

## Ongoing care of children and young people with food allergy

Food allergy affects up to 10% of preschool age children and up to 5% of high school age young people. There is no treatment and the food(s) concerned must be avoided to prevent reactions. Food allergic reactions can result in anaphylaxis, which is potentially life-threatening. Ongoing care requirements need to be considered with respect to:

- Follow up
- School
- Transition

### Follow up

All children and young people with food allergy need follow up. The frequency of follow up will be determined by the age of the child or young person, their clinical history, and the food(s) involved.

### Why?

- The purpose of follow up includes:
  - To assess possibility of resolution of the food allergy
    - This may be determined by interval history - if there has been a recent unequivocal reaction on accidental exposure to the food then the allergy is clearly persistent
    - Allergy skin prick tests or serum specific IgE may also help decide the likelihood of resolution.
    - Referral for supervised food challenge may be appropriate if the tests or history suggest that the food allergy may have resolved.
  - To review risk management
    - Age appropriate strategies should be discussed
      - ["5 for 5"](#) is aimed at families with new school entrants
      - <https://250k.org.au> has resources for teens
    - Anxiety is a common problem for children and young people with food allergy and may need to be addressed

### When?

- The timing of follow up will be influenced by
  - The food
    - Some food allergies may resolve more quickly so review every 6-12 months in early childhood may be appropriate (eg milk, egg, wheat, soy)
    - Resolution of allergy occurs in about 10-20% of peanut or nut allergy, and about 10% of fish or shellfish allergy. Re-evaluation every 2-3 years may be appropriate
    - Children avoiding nutritionally important foods (e.g. milk or wheat) in early childhood may need more frequent review including dietetic input
  - The child or young person's age
    - Starting school is often a milestone where action plans and risk management needs to be reviewed
    - Similarly, teens may need review to ensure appropriate transition of responsibility

## Where?

- Paediatrics versus primary care
  - Allergy skin testing for many allergens is not routinely available in community settings around New Zealand, so care through paediatric services may be needed.
  - Follow up often requires access to secondary services such as dietetics and supervised food challenges.
  - Follow up in primary care is an option where the child or young person's doctor is able to provide ongoing review of the possibility of resolution of the allergy, and where they can ensure appropriate review of action plan and risk management.
  - Follow up with Dietetic Services may be available through Primary Health Organisations or Community Services, depending on the region.

## School

Early childhood services and schools are responsible for the health and safety of children and young people in their care. In order to meet their obligations they require current medical information and an ASCIA Allergy or Anaphylaxis Action Plan filled in and signed by the child's doctor (specialist or GP) or nurse for any child identified as having food allergy.

Children with food allergy should be regularly reviewed, as some allergies resolve over time (refer 'Food allergy follow-up practice recommendation'). Risk management strategies need to be age appropriate, with appropriate gradual transition of responsibility.

### Allergy review prior to starting school

- Consider paediatric review at 4 – 4 ½ years with a view to getting child ready for school
- Repeat allergy testing if appropriate – is the child still allergic?
- Review [anaphylaxis checklist for GPs](#)
- Update [ASCIA action plan](#)
- Review medications (antihistamine dosage and adrenaline autoinjector) and provide prescriptions and / or [ordering information](#)
  - Review asthma control (if relevant)
- Discuss developmental aspects with the parent ([click here](#))

### Allergy review prior to starting secondary school

- Repeat allergy testing if appropriate – is the young person still allergic?
- Review [anaphylaxis checklist for GPs](#)
- Update [ASCIA action plan](#)
- Review medications (antihistamine dosage and adrenaline autoinjector) and provide prescriptions and / or [ordering information](#)
  - Review asthma control (if relevant)
- Discuss transition or responsibility with young person and their parents
  - Consider whether anxiety is an issue and needs to be addressed
  - [250k](#) is an excellent resource specifically designed for young people with persistent food allergy

### Resources for Patients, Families and Carers

- Ensure that the family obtains and is instructed in the use of an autoinjector. Currently the only adrenaline autoinjector available in NZ is the EpiPen®.

- See [adrenaline autoinjector ordering information](#)
- Free online training on recognition and management of anaphylaxis, and how to use an EpiPen, is available on <https://anaphylaxis.ascia.org.au/>
- A family can register their EpiPen device with [EpiClub](#) to be sent a free trainer EpiPen device plus reminders of expiry date.
  - Schools can also register and get a free education pack.
- Advise the family in respect to ACC claims for anaphylaxis. Refer to [Allergy New Zealand](#) for more information.

### Resources for schools include:

- ASCIA Guidelines - Prevention of Anaphylaxis in Schools, Preschools and Childcare: 2015 update ([click here](#)).
- The Ministry of Education has a 'Guide to Allergies' here (link to <https://www.inclusive.tki.org.nz/guides/allergies-and-learning/>)
- Various regions have different availability of education available for schools and preschools, generally through the local public health service. Check with your local PHN team if unsure.
- Resources for schools including an EpiPen® training device are available through [Epi Club](#)
- Allergy NZ education resources (<http://www.allergy.org.nz/shop/Education+sector.html>)

### Transition and transfer to adult care

- Adult clinical immunology and allergy services in New Zealand are based in Auckland, Wellington and Christchurch, with outreach services also in Whangarei.
- Age of transition is locally determined but generally towards the end of secondary school (16 - 18 Years)
- Resources for transition are available at [ASCIA Transitioning from Paediatric to Adult Care for Severe Allergies](#)
- Resources for young people with food allergy are available at <https://250k.org.au>
- Ongoing care of young people with food allergy can be provided in primary care. It is suggested there should be annual review of food allergy including:
  - Review interval history
    - Have there been any allergic reactions, and if so how were they managed.
    - If there has been ingestion without reaction this could indicate possible improvement / resolution of the allergy
  - Consider whether further tests are needed
  - Consider whether food challenge could be considered
    - Referral to local / regional allergy service may be indicated
  - Update action plan [www.allergy.org.au](http://www.allergy.org.au)
  - Review correct use of adrenaline autoinjector
  - Plan follow up of food allergy on an annual basis

### References

- Sinclair et al, IgE-mediated food allergy—diagnosis and management in New Zealand children. NZMJ, Aug 2013
- Sasaki et al, Prevalence of clinic-defined food allergy in early adolescence: The SchoolNuts study. J All Clin Immun, Jan 2018.