About penicillin

Penicillin is an antibiotic, which was discovered in 1928 and was the first antibiotic used by doctors. Penicillins can be used to treat mild to severe life-threatening infections and are some of the most common antibiotics prescribed. Penicillins are a group (family) of antibiotics which work by killing bacteria (microscopic living organisms found everywhere) by attacking their outer protective coating (cell wall).

Anaphylaxis

- Anaphylaxis is rare but is life-threatening.
- People with anaphylaxis develop a widespread itchy rash, breathing difficulties, swelling and collapse within minutes of taking penicillin.

Side Effects

Like lots of medicines, penicillins have side effects.

If you have had any of the following, it does not mean you are allergic:

- Diarrhoea and vomiting
- Nausea (feeling sick)
- Headache
- Loss of appetite
- Bloating.

These can be side effects of taking antibiotics and pass once the course of penicillin finishes. While unpleasant, these side effects don't mean you need to avoid penicillins completely.

How common are penicillin allergies?

Approximately 1 in 100 people have a true penicillin allergy.

However, 1 in 10 people have either been told or have assumed they have a penicillin allergy.

This means that about 9 in 10 persons "labelled" with a penicillin allergy will not be allergic.

For many people, their reaction happened many years ago but was never further investigated. The label of penicillin allergy has just continued throughout their life.

Remember: side effects are not the same as allergies.

What is a penicillin allergy?

- A penicillin allergy occurs when the body's immune system responds abnormally to penicillin.
- For most people, this is a mild reaction, such as an itchy rash. For others, a more intense reaction can occur. The most severe reaction is called anaphylaxis.
What does it mean to be penicillin allergic?

Having a penicillin allergy means you have to avoid a whole family of potentially life-saving antibiotics. This can make your infection much more difficult to treat.

It’s very important for people with infections to have access to the most appropriate antibiotics that we have available.

As there’s global concern about antimicrobial resistance (AMR), it’s important we don’t rule out unnecessarily any treatments that could be helpful.

No new families of antibiotics have been developed since the 1980s. If you’re "labelled" as having penicillin allergy, you’ll get an alternative antibiotic when you have an infection.

These alternatives might not be as effective as the penicillin family would be and could lead to increased hospital stays and other side effects.

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What is penicillin allergy de-labeling?

Penicillin allergy de-labelling is a process during which doctors can confirm if you have a true penicillin allergy. This may be an option.

Please discuss this with your doctor or nurse. If it’s found that you don’t have a true allergy, you can be prescribed penicillin in the future, if you need it.

How do you find out if you’ve got a penicillin allergy?

It’s important to find out:

• What did you take the antibiotic for?
• How long ago the reaction happened?
• What type of reaction it was?
• How long after taking the penicillin the reaction happened?
• Did you receive treatment for the reaction?
• Have you had any other antibiotics with penicillin in them (see list below) and were ok?

✓ Penicillin (phenoxymethylpenicillin)
✓ Amoxicillin
✓ Ampicillin
✓ Benzylpenicillin
✓ Flucloxacillin
✓ Co-amoxiclav (Augmentin®)
✓ Piperacillin / tazobactam (Tazocin®)
✓ Pivmecillinam
✓ Temocillin
✓ Co-fluampicil (flucloxacillin with ampicillin)

The doctor may decide after discussion that you don’t have a true penicillin allergy and can then decide if it’s safe for you to take the medication.