
When Your Child Has a Food Allergy: An Overview

You have just learned that your child has a food allergy. This means your child's body has an allergic reaction to a food that most people can eat without problems. Food allergies can be life-threatening. In children with food allergies, the immune system mistakes the food as harmful and releases powerful chemicals into the bloodstream. These chemicals cause symptoms that may be mild, such as itching, or more severe. Allergic reactions that are severe (anaphylaxis) can be fatal if not treated right away. Read below to learn more about food allergies and anaphylaxis.

Common foods that cause allergic reactions

Many foods can cause an allergic reaction. Children are most often allergic to:

- Eggs
- Milk
- Peanuts
- Soy
- Wheat
- Shellfish, such as shrimp, lobster, and crab
- Tree nuts, such as almonds, cashews, and walnuts
- Fish, such as tuna and salmon

What are the symptoms of a food allergy?

Symptoms of a food allergy usually appear a few minutes to 1 to 2 hours after eating a problem food. They may include:

- Fainting or feeling dizzy
- Swelling of the face, lips, tongue, and throat
- Hives and itching
- Itching of the ear canal and mouth
- Wheezing and trouble breathing and swallowing
- Nasal congestion, sneezing, dry cough, or runny nose
- Stomach pain or cramping
- Diarrhea
- Nausea or vomiting

- Odd taste in the mouth
- Dry, itchy skin (eczema) that gets worse

Anaphylaxis: A dangerous reaction

Anaphylaxis is the most severe type of allergic reaction. It can be fatal if not treated quickly. The reaction can happen within minutes to a few hours after exposure to an allergen. Symptoms of anaphylaxis include:

- Dizziness or fainting (loss of consciousness)
- Swelling of the face, lips, tongue, and throat
- Wheezing and trouble breathing and swallowing
- Nasal congestion
- Pounding heart (palpitations)
- Nausea, vomiting, or severe diarrhea
- Feeling faint or confused
- Feeling weak or very sick

If your child has symptoms of anaphylaxis, act quickly!

If your child's healthcare provider has prescribed auto-injectable epinephrine, use it right away. Then call 911 or emergency services. Always have your child carry 2 epinephrine auto-injectors. Make sure you and those close to your child know how to use them. If your child doesn't have epinephrine auto-injectors, talk with your child's healthcare provider.

What are the risk factors?

These factors make food allergies more likely:

- **Family history.** Many children with food allergies come from families with a history of food allergies, hay fever, or asthma.
- **Eczema.** Many children who have food allergies also have eczema.
- **Young age.** Food allergies happen most often in children younger than 5 years old.

How are food allergies diagnosed?

In addition to taking a complete food history, your child's healthcare provider may ask you to keep a food diary for your child. This can help identify problem foods. Certain tests also can help tell which foods your child may be allergic to. These include:

- **Skin prick test.** Your healthcare provider places a small drop of a substance (suspected allergen) on your child's skin and makes a small prick. It takes up to 15 minutes for the skin to react. By looking at the reaction, the healthcare provider may learn whether your child is allergic to a certain food.

- **Blood test (RAST).** This test measures your child's immune system response to certain foods. Blood is drawn in the healthcare provider's office and sent to a lab for testing. Blood testing may be done instead of skin testing for some children.
- **Elimination diet.** This involves removing certain foods from your child's diet. The foods are then slowly added back in. Your child's healthcare provider can tell you more about this method of checking for food allergies.

How are food allergies treated?

There is no cure for food allergies, though many children do outgrow them. Treatment usually means avoiding the problem food or foods completely. Some children must also avoid foods similar to the allergen. For instance, if your child is allergic to peanuts, your child's healthcare provider may recommend avoiding all nuts.

You also must be cautious about cross contact. This is when a food your child can safely eat comes in contact with a food to which your child is allergic. Cross contact can happen at home, in a restaurant, or when food is processed or stored.

Your child's healthcare provider or a dietitian can help you learn what foods to avoid. They can teach you how to plan balanced, good-tasting meals that are free of allergens. Children who don't outgrow their allergies should learn to read food labels. They should ask how food is prepared when they eat away from home. Food allergies may be managed by working with your child's healthcare provider.

Medicines are now available to treat certain food allergies in children. The FDA recently approved a medicine called omalizumab to help reduce a child's allergic reaction to food if they are accidentally exposed. It may be helpful for several different types of food allergies. Omalizumab is a monoclonal antibody that is given as an injection. It is approved for children over 1 year old. Children who take this medicine should still avoid the foods they are allergic to. Talk to your