

## How should you manage a reaction?

After a reaction to latex, your child should be provided with advice about what to do if they have another reaction. The plan is usually written down – Allergy Management Plan.

**Mild reaction** - hives, swelling or vomiting, but no breathing problems or faintness:

If possible, get the child to spit out the food. Give an antihistamine.

**Severe reaction - difficulty breathing** (wheezing, noisy breathing, blue colour); **swelling in the throat** (noisy breathing, drooling); feeling faint or dizzy, **looking very pale** (lie the child down with their legs raised).

**Get help straight away and dial 999 stating “anaphylaxis” (ana-fil-ak-sis). If you have an adrenaline pen – use it.**

## Who needs to know about this allergy?

It is important to inform the nursery/school. Any other carers will also need to know. Dentists and doctors should be told so that they can avoid using latex gloves for procedures and operations.

## Is latex allergy life long?

Most children with latex allergy will not outgrow the problem.

## Is there a cure?

There is no cure for latex allergy at present.

## Where can I find more information on latex allergy?

|                                    |   |
|------------------------------------|---|
| British Association of Dermatology | <a href="http://www.bad.org.uk/">www.bad.org.uk/</a>                          |
| Anaphylaxis Campaign               | <a href="https://www.anaphylaxis.org.uk/">https://www.anaphylaxis.org.uk/</a> |

## How can I contact you if I need to?

[Redacted contact information]

Saleh MM. Profile shift in latex sensitization over the last 20 years. Int Arch Allergy Immunol, 2018.  
Harper NJ. Anaesthesia, surgery, and life-threatening allergic reactions. . . Br J Anaesth, 2018  
Gawchik SM. Latex allergy. Mt Sinai J Med, 2011.



# Latex allergy

## Information for parents and carers

[www.allergynorthwest.nhs.uk](http://www.allergynorthwest.nhs.uk)

Produced January 2019, for review 2022  
Latex allergy Guidelines - North West Paediatric Allergy Implementation Group  
Information should be used in conjunction with advice from a medical professional

## What is latex and who is likely to develop latex allergy?

Latex is the milky sap of the tropical rubber tree (*Hevea brazilliensis*). Some people are allergic to the latex protein, which makes latex so elastic. Latex products which are stretchy, like balloons and gloves, are more likely to cause an allergic reaction than products which are solid, like car tyres.

Latex allergy is uncommon in the UK affecting less than 1 in a 1,000 people. Anyone can develop an allergy to latex, but it is more common in people who are exposed to latex regularly, as well as children with eczema, especially those with hand eczema. Children needing multiple operations, particularly in the first year of life, for example those with spina bifida and kidney problems, were previously most at risk of developing allergy to latex, but this is now less common as surgical latex gloves have been replaced by non-latex alternatives.

## What are the symptoms of latex allergy?

- **Immediate reactions** occur within 30 minutes of exposure and can include a rash (nettle rash) or swelling. Severe reactions (anaphylaxis) are less common, but include difficulty breathing (wheeze or swelling in the throat), feeling faint or dizzy.
- **Delayed reactions** usually develop hours later due to a reaction to **chemical additives** used to improve the durability of the rubber products (sulphur or peroxide vulcanisers or anti-oxidants).

## How serious is latex allergy?

Most children have mild reactions. Severe reactions affecting the child's breathing can occur, particularly in those with bad asthma and these need urgent medical attention.

## Do children with latex allergy also have some food allergies?

Children can be allergic to latex alone, or may also suffer from allergic reactions to some foods, particularly **banana, kiwi, avocado, tomato and chestnut**. If your child currently eats these foods without any problems they should continue to do so. Seek medical advice before excluding any of these foods as this may not be necessary.

## How do we diagnose latex allergy?

The diagnosis is based on a history of a typical reaction after exposure to latex-containing products (particularly balloons and gloves).

Your doctor may do a blood or skin prick test to support the diagnosis if the reaction was immediate. Skin prick tests are safe. They can be done in clinic provided that the child has not had any antihistamines for a few days. Blood tests are not affected by antihistamines, but results are only available a week or so after the clinic appointment.

## How to avoid latex?

The most important aspect of managing latex allergy is to avoid direct contact with latex products. Stretchy rubber products like balloons, gloves and rubber bands are more likely to cause a reaction than 'hard' ones such as rubber stoppers, dummies and erasers.

Dentists and doctors should be informed so that non-latex gloves can be used for procedures and operations.

Some individuals may prefer to wear MedicAlert bracelets to alert doctors in emergency situations of their allergy.