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LETTER TO THE EDITOR

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In-flight anaphylaxis emergencies: lessons gained from attempting a questionnaire pilot study

Dear Sir,

In-flight medical emergencies are likely to increase as the amount of air travel continues to increase and life expectancy lengthens.¹ Air travel is an important cause of concern to many people who have a previous history of anaphylaxis; their concerns centre on the risk of reactions being triggered whilst airborne and the potential difficulties involved in carrying self-administered adrenaline on-board.² Recent qualitative work has found that the risks may be perceived as being so great that some families opt not to fly at all.³

In order to study the possible risks associated with flying, we planned to conduct an international survey to assess airlines' ability to support passengers in taking possible preventative measures and their preparedness to manage inflight anaphylaxis emergencies should they occur. As the first such study of its kind, we decided to conduct an initial pilot study. We describe here the results of the pilot study and consider possible implications for future work in this area.

For the pilot study, five airlines – one each from North America, Europe, Africa, Asia and South America – were purposely selected from the Skytrax airlines database.⁴ These airlines were each contacted in 2007 by e-mail and sent an invitation to participate, together with an accompanying anonymised confidential questionnaire for completion. Reminder e-mails were sent to non-responders. We then contacted those airlines that had still failed to respond by phone offering them the option of completing the questionnaire by phone.

Other than automated responses, we failed to receive any responses to our e-mailed questionnaires. We were similarly unable to get any completed responses to our attempts to conduct the survey by telephone. The reasons given for declining to participate included: "high work-load"; "not having permission to answer such questions"; and an inability "to find the right person" to help with the request.

Our pilot study demonstrates that neither the written version of our questionnaire nor the telephone request to complete a questionnaire is likely to succeed in generating answers to the important question of airlines' strategies to reduce the risk of, and to manage, in-flight anaphylaxis emergencies.

Those who wish to pursue this line of enquiry may want to consider alternative approaches to eliciting these data such as the use of simulated passengers.

Conflict of interest declaration

Professor Aziz Sheikh is an Assistant Editor of the *PCRJ*, but was not involved in the editorial review of, nor the decision to publish, this letter.

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