

Food Allergy Prevention Guidance

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The BDA Food Allergy Specialist Group (FASG) & Paediatric Allergy Group (PAG) of the BSACI developed guidance for UK Healthcare Professionals on preventing food allergy in higher risk infants (May 2018) i.e. those with eczema, other food allergies









- BSACI/FASG document is guidance rather than a guideline
- Advice in implementing the evidence from the EAT, LEAP and other studies.
- Complements a recent review by joint specialist committee of the UK FSA and Public Health England.







- targeted advice may be appropriate for infants at a higher risk of developing food allergy.
- Guidance includes advice on the early introduction of potential allergenic foods into the infant diet to reduce the risk of future food allergy.









Preventing food allergy in higher risk infants: guidance for healthcare professionals



This information sheet complements current advice from the Scientific Advisory Committee on Nutrition (SACN) and the Committee on Toxicity (Food Standards Agency). It has been developed by the Food Allergy Specialist Group of the British Dietetic Association and Paediatric Allergy Group of the British Society for Allergy & Clinical Immunology. A separate summary for parents is available at www.bsaci.org/about/early-feeding-guidance and www.bda.uk.com/regionsgroups/groups/foodallergy/allergy_prevention_guidance

CURRENT ADVICE FOR ALL INFANTS IS:

- Exclusive breastfeeding for around the first 6 months of life
- Complementary foods should be introduced in an age-appropriate manner from around 6 months, alongside continued breastfeeding, at a time and in a manner to suit the child and family.
- The deliberate exclusion or delayed introduction of specific allergenic foods may increase the risk of developing a food allergy to the same foods.

In practice, this means:

- When the infant is ready, at around 6 months of age (but <u>not</u> before 4 months), introduce complementary foods (solids) - usually as pureed foods. Start by offering small amounts of vegetables, fruit, starchy foods, protein. Never add salt or sugar - they don't need it.
- Include foods associated with food allergies that are part of the family's diet: this can include egg, foods
 containing peanut and tree nuts, pasteurised dairy foods, fish/seafood and wheat.

Never give whole or coarsely-chopped nuts, as these are a choking risk.

- · Aim to introduce these foods before 12 months of age, one new food at a time
- Continue to give the baby these foods <u>regularly</u> as part of their usual diet, unless not tolerated this
 may help reduce the chance of their developing an allergy to that food later.

GUIDANCE FOR INFANTS AT HIGHER RISK OF FOOD ALLERGY

Some infants are at a higher risk of developing a food allergy, including those:

with eczema (in particular, early-onset or moderate-severe eczema – see next page), or





Preventing food allergy in higher risk infants: summary for healthcare professionals



No risk factors

for food allergy

The UK health departments advise exclusive breastfeeding until around six months of life, and to continue breastfeeding throughout the first year.

Infants with a known risk factor for food allerey: Economia *

- Existing food allergy in your baby
 - Avoid any foods the baby is known to be allergic to

These children may benefit from the earlier introduction of cooked egg (and then peanut), alongside other solids

When the baby is ready, consider introducing solid foods - including cooked egg and then peanut

from age 4 months, followed by other allergenic foods?

"Some infants will already be allergic to these foods: infants with moderate-severe eczema are at greatest risk. To date, no life-threatening reactions have been reported in this context.

Allergy tests can help identify individual infants at higher risk, but systematically screening all infants with more severe eczema is not currently available in most areas and may not be effective. Families may wish to seek advice from a healthcare professional with expertise in allergy; this should not delay introduction of common allergenic foods beyond 12 months of age.

Infants with a household member with food allergy

Consider how to introduce the food into the baby's diet whilst keeping the food-alleratic person safe.

Some families may benefit from reassurance from an allergy specialist but this should not delay introduction of allergenic foods.

When the baby is ready, introduce solid foods at around 6 months of age (but not before 4 months). Include peanut, egg and other foods? that are eaten as part of the family's normal diet

> Screening allergy tests are not routinely recommended prior to introducing solids

*Common foods which can cause food allergy include: egg. peanut and other nuts, dairy foods, fish/seafood and wheat

The UK health departments advise that breastfeeding should continue throughout the first year of life, at the same time as introducing solid foods.

