“The data are very clear: 90% of people who think they’re allergic to penicillin are not. And those who are labeled as penicillin-allergic get prescribed a broad-spectrum antibiotic that they don’t need. The key is raising awareness. If you’ve been labeled as allergic to penicillin, it needs to be followed up with proper testing.”

As an allergist-immunologist, Dr. Roopen Patel knows all about allergies. What he really wants people to know is this: you may not actually be allergic to penicillin like you were told.

According to the Centers for Disease Control and Prevention, approximately 10% of all U.S. patients report having an allergic reaction to a penicillin class antibiotic. When evaluated, however, fewer than 1% of the population are actually allergic to penicillins. So, why does this matter?

The first rule of medicine is “do no harm” and, for many battling an infection, penicillin is the first “go to” for an effective antibiotic with fewer ill effects. Dr. Patel explains that, for many infections, the antibiotic that works the best is still penicillin. He said that a lot of bacteria remain susceptible to penicillin, which would clear the infection more effectively, quicker and cost effectively. For doctors like him, given the choice, they want to go with the option that’s better, which is still penicillin in many cases.

Penicillin is known as a narrow-spectrum antibiotic. If a patient’s record states they are penicillin-allergic and they have an infection that needs to be treated, doctors often use a broad-spectrum antibiotic as an alternative. Broad-spectrum antibiotics can have more side effects, and, according to the CDC, can also increase antibiotic resistance for patients.

Resistance is a problem because it limits an antibiotic’s effectiveness to kill bacteria. Resistance can occur anytime an antibiotic is used, so decisions about whether to prescribe antibiotics and which antibiotic to prescribe take on increased importance. Once resistant bacteria are widespread, the antibiotic loses its effectiveness and doctors have few options to treat the infection. So, Dr. Patel said, it’s important to be judicious in the use of antibiotics and to make sure that the right antibiotics are being used to help prevent resistance from occurring in the first place.

The good news is that it is easy to determine if a person has an allergy to penicillin. Patients just need to visit their doctor and take a simple test. It’s exactly what Candace DeMatteis did, and discovered that she can take penicillins without worrying about an allergic response.

Dr. Patel encourages anyone who has been classified as penicillin-allergic to speak with a doctor to find out about allergy testing. This will help ensure that patients are getting the right treatment and have more options when it comes to treatment. It’s also important on a larger scale in our fight against antibiotic resistant bacteria.