



PEDIATRIC
INFECTIOUS
DISEASES
SOCIETY

Pediatric Infectious Diseases Society Endorses New Terminology: Vancomycin Flushing Syndrome

The Pediatric Infectious Diseases Society (PIDS), whose membership constitutes individuals dedicated to the treatment, control, and eradication of infectious diseases in children, supports the universal removal and replacement of the term “red man syndrome,” a term previously used to describe the syndrome of histamine release caused by rapid infusion of vancomycin, and the erythematous flushing that results in patients with light skin. PIDS supports the replacement of this racist terminology with “vancomycin flushing syndrome.”

The epithet “red man” has been used as a slur to derogatorily refer to persons of Native American descent since the 1600s.¹ Over the course of the colonization of the New World, Native Americans went from being systematically exterminated and removed from their native lands, to becoming nearly invisible to the collective American consciousness. This functional erasure of Native American peoples from contemporary American society has led to inherent institutional racism throughout various aspects of public life, including the medical establishment. As a result, persons of native descent have worse health outcomes, with increased rates of mood disorders, substance abuse, preventable diseases, and ensuing increased mortality.¹ One small step we can take towards dismantling this shameful inheritance is to expunge offensive terminology from our lexicon as we seek to build trust with and improve care in this population.

For these reasons, PIDS supports universal removal of this slur, and recommends replacing it with “vancomycin flushing syndrome” consistent with the proposal of Austin and colleagues¹ or with “vancomycin histamine release syndrome”, a term that emphasizes pathophysiology over visual appearance on skin to reflect the multiple symptoms patients may have following vancomycin infusion. We suggest the following concrete actions:

- Remove all variations of this terminology and replace with “vancomycin flushing syndrome” for the following:
 - Documentation in the electronic health record
 - Teaching of trainees, including but not limited to: medical students, nurses, pharmacists, and other allied health professionals
 - Official documents, including but not limited to: teaching aids, textbooks, job aids, guidelines, position statements
 - All communications, both written and verbal

This change recognizes the harm caused by this hurtful term perpetuated by the medical community and serves as an initial step towards supporting equitable medical care for our patients of Native American heritage.

PIDS acknowledges the following statement authors:

Oregon Health Sciences University

Jared P. Austin MD, Allison Empey MD, Byron A. Foster MD MPH

University of Washington | Seattle Children's Hospital

Alicia Adiele MSW LICSW, Shaquita Bell MD, Adam W Brothers PharmD, Victoria JL Konold MD, Matthew Kronman* MD, Daniel Pak PharmD, Scott J Weissman MD

*Dr. Kronman serves on the PIDS Board of Directors.

We acknowledge that the authors of this document are living and working on the land of the Coastal Salish, Klamath peoples, the Multnomah, Kathlamet, Clackamas, Tumwater, Watlala bands of the Chinook, the Tualatin Kalapuya, Molalla, Wasco and many Indigenous nations of the Willamette Valley and Columbia River Plateau. We thank the original caretakers of this land.

1. Austin JP, Foster BA, Empey A. Replace Red Man Syndrome With Vancomycin Flushing Reaction. *Hosp Pediatr*. 2020;10(7):623-624. doi:10.1542/hpeds.2020-0125.