Monitor for any symptoms of an allergic reaction:

Immediate-type food allergy

Typically happen within 30 minutes of eating the food:

Mild-moderate symptoms:

- Swollen lips, face or eyes.
- Itchy skin rash e.g. "hives", urticaria
- Abdominal pain, vomiting

RARELY**: Severe symptoms (anaphylaxis):

All properties: Swollen tongue, persistent cough, hoarse cry

Becaming: Difficult or noisy breathing, wheezing

Covacoussess: Pale or floppy, unresponsive/unconscious **rick estimated to be 1-2 per 1000 bables at higher rick.

Delayed-type food allergy

Symptoms occur hours after the trigger food:

Gut symptoms:

- Recurrent abdominal pain, worsening vomiting/reflux
- Food refusal or aversion
- Loose/frequent stools (>6-8 times per day) or constipation / infrequent stools (2 or fewer per week)

Skin symptoms:

- Skin reddening or itch over body.
- Worsening eczema

NB: Delayed-type allergy cannot trigger anaphylaxis.

If any severe symptoms (anaphylaxis), immediately dial 999 for assistance.

- Avoid the trigger food, do NOT reintroduce.
- GP review recommended.
- GP advised to take allengy-focused history: https://www.nice.org.uk/guidence/cg116
- Referral to secondary or specialist care is recommended for all infants presenting with symptoms of immediate-type, IgE-mediated food allergy.

- Stop the trigger food, symptoms should resolve after a firmy days.
- If symptoms are not severe, consider trying the food agrain 1-2 weeks later.
- Seek GP review If symptoms recur or are severe.
- GP advised to take allergy-focused history: https://www.nice.org.uk/guidence/cg116
- Seek advice from a dietitian with appropriate competencies, if needed
- Refer any child with persistent delayed-type symptoms (not responding to single food elimination) and/or faltering growth to specialist clinic

Timing



- higher risk infants may start solids from 4 months
- once the baby is eating solid foods such as fruit and veg, introduce foods containing egg, then peanut, and then other allergens







Infants with moderate-severe eczema and/or eczema which began in the first 3 months of life are at greatest risk of reacting to egg and peanut when these are introduced into the diet.

- but where tolerated, these infants will benefit most from earlier introduction:

_	Egg	Peanut	
General population	3 3	3 3 3 3 4 5 6	Already allergic to the food Allergic to the food despite earlier introduction Will not be allergic due to earlier introduction Not allergic
	 will react with IgE-symptoms prior to age 6 mths. Introducing egg earlier will prevent 3% of infants from getting IgE-mediated egg allergy. 	 will react with IgE-symptoms prior to age 6 months. Introducing peanut earlier will prevent 2% of infants from getting IgE-mediated peanut allergy. 	
eczema			Already allergic to the food
severe			Allergic to the food despite earlier introduction
	22222222222222222222222222222222222222	888888888888888888888888 8888888888888	Will not be allergic due to earlier introduction Not allergic
Moderate-	Up to 30% of infants will already be allergic to egg,	Up to 10% of infants will already be allergic to peanut,	Ø NOC allergic
Mod	 and react with IgE-symptoms prior to age 6 months. Introducing egg earlier will prevent 19% of 	 and react with IgE-symptoms prior to age 6 months. Introducing peanut earlier will prevent 11% of 	
_	infants from getting IgE-mediated egg allergy.	infants from getting IgE-mediated peanut allergy.	
		Proct 2019-5:357-375 doi: 10.1016/j.jojn.2017.12.015	I

Data from J Allergy Clin Immunol Pract. 2018;6:367-375. doi: 10.1016/j.jaip.2017.12.015.



Preventing food allergy in your baby: information for parents



The Scientific Advisory Committee on Nutrition (SACN) and the Committee on Toxicity (Food Standards Agency) have published a joint report to advice the UK Government health departments on advice regarding feeding your baby in the first year of life.

