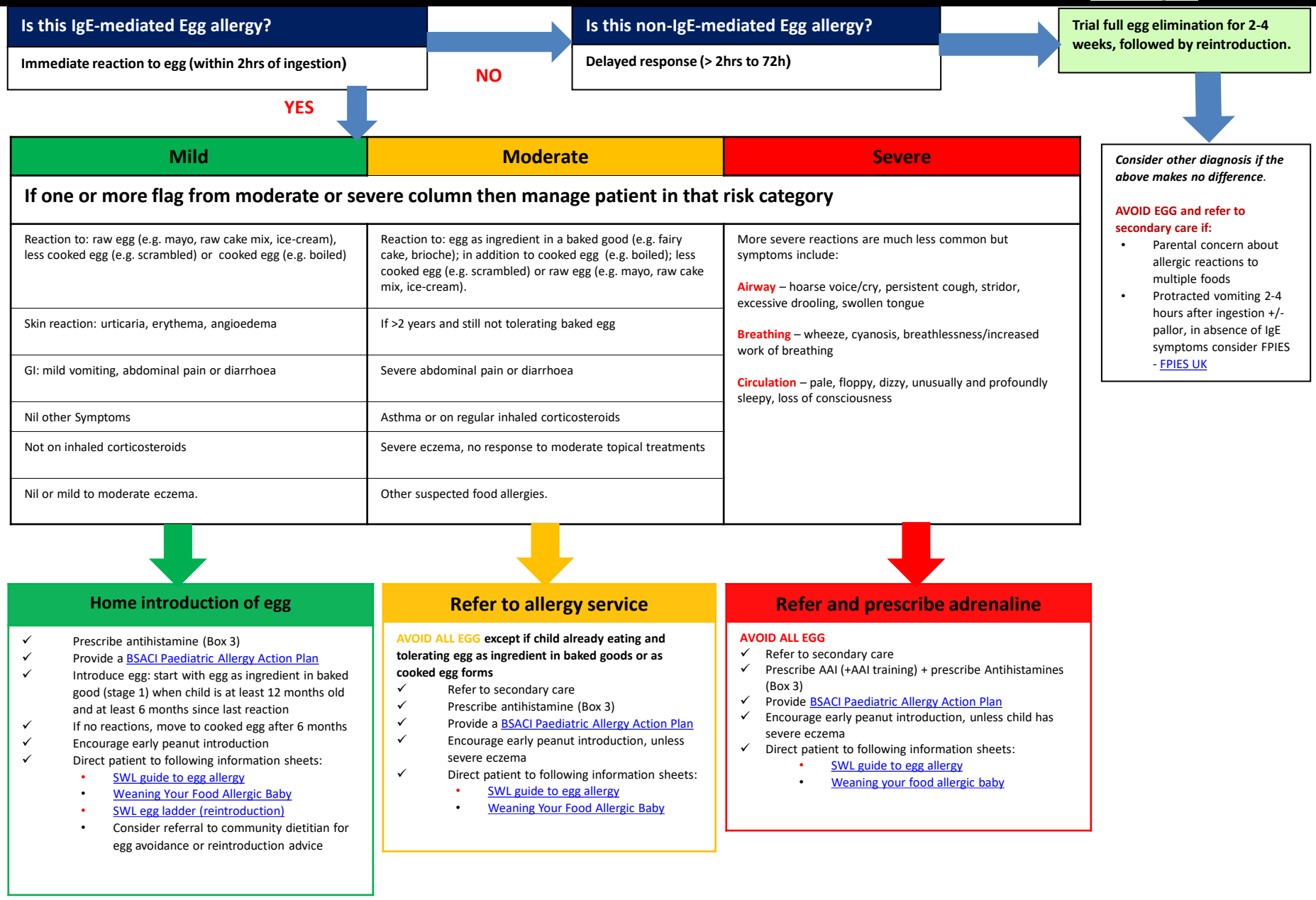


# Egg Allergy In Children Pathway For Primary Care



*Consider other diagnosis if the above makes no difference.*

**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](#)

# 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 trial 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

