

Paediatrics

Sublingual immunotherapy (Grazax®) (with GP letter)

We prescribe sublingual immunotherapy to people with severe allergy symptoms caused by:

- grass or tree pollen
- house dust mites
- animals such as cats and dogs

Who sublingual immunotherapy is for

Immunotherapy is not for all people with allergic rhinitis or conjunctivitis. Most patients will enjoy complete symptom relief with anti-allergy treatment; antihistamines, eye drops and nasal sprays.

Immunotherapy is considered when your child:

1. has responded poorly to steroid nasal sprays and anti-histamines
2. is allergic, on allergy testing, to an allergen such as grass
3. has severe symptoms caused by that allergen, such as hay fever

How long sublingual immunotherapy lasts

Sublingual immunotherapy (SLIT) lasts about 3 years. Treatment is given as liquid drops or a tablet.

- Sublingual immunotherapy for hay fever due to grass or tree pollens is started a few months before pollen season.
- Sublingual immunotherapy for allergens that last all year, such as house dust mites or animal furs, can be started at any time of the year.



Patient Information

What allergies are treated

In the UK, we offer sublingual immunotherapy for allergic rhinitis caused by:

- grass or tree pollen
- house dust mites
- animals such as cats and dogs

SLIT is not available for treating severe reactions to insects, eczema, or food allergies.

SLIT is not effective for treating asthma.

How to take sublingual immunotherapy

Your child takes sublingual immunotherapy by placing the medication under the tongue for 1 to 2 minutes and then swallowing.

- Your child must not eat or drink anything for 5 minutes after swallowing.
- Take the medicine in the morning before breakfast.

We administer the first dose of sublingual immunotherapy in hospital under supervision. After this visit, you'll administer the treatment to your child at home.

Your child will need to visit the Allergy Clinic for review.

It's important your child takes the medicine daily for the whole treatment period. This will help to improve their symptoms during and after treatment.

Patient Information

If you miss a dose

If you miss a dose, do not give your child a double dose the next day. Continue the next day as normal.

If you miss 7 days of treatment, please contact the Allergy Team. We'll need to restart your child's treatment under hospital supervision.

Contact us by email on childrensallergy@uhcw.nhs.uk or call our secretary on 01788 663 189.

When not to take sublingual immunotherapy

Do not give your child sublingual immunotherapy if they have:

- any concurrent illness such as coughs, colds, flu, or if your child feels unwell or has a high temperature
 - contact the Allergy Team if you're not sure
- mouth ulcers
- a tooth removed or loses a tooth - wait one week for their mouth to heal before starting treatment again
- any serious illness or surgery - contact the Allergy Team to discuss if your child should continue treatment

Alternatives to sublingual immunotherapy

Injection immunotherapy may be an alternative treatment to sublingual immunotherapy. Please discuss this with the Allergy Clinic staff if you want your child to be considered for injection immunotherapy.

Patient Information

Risks of sublingual immunotherapy

All medicines have side effects. Sometimes they are serious, but most of the time they are not.

Commonly reported side-effects of sublingual immunotherapy include:

- swelling or bumps under the tongue
- tingling or itching sensation under the tongue, in the mouth or in the ears
- mild tummy pain

These common symptoms can be treated with an antihistamine.

Common symptoms usually happen straight after taking sublingual immunotherapy. The symptoms do not last more than 5 to 10 minutes. The symptoms gradually improve after 1 to 2 weeks and can disappear.

If your child's symptoms continue and are troublesome, tell a member of staff in the Allergy Clinic.

Stop treatment immediately and go to A&E if your child has:

- swelling of the face, mouth or throat
- difficulty swallowing
- difficulty breathing
- worsening of existing asthma
- nettle rash
- voice changes
- more severe tummy pain, nausea and/or vomiting.

Call 999 if your child has:

- Swelling of the tongue with difficulty swallowing
- A fast heartbeat, dizziness and light-headedness
- Wheezing or difficulty in breathing

Benefits of sublingual immunotherapy

Clinical trials have shown sublingual immunotherapy reduces symptoms and is safe for people with grass allergic hay fever and house dust mite allergy.

The benefits last for many years (up to 10 years in one study) after the 3-year treatment programme has been completed. However, benefit cannot be guaranteed in everyone.

Sublingual immunotherapy is a convenient treatment option as it has less hospital visits compared to injection immunotherapy.