This leaflet provides advice to families on preventing food allergies in babies at higher risk of food allergy. It has been developed by the Food Allergy Specialist Group of the British Dietetic Association (BDA) and Paediatric Allergy Group of the British Society for Allergy & Clinical Immunology (BSACI), and complements an information sheet for GPs and other healthcare professionals available at www.bsaci.org/about/early-feeding-guidance or www.bda.uk.com/regionsgroups/groups/foodallergy/allergy_prevention_guidance

Young children at a higher risk of getting a food allergy include:

- Babies with eczema (in particular, babies with more severe eczema), or
- Babies who already have a food allergy.

Research shows that these babies may benefit from the earlier introduction – from 4 months of age – of complementary foods (solids), including foods containing egg and peanut in a form to suit the baby.

Some babies will already be allergic when they are fed these foods:

- Parents should not continue to feed their baby something they are reacting to.
- Referral to a children's allergy clinic is recommended for babies with immediate-type food allergy.

If your baby has more severe eczema (e.g. needs daily steroid creams), discuss with your health visitor or GP when to start feeding your baby foods containing egg or peanut. These babies are more likely to have reactions, but can also benefit more where the food doesn't cause a reaction.

DURING PREGNANCY

- Don't avoid any particular foods (such as peanut) this has not been shown to prevent allergies.
- Omega-3 fatty acids (found in oily fish such as salmon, trout, mackerel and fresh (not canned) tuna) may help reduce the risk of eczema and allergic sensitisation (development of allergy antibodies) in early life.
 Pregnant women should not eat more than two portions of oily fish a week.¹
- At the moment, there is not enough evidence to recommend routine probiotics to prevent food allergy.
- Eat a balanced, healthy diet with plenty of vegetables and fruit to provide vitamins and minerals, as well as fibre (which helps digestion).
- General health advice is to take folic acid and vitamin D supplements during pregnancy.

AFTER BIRTH

- The UK health departments recommend exclusive breastfeeding for around the first 6 months of life.
 Breastfeeding alone does not prevent allergies, but has many other important benefits to the mother and child. Breastfeeding should continue throughout the first year of life.
 - Unless otherwise advised by a healthcare professional don't avoid eating any particular foods (such as





Preventing food allergy in your baby: A summary for parents



Current advice from the UK health departments for healthy babies is:

- Exclusive breastfeeding for around the first 6 months of life.
- From around 6 months of age (but not before 4 months), introduce complementary foods (solids)
- including foods known to cause food allergies alongside continued breastfeeding.
 Excluding egg and peanut from your baby's diet may increase their risk of food allergy.
- When your baby is ready, at around 6 months of age, you can start to feed them complementary foods (solids) – usually as pureed foods. Start by offering small amounts of vegetables, fruit, starchy foods, protein, pasteurised dairy. Never add salt or sugar - they don't need it.
- In addition to fruit and vegetables, include foods that are part of your family's normal diet which are commonly associated with food allergies. If this includes egg and peanut, aim to introduce these by one year of age, and continue to feed these to your baby as part of their usual diet.

Your beby is at higher risk of food allergy if they have: • Eczema (especially if eczema is very bed) • Already has a food allergy Your baby may be at a higher risk of food allergy*, and may benefit from starting egg and/or peanut earlier, alongside other solids. When your baby is neady, consider introducing solid foods - including cooked egg, and then peanut - from age 4 morths, followed by other foods known to cause food allergies* (more information on this can be found on page 3)

The benefits of allergy testing in higher risk babies before introducing agg or peasant meeds to be balanced against the risk this could cause a delay (due to lack of evallable testing) and increase the risk of food allergy.

"Some babliss will already have food allergies, especially those with severe eccenns. The risk of a severe reaction (supphyladis) is low (1-2 per 1000 in these bables). Speak to your healthcare professional before introducing egg and peanut if your bably has severe eccenns.

