

## Prevalence and Patterns of Latex Glove Allergy among Healthcare Workers in a Tertiary Care Center in South India – A Cross-Sectional Study

Dear Editor,

Thank you for your publication of the original article 'Prevalence and Patterns of Latex Glove Allergy among Healthcare Workers in a Tertiary Care Center In South India - A Cross-Sectional Study.' We would like to share with the journal our commentary on key points from the work.<sup>[1]</sup>

The diagnosis of latex allergy was based on a questionnaire by the American Latex Association; in some cases, the authors demonstrated serum total IgE as an additional diagnostic tool in the analysis. They utilized the SDiIgE test kit produced privately in India. We would like to provide the perspective of diagnosing latex allergy in the United States. In the US, the diagnosis of latex allergy is made based on an appropriate clinical history that correlates the development of symptoms to exposure.<sup>[2]</sup> There are no skin tests approved by the Food and Drug Administration.<sup>[2]</sup> Two possible serologic tests for latex allergy include ImmunoCAP and Immulite.<sup>[2]</sup> We provide these two tests as possible adjunctive tools in the workup of latex allergy in settings such as this tertiary care center.

A limitation listed in the work is the differing perception of food allergy between the test administrators and responders. Atopic reactions such as food allergies are a key consideration when discussing latex allergies. As shown by other reviews of food allergies in Asia, data on the prevalence of food allergies is lacking for most of the continent.<sup>[3]</sup> Furthermore, there is a need for public education in Asia on what entails a true food allergy and how to avoid triggers.<sup>[3]</sup> In this study, the lack of education on the definition of food allergies may have affected the results. We recommend that future studies analyzing latex allergies include some component of educating participants on food allergies so that corresponding associations are clearer.

One conclusion made in this article is that healthcare workers (HCWs) should be educated on proper hand sanitization to prevent occupational irritant contact dermatitis (ICD). We agree with this conclusion and would like to offer possible recommendations. With regard to the ongoing pandemic, alcohol-based hand sanitizers (ABHSs) are effective disinfectants that cause lower rates of ICD when compared to other methods such as soap and water.<sup>[4]</sup> Furthermore, it is recommended that ABHSs are paired with moisturizers to minimize irritancy potential.<sup>[4]</sup> Last, perfumes, fragrances, and preservatives should be avoided in hand hygiene products

for HCWs.<sup>[4]</sup> For these reasons, we believe standardizing access to non-fragrance ABHSs with moisturizers will address rates of ICD among Indian HCWs.

The topic of latex allergy has been addressed in some settings by removing exposure to latex among HCWs. Because this is a logical conclusion one may come to after reviewing this article, we wanted to provide a perspective of similar hospitals who elected to remove latex from their institution. A tertiary care center in Italy replaced latex gloves with nitrile powder-free gloves and found a significant decrease in latex-related ICD.<sup>[5]</sup> However, multiple HCWs presented with complaints of hand dermatitis, which was determined to be caused by trace amounts of powder within the new gloves.<sup>[5]</sup> Although we advise the utilization of nitrile powder-free gloves as a solution to latex ICD, we recommend that the hospital institution determines whether such products meet expected standards. This is an area that the authors may investigate in further studies.

This article brought an interesting perspective to the topic of hand ICD among HCWs. We recognize the authors' efforts to minimize occupational ICD and encourage their further work, with consideration to the recommendations that we make above.

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### *Conflicts of interest*

There are no conflicts of interest.

**Kevin Varghese, Xiaofeng Yan<sup>1</sup>**

*Department of Biomedical Sciences, University of Missouri - Kansas City School of Medicine, Kansas City, Missouri, <sup>1</sup>Department of Psychiatry, University of Missouri – Kansas City School of Medicine, Kansas City, MO, USA*

*Address for correspondence:*

*Kevin Varghese,  
5000 Holmes St, Kansas City, MO 64110, USA.  
E-mail: kjv57f@mail.umkc.edu*


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