

Anaphylaxis Canada



Living Confidently With Food Allergy

A guide for parents and families



Michael Pistiner, MD, MMSc

Jennifer LeBovidge, PhD

Laura Bantock

Lauren James

Laurie Harada

PLEASE READ THIS NOTE BEFORE READING THE HANDBOOK

The information in this handbook is general in nature and for information and educational purposes only. It is meant to help people learn how to manage a child's allergies. It is not meant to give specific medical advice, recommendations, diagnosis, or treatment.

Readers should not rely on any information contained in this handbook as a replacement or substitute for professional medical advice or diagnosis or treatment. Nor should they delay getting professional medical advice or treatment because of information contained in this handbook. Medical knowledge is constantly developing.

Please speak with your child's doctor or other healthcare professional before making any medical decision that affects your child or if you have any questions or concerns about their food allergies.

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Frequently Asked Questions

What is a food allergy?

Your immune system normally protects you from germs and disease. It helps you to fight off bacteria, viruses, and other tiny organisms that can make you sick. If you have a food allergy, your immune system mistakenly treats something in a particular food (most often, the protein) as if it's dangerous to you. Your body reacts to the food by having an allergic reaction.

What is an allergen?

An allergen is anything that causes an allergic reaction.

What are the most common food allergens?

People can be allergic to practically any food, but the most common food allergens are milk, eggs, peanuts, tree nuts (such as cashew), fish, crustacean/shellfish (such as crab, lobster, shrimp), mollusk/shellfish (such as clam, scallops), wheat, and soy.² These “Major 8”, as they are called in the US, are also common allergens in Canada where they are called “Priority Allergens”. Canada’s priority allergens also include sesame, mustard and sulphite. According to Health Canada, sulphites do not cause a true allergic reaction; sulphite-sensitive people can experience similar reactions as those with food allergies.¹

CANADA



MILK



EGG



TREE NUTS



PEANUTS



WHEAT



MUSTARD SEED



FISH*



CRUSTACEAN*



SHELLFISH*



SULPHITE



SOY



SESAME

*Seafood

UNITED STATES



MILK



EGG



TREE NUTS



PEANUTS



WHEAT



FISH



CRUSTACEAN SHELLFISH



SOY

What are the common symptoms of an allergic reaction?

In the same person, each reaction can be different. Symptoms can include hives, itching, flushed skin, stomach pain, vomiting, diarrhea, hoarse voice, swelling of the lips, tongue, or throat, coughing, wheezing, sneezing, shortness of breath, irritability, confusion, sweating, dizziness, fainting, loss of consciousness and others.^{2,3}

What is anaphylaxis?

Anaphylaxis is a severe life-threatening allergic reaction. At present, tests cannot tell us how severe a person's reaction will be. It is also difficult for doctors to tell which patients are at risk for a severe reaction.^{2,3}

How fast can a reaction to a food occur?

Most allergic reactions happen within minutes, but some can occur a few hours after exposure.²

How do you manage a food allergy?

People with food allergies must avoid coming into contact with foods that cause them to react (e.g. eating, touching). They must also be ready to treat an allergic reaction with emergency medication and get medical help.

What is cross-contamination (also known as cross-contact)?

These terms are used to describe the presence of an allergen that is transferred from one food or object to another. For example, cookies baked on the same tray as peanut butter cookies pose a risk of cross-contamination to someone with peanut allergy.

What is epinephrine?

Epinephrine (also known as adrenaline) is the medicine of choice used to treat a severe allergic reaction, anaphylaxis. It works quickly to reverse the symptoms of anaphylaxis, but in some cases, a second dose may be needed. The effects of epinephrine may only be temporary.^{2,3,4}

What is an epinephrine auto-injector?

This is a medical device used during an allergy emergency to give a measured dose of epinephrine into the thigh muscle.

What is an auto-injector training device?

This looks like a real auto-injector but does not have a needle or medication in it. It is used for practice and to show people how to use the real auto-injector in an emergency.

What is an Anaphylaxis Emergency Plan?

There are different names for written plans, such as Emergency Care Plan and Food Allergy Action Plan. The plan is generally a 1 page document that gives detailed information about your child's food allergies. It also includes important information on symptoms, how to treat a reaction and how to get emergency help.

