

How should you manage a reaction?

A written management plan will be provided and appropriate medication prescribed which should be available at all times.

If fish is accidentally eaten, spit the food out straight away and give an antihistamine as soon as possible.

Severe symptoms:

- Difficulty breathing (wheezing, noisy breathing).
- Swelling in the throat (noisy breathing, drooling).
- Feeling faint or dizzy, looking very pale (lie the child down with their legs raised).

If any of these severe symptoms occur get help straight away and dial 999 stating “anaphylaxis” (ana-fil-ak-sis).

Who needs to know about this allergy?

It is important to inform the nursery/school and any after-school clubs. Any other carers such as grandparents, relatives and school friends' parents will also need to know.

Is fish allergy life long?

Most children with fish allergy will not outgrow the problem. If there has been no reaction for a long time an oral challenge may be suggested.

Is there a cure?

There is no cure for fish allergy at present.

How can I contact you if I need to?

References

Hardy MS et al. Prevalence of fish and shellfish allergy: A systematic review. *Ann Allergy Asthma Immunol*, 2016
Nieuwenhuizen NE. Anisakis - immunology of a foodborne parasitosis. *Parasite Immunol*, 2016.



Fish allergy

Information Leaflet

www.allergynorthwest.nhs.uk

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Fish allergy Guidelines - North West Paediatric Allergy Implementation Group
This information should be used in conjunction with advice from a medical professional

How common is fish allergy?

Fish allergy is one of the top seven food allergies in children.

What are the symptoms of fish allergy?

Symptoms may occur after eating fish, contact or breathing the fish vapour during cooking or at a fish market. Hives or “nettle” rash or swelling on the face are most common. Some children have an itchy throat; others vomit or have diarrhoea. Severe reactions are less common, but can include difficulty in breathing (wheeze or swelling in the throat) and feeling faint or dizzy. Vapours from the fish may trigger an asthma attack in children who are allergic.

Allergy to fish should not be confused with **Scromboid poisoning**. This is a type of food poisoning from eating fish that has gone off. It is more common in warmer countries than in the UK. A chemical (histamine) builds up in the fish as it decomposes and remains even after cooking. The fish may have a metallic taste. Symptoms are often like those of an allergic reaction.

How serious is fish allergy?

Most people with fish allergy only have mild reactions. Severe reactions affecting the child’s breathing can occur, particularly in those with bad asthma and these need urgent medical attention.

Will my child be allergic to other foods?

People who are fish allergic may be able to eat shellfish. Some people are just allergic to white fish such as cod and haddock but tolerate salmon and tuna. People allergic to fish need to be aware of the risk of cross-contamination in restaurants, markets and open fish counters.

How do we diagnose fish allergy?

The diagnosis is based on the history of a typical reaction after contact with fish. Positive allergy tests skin prick or blood IgE tests support the

diagnosis, but should not be used alone, as people can have positive allergy tests but tolerate the fish. Skin prick tests are safe. They are done in clinic provided that the child has not had any antihistamines for a few days. Blood tests are not affected by antihistamines, but the results are only available a week after the clinic appointment. If the diagnosis is uncertain an oral fish challenge is sometimes recommended.

Should patients with fish allergy avoid all fish?

Fish is easy to avoid. Watch for cross-contamination when buying fresh fish in shops and supermarket counters. Food fried in oil that has also been used to fry fish will be contaminated. Some foods and dishes like paella, bouillabaisse, gumbo and frito misto contain fish and should be avoided, as should thai curries with fish sauce. Your doctor will advise your child whether they should avoid all fish or just need to avoid white fish and can eat salmon and tuna or both. Most patients that are allergic to white fish can eat shell fish.



Anisakis is a worm that infects fish in warmer climates (Spain, Italy, Japan, Korea). It is rare in the UK. If the fish is not properly cooked it can lead to infection or allergic symptoms in humans. Symptoms include tummy pain, vomiting and diarrhoea in the case of worm infection, or more typical allergic reactions (rashes) and even anaphylaxis on repeated exposure. Children allergic to anisakis can often eat uninfected fish.

References

Hardy MS et al. Prevalence of fish and shellfish allergy: A systematic review. *Ann Allergy Asthma Immunol*, 2016
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