 nurses (or 1 in 10 of all nurses) and 18 million Americans (1 in every 64) have latex allergy. Many think of latex allergy as simply itchy eyes or a hand rash, but that could be only the beginning. Some reactions become worse with repeated exposures and include urticaria, swelling, asthma, laryngeal edema, tachycardia, orthostatic hypotension, and anaphylaxis. Avoiding direct contact with latex gloves and balloons may not eliminate the problem. The latex allergens can be inhaled; some suspect they can come through ventilation systems. They reside on charts and computer keys after contact with latex glove wearers.

As the "latex problem" hits closer and closer to home, my consciousness has been raised and I have solicited several articles on the topic for our next issue. In the process, I have talked to dozens of nurses, dentists, and doctors across the country who have severe allergies to latex and whose stories are heart-breaking. Some are sole breadwinners with children. By necessity, they continue to work in clinical areas where latex gloves are still used. To do so, they medicate themselves with steroids and antihistamines, masking symptoms while their sensitization may be worsening. Some even continue to wear latex gloves, perhaps using cream to "protect" their skin when, ironically, this may only speed sensitization.

The emergency nurses who have become very sick emphasize again and again: nothing prepared them for the disease. And nurses who have worked at the same hospital for 10 or 20 years often describe little support or sympathy after becoming ill. They experience long delays before transfers to safer work settings, and endure disputes about whether workers' compensation is justified.

After hearing so many stories, the need for increased awareness and prevention measures seemed so urgent that I chose not to wait until the next issue to begin to address this topic. Most of us do not know much about latex. Hundreds of articles have been published in allergy journals and federal reports, but they do not even reach every allergist, much less emergency physicians, nurses, or EMTs. Allergists' offices even routinely contain latex gloves, latex blood pressure cuffs, and latex medication vial stoppers. A latex allergy is not like other allergies. Symptoms as innocuous as itchy eyes, a runny nose, or a rash may mean a nurse is at serious risk of a life-threatening reaction. Yet, there is little in the literature that warns nurses in strong terms, of the danger of latex, particularly latex gloves. There is little to suggest we are playing Russian roulette. One never knows whether walking into the trauma room where several staff members are donning gloves at the same time will trigger a first serious reaction.

The reactions can include airway compromise and anaphylaxis, but even the aftermath of reactions can be so debilitating, chronic, and diverse as to make it seemingly impossible to identify the problems—a tribute to the virulence of the antigens, not the veracity of the victims. Denial occurs with any illness, but it seems especially prevalent in this instance. Sadly, one emergency physician was heard to say, "You know that latex business is 90% 'in your
head. Many emergency nurses have their symptoms discounted by internists, even allergists who lack experience with other similar patients. Some nurses confide they do not talk about their symptoms for fear of being labeled a "turkey" or a malingerer.

A pioneer in latex allergy information, Debra Adkins, editor of Latex Allergy News, emphasizes the progressive nature of the disease (see Guest Editorial, page 5). Even after leaving the hospital environment, many people she has talked to over the years have persistent symptoms (e.g., worsening asthma, laryngeal edema, urticaria, swelling, tachycardia, hypotension, and other symptoms reminiscent of the acute reaction). Some always feel on the verge of another reaction. Each successive reaction comes with less provocation and faster. Each one is worse than the last.

As if those acute reactions are not scary enough, for some very allergic nurses, the aftermath of reactions can mean a continuing sensitivity to, or irritation from, fumes or chemicals. There is now recognition that asthma may not only continue, but worsen (in response to such nonspecific stimuli as smoke or hair spray), even after leaving the hospital and strictly avoiding latex. Even foods can present dangers to those once sensitized, not only foods handled with latex gloves, but also foods that have a "cross sensitivity" to latex. One nurse had a life-threatening asthma reaction to a bagel handled with latex gloves, and then to a salad she ate on a plane—possibly prepared by someone wearing latex gloves. A quick phone survey of delis and restaurants in my town revealed common usage of latex gloves. The pity is that vinyl or plastic gloves would be more than adequate. For that matter, so would the use of tongs or good handwashing.

Almost two dozen common foods (such as banana, avocado, kiwi, potato, and tomato) have a cross sensitivity to latex. I spoke with a male flight nurse who experienced progressively worse hand rash—possibly caused by latex gloves. He ate a banana one day and had a systemic reaction, with welts over his entire body, perioral edema, and searing pain in his stomach, requiring epinephrine. Another team member recently placed a latex stethoscope on this paramedic’s sweaty but also foods that have a “cross sensitivity” to latex. I spoke with a male flight nurse who experienced progressively worse hand rash—possibly caused by latex gloves. He ate a banana one day and had a systemic reaction, with welts over his entire body, perioral edema, and searing pain in his stomach, requiring epinephrine. Another team member recently placed a latex stethoscope on this paramedic’s sweaty

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latex through operations and catheterizations with latex products. One profoundly retarded child, through routine toileting by staff wearing latex gloves, was so sensitized that he had an anaphylactic reaction when his father came into the house after playing with a partially latex basketball. Yet a student mentioned recently that latex gloves are still routinely used at one residential center for children where that student works.

When I first heard about latex-free carts, I remember thinking, "Oh, yet another burden for emergency nurses!", but I now see it very differently. MedicaAlert reports steady increases in the number of latex allergy alert bracelets ordered each year for the last 5 years (B. Jones, personal communication; Dec. 2, 1996). Clearly, a code cart should, by definition, be latex-free. Clearly, the air in all emergency departments should be free of latex allergens. Making environments safe may seem less of a burden when we think of the people we are most likely to protect and treat—vulnerable children, and . . . each other.

References