Taking sublingual immunotherapy with other medicines

Your child must continue to take any other medicines prescribed for allergic rhinitis or other allergic conditions (like asthma and eczema).

Sublingual immunotherapy does not replace other medicines for allergic rhinitis or other allergic conditions.

Stopping other medicines

If your child continues to take sublingual immunotherapy as prescribed, their need for medicines to control any symptoms of allergic rhinitis will eventually decrease. If your child's symptoms improve whilst taking immunotherapy, you should be able to gradually reduce antihistamines, eye drops and nasal sprays.

If your child develops a new illness that needs long-term medicine, report this to your Allergy Team. They can advise you about continuing sublingual immunotherapy.

Most short courses of medicines, like antibiotics, will not affect sublingual immunotherapy. But the illness the medicines are prescribed for may mean your child needs to stop sublingual immunotherapy temporarily.

Patient Information

If you or your child have any questions or concerns, discuss these with a member of the Allergy Clinic staff.

The Paediatric Allergy Team can be contacted by email - childrensallergy@uhcw.nhs.uk, or by telephone on 01788 663 189.

The Trust has access to interpreting and translation services. If you need this information in another language or format, please contact 024 7696 6948 and we will do our best to meet your needs.

The Trust operates a smoke-free policy.

Did we get it right?

We would like you to tell us what you think about our services. This helps us make further improvements and recognise members of staff who provide a good service.

Have your say. Scan the QR code or visit:
www.uhcw.nhs.uk/feedback



Document History	
Department:	Paediatrics
Contact:	26948
Updated:	January 2024
Review:	January 2026
Version:	3
Reference:	HIC/LFT/2115/17

Paediatrics

Dear (GP name)

Name/DOB/Hospital No:

.....

Grazax® Sublingual Immunotherapy

Date of commencing treatment:

.....

The above patient has been commenced on Grazax® sublingual immunotherapy for his/her severe seasonal allergic rhinoconjunctivitis due to grass pollen allergy.

Sublingual immunotherapy provides an alternative treatment to subcutaneous immunotherapy for severe allergic rhinoconjunctivitis that is not controlled on symptomatic treatment and has the advantage of being administered at home rather than as a series of preseasonal injections on the day unit.

The aim of treatment is desensitisation against grass pollen allergy resulting in long term reduction in symptoms and medication use. Grazax® involves a 3 year course of sublingual oral lyophilisate (dissolving tablets) taken daily at home. The first dose is administered under observation on the day unit.

Adverse effects are common, particularly localised oral symptoms such as pruritis and oedema, but these are generally mild and do not usually result in the discontinuation of treatment. The side effects tend to improve within a few weeks.

Patient Information

Grazax® has a UK license for the treatment of grass pollen-induced rhinitis and conjunctivitis from the age of 5 years in patients with clinically relevant symptoms and diagnosed with a positive skin prick test and/or specific IgE test to grass pollen. The licensed dose in children and adults is one oral lyophilisate (75,000 SQ) placed under the tongue daily (swallowing should be avoided for about 1 minute and food and drink should not be taken for the following 5 minutes). Treatment should only be initiated by physicians with experience in the treatment of allergic diseases. Continuous daily treatment for 3 years results in a long term immunomodulatory effect. If started at least 4 months prior to the grass pollen season, improvement in symptoms can be expected in the first year of treatment.

We have administered the initial dose of Grazax® under observation and it was well tolerated. We have supplied the first month of treatment.

I would be grateful if you would arrange an ongoing prescription for Grazax® 75 000 SQ (1 tablet) daily sublingually. The treatment should be continued for 3 years if there is a clinical response. If there is no improvement in symptoms and medication use by the second summer, we will advise discontinuation. All his/her regular medication should be continued while taking Grazax®.

We will continue to monitor your patient's progress and supervise the sublingual immunotherapy in the Children's Allergy Clinic at UHCW.

If you have any queries or concerns, we would be very happy to discuss these with you. We can be contacted by email at:
childrensallergy@uhcw.nhs.uk.

Yours sincerely

Dr Anjli Jethwa

Dr Colin Macdougall

Allergy Specialist Nurses, Louise Bashford, Sarah Pitts and Kate Weller

References:

1. Frew AJ Sublingual Immunotherapy NEJM 2008 358 (21) 2259-2264
2. Bufe A et al. Safety and efficacy in children of an SQ-standardised grass allergen tablet in sublingual immunotherapy. J Allergy Clin Immunol. 2009 123 (1) 167-173