Speak to your GP to discuss review by a specialist

allergies or severe symptoms (anaphylaxis) should be

NICE recommends any baby with multiple food

paediatric / allergy team.

referred to a hospital team.

Bables not at a higher risk of food allergy include: Someone in your home (not All other bables the baby) has a food allerey. You will need to plan how to feed your baby whilst keeping the person w the food allergy safe (see overleaf) Some families may wish to talk to their doctor/allergy specialist about any contex they may have. This should not delay introduction of altergenic foods beyond 13 months of age. When your beby is ready, at around 6 months of age introduce solid foods. Include peanut, egg or other foods⁵ commonly associated with allergies that you and your family eat as part of your normal diet PCommon floods which can cause food allergy include: egg.

NICE recommends that babies with any of the

Faltering growth

Fround medius all

following should be referred to a specialist dinic:

Eczema which worsens with specific foods.

Reflux or gut symptoms resistant to treatment

pearut and other nuts, dairy foods, fish/seafood and wheat DO NOT FEED YOUR BASY SOMETHING THEY ARE ALREADY ALLERGICTO Monitor for any symptoms of an allergic reaction: Immediate-type food allergy Delayed-type food allergy Symptoms occur hours after the food trigger: Typically happen within 30 minutes of eating the food: Mild-moderate symptoms: Gut symptoms: Recurrent abdominal pain, worsening vomiting/reflux Swollen lips, face or eyes. Itchy skin rash e.g. "hives", urticaria Food refusal or aversion Loose/frequent stools (more than 6-8 times per day) Abdominal pain, vomiting or constipation/infrequent stools (2 or less per week) The following severe symptoms are rare: Skin symptoms: Swollen tongue, persistent cough, hoarse cry Skin reddening or itch over body Difficult or noisy breathing Worsening eczema Pale or floppy, unresponsive/unconscious. NB: Delayed-type allergy cannot trigger anaphylaxis Stop the suspected food, symptoms should If your baby has any severe symptoms resolve after a few days. (anaphylaxis), immediately dial 999 for help. If symptoms are not severe, you can try giving Mild-moderate symptoms are not dangerous. Dial the food again 1-2 weeks later. 111 for advice, if needed. If symptoms recur or are severe, or your child is not growing, then see your GP. Avoid the causative food, do not reintroduce.

Info Includes



- Advice for pregnant women
- Advice for siblings/other family member with food allergy
- Signs of readiness for weaning
- Tips for introducing allergenic foods
- Advice that some babies will develop food allergy despite following the advice
- Advice on how to recognise and treat an allergic reaction







Criticisms include practicalities of introducing egg and peanut into the diet at 4-6 months

Not all children will be ready for introduction of complementary foods at 4 months old











Recipes for introducing egg and peanut in the infant diet

These recipes have been written to support parents/caregivers to introduce egg or peanut in their baby's diet. The serving sizes are small – if you wish to make larger quantities, double the recipe.

Egg

If you use a British Lion Quality ('lion stamped') egg, you can offer your baby scrambled egg, omelette, frittata, or boiled eggs (soft or hard boiled). If the eggs you are using are not British Lion Quality, they must be cooked through before feeding them to your baby i.e. no runny white or yolk.









BDA FASG have produced recipes to support this guidance

Egg

- Hard boiled egg pureed or mashed with fruit or veg.
- Scrambled, boiled or omelette.
- Pancakes or frittata.

Peanut

- Puffed snacks such as Bamba or Cheeky Monkey.
- Smooth peanut butter added to purees or porridge.
- Soup/ sauce/ smoothies/ ice-cream and cookies for older children.







The role of the Dietitian is to

- help patients to make an informed decision
- understanding the potential risk of an allergic reaction
- balancing this against the risk that a delay in introduction (increase the risk of food allergy)









Links

https://www.bda.uk.com/regionsgroups/groups/foodallergy/food_allergy_p revention guidance

Further reading

- http://www.leapstudy.co.uk/
- http://www.food.gov.uk/sites/default/files/media/document/eat-study-<u>final-report-summary.pdf</u>