References

1. "Sulphites - One of the nine most common food products causing severe adverse reactions." Health Canada. 2009. Web. 8 August 2012. <<http://www.hc-sc.gc.ca/>>.
2. National Institute of Allergy and Infectious Disease (NIAID)-Sponsored Expert Panel. "Guidelines for the Diagnosis and Management of Food Allergy in the United States: Report of the NIAID-Sponsored Expert Panel." *The Journal of Allergy and Clinical Immunology* 126.6 (2010): S1-S58.
3. Sampson, H.A. et al. "Second symposium on the definition and management of anaphylaxis: Summary report—Second National Institute of Allergy and Infectious Disease/Food Allergy and Anaphylaxis Network symposium." *The Journal of Allergy and Clinical Immunology* 117.2 (2006): 391-397.
4. Canadian Society of Allergy and Clinical Immunology. *Anaphylaxis in School & Other Settings*. 2nd Ed. Revised. 2011.
5. Maloney, J.M., Chapman, M.D., and Sicherer, S.H. "Peanut allergen exposure through saliva: Assessment and interventions to reduce exposure." *The Journal of Allergy and Clinical Immunology* 118.3 (2006): 719-724.
6. Simonte, S.J. et al. "Relevance of casual contact with peanut butter in children with peanut allergy." *The Journal of Allergy and Clinical Immunology* 112.1 (2003): 180-182.
7. Wainstein, B.K. et al. "Combining skin prick, immediate skin application and specific-IgE testing in the diagnosis of peanut allergy in children." *Pediatric Allergy and Immunology* 18 (2007): 231-239.
8. Kim, J.S. and Sicherer, S.H. "Living with Food Allergy: Allergen Avoidance." *Pediatric Clinics of North America* 58.2 (2011): 459-470.
9. Tulve, N. et al. "Frequency of mouthing behavior in young children." *Journal of Exposure Analysis and Environmental Epidemiology* 12 (2002): 259-264.
10. Nicas, M., and Best, D.J. "A study quantifying the hand-to-face contact rate and its potential application to predicting respiratory tract infection." *Journal of Occupational Environmental Hygiene* 5.6 (2008): 347-52.
11. Roberts, G., Golder, N. and Lack, G. "Bronchial challenges with aerosolized food in asthmatic, food-allergic children." *Allergy* 57.8 (2002): 713-7.
12. Hefle, S.L. et al. "Consumer attitudes and risks associated with packaged foods having advisory labeling regarding the presence of peanuts." *The Journal of Allergy and Clinical Immunology* 120.1 (2007): 171-176.
13. Perry, T.T. et al. "Distribution of peanut allergen in the environment." *Journal of Allergy and Clinical Immunology* 113.5 (2004): 973-6.
14. Sampson, H.A., Mendelson, L. and Rosen, J.P. "Fatal and near-fatal anaphylactic reactions to food in children and adolescents." *New England Journal of Medicine* 327 (1992): 380-384.
15. Rudders, S.A. et al. "Multicenter study of repeat epinephrine treatments for food-related anaphylaxis." *Pediatrics* 125.4 (2010): e711-e718.
16. Bock, A.S., Muñoz-Furlong, A. and Sampson, H.A. "Fatalities due to anaphylactic reactions to foods." *The Journal of Allergy and Clinical Immunology* 107.1 (2001): 191-193.
17. Pumphrey, R.S.H. "Fatal posture in anaphylactic shock." *The Journal of Allergy and Clinical Immunology* 112.2 (2003): 451-452.

18. Simon, E. et al. "World Allergy Organization guidelines for the assessment and management of anaphylaxis." World Health Organization - World Allergy Organization Journal (2011) 21-22.
19. Ellis, A.K. and Day, J.H. "Incidence and characteristics of biphasic anaphylaxis: a prospective evaluation of 103 patients." Annals of Allergy, Asthma & Immunology 98.1 (2007): 64-69.
20. Muñoz-Furlong, A. "Daily Coping Strategies for Patients and Their Families." Pediatrics 113 (2003): 164-1664.
21. Young, M.C., Munoz-Furlong, A. and Sicherer, S.H. "Management of food allergies in schools: a perspective for allergists." Journal of Allergy and Clinical Immunology 124.2 (2009): 175-182.
22. McIntyre, C.L., Sheetz, A.H., Carroll, C.R. and Young, M.C. "Administration of epinephrine for life-threatening allergic reactions in school settings." Pediatrics 116.5 (2005): 1134-1140.
23. Sicherer, S., Furlong, T.J., DeSimone, J., and Sampson, H.A. "The US Peanut and Tree Nut Allergy Registry: Characteristics of reactions in schools and daycare." Pediatrics 38 (2001): 560-565.
24. Furlong, T.J., DeSimone, J. and Sicherer, S.H. "Peanut and tree nut allergic reactions in restaurants and other food establishments." The Journal of Allergy and Clinical Immunology 108.5 (2001): 867-870.
25. Cohen, B.L., Noone, S., Munoz-Furlong, A. and Sicherer, S.H. "Development of a questionnaire to measure quality of life in families with a child with food allergy." Journal of Allergy and Clinical Immunology 114 (2004): 1159-63.
26. Mandell, D., Curtis, R., Gold, M., and Hardie, S. "Families coping with a diagnosis of anaphylaxis in a child. A qualitative study of informational and support needs." Allergy & Clinical Immunology International - Journal of the World Allergy Organization 14 (2002): 96-101.
27. DunnGalvin, A., Gaffney, A. and Hourihane, J.O'B. "Developmental Pathways in food allergy: a new theoretical framework." Allergy – European Journal of Allergy and Clinical Immunology 64.4 (2009): 560-568.
28. Sampson, M.A., Munoz-Furlong, A. and Sicherer, S.H. "Risk-taking and coping strategies of adolescents and young adults with food allergy." Journal of Allergy and Clinical Immunology 117.6 (2006): 1440-5.
29. Monks, H. et al. "How do teenagers manage their food allergies?" Clinical and Experimental Allergy 40.10 (2010): 1533-1540.
30. Chapman, J.A. et al. "Food allergy: a practice parameter." Annals of Allergy, Asthma & Immunology 96.3 (2006): S1-S68.



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