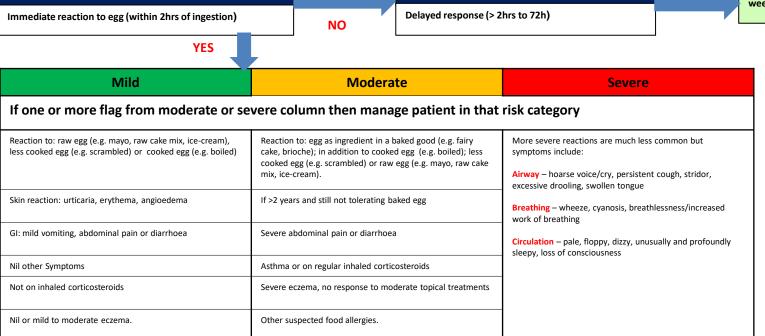
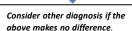
Egg Allergy In Children Pathway For Primary Care







Trial full egg elimination for 2-4 weeks, followed by reintroduction.



AVOID EGG and refer to secondary care if:

- Parental concern about allergic reactions to multiple foods
- Protracted vomiting 2-4
 hours after ingestion +/pallor, in absence of IgE
 symptoms consider FPIES
 FPIES UK

Home introduction of egg

✓ Prescribe antihistamine (Box 3)

Is this IgE-mediated Egg allergy?

- Provide a BSACI Paediatric Allergy Action Plan
- Introduce egg: start with egg as ingredient in baked good (stage 1) when child is at least 12 months old and at least 6 months since last reaction
- ✓ If no reactions, move to cooked egg after 6 months
- ✓ Encourage early peanut introduction
- Direct patient to following information sheets:
 - SWL guide to egg allergy
 - Weaning Your Food Allergic Baby
 - SWL egg ladder (reintroduction)
 - Consider referral to community dietitian for egg avoidance or reintroduction advice

Refer to allergy service

AVOID ALL EGG except if child already eating and tolerating egg as ingredient in baked goods or as cooked egg forms

Refer to secondary care

✓

- Prescribe antihistamine (Box 3)
- ✓ Provide a BSACI Paediatric Allergy Action Plan
- Encourage early peanut introduction, unless severe eczema
- Direct patient to following information sheets:
 - SWL guide to egg allergy
 - Weaning Your Food Allergic Baby

Refer and prescribe adrenaline

AVOID ALL EGG

Is this non-IgE-mediated Egg allergy?

- ✓ Refer to secondary care
- Prescribe AAI (+AAI training) + prescribe Antihistamines (Box 3)
- Provide BSACI Paediatric Allergy Action Plan
- Encourage early peanut introduction, unless child has
- Direct patient to following information sheets:
 - SWL guide to egg allergy
 - Weaning your food allergic baby

Egg Allergy In Children Pathway For Primary Care

Box 1 – IgE Egg Allergy

Egg allergy in children is common – prevalence of approximately 2% Anaphylaxis is rare

Most children outgrow their egg allergy – 2/3 by 16 years of age First reactions are often to scrambled or boiled egg at weaning

Typical Symptoms

- Urticaria, angioedema, erythema within minutes
- GI symptoms vomiting, abdominal pain, diarrhoea within 2 hours

More severe reaction are much less common but symptoms include

- Airway hoarse voice/cry, persistent cough, stridor, excessive drooling, swollen tongue
- Breathing wheeze, cyanosis, breathlessness/increased work of breathing
- Circulation pale, floppy, dizzy, unusually and profoundly sleepy, loss of consciousness

If infant/child reacted to cooked e.g. scrambled or raw egg, but could already tolerate baked egg e.g. cake – encourage ongoing feeding with baked egg 3x per week

Referral to dietician is not usually required unless avoiding multiple foods

Box 3 - Medications

Prescribe antihistamine – chlorphenamine prn if <1 year or cetirizine prn if > 1 year as per BNFc

If required prescribe Adrenaline Autoinjector (AAI) as per BNFc advice – 2 AAIs should be available at all times

- 6 months to 6 years 0.15mg
- 7 years to 16 years 0.3mg

Please signpost parents to the appropriate Adrenaline Autoinjector websites where they can watch the relevant training video and order practice pens SWL AAI LINK

Box 2 - Non IgE Egg Allergy

Typically presents 4-36 hours after egg ingestion with flare of eczema or GI symptoms

If suspected trail egg exclusion for 2-4 weeks and then reintroduce looking for resolution and recurrence of symptoms

If diagnosed – gradually reintroduce egg after 6 months starting with baked and moving to well cooked if tolerated. If egg is not tolerated, continue to avoid and try again in another 6 months

Referral to dietician is not usually required unless avoiding multiple foods

Box 4 - Vaccines

MMR

It is safe for egg allergic children to have the MMR vaccination as per the green book

Influenza

Intranasal LAIV is safe in egg allergic children unless they have had anaphylaxis to egg requiring ITU admission. These children require referral to secondary care for vaccination due to lack of safety data.

Most current IM vaccinations contain very low levels of ovalbumin (<0.12 mcg / ml) and can be administered safely in primary care. Public Health England publish the ovalbumin content of influenza vaccines for the forthcoming influenza season annually.

Yellow Fever

This vaccination contains egg and is contraindicated. For patients where vaccination is absolutely necessary a referral should be made to a tertiary allergy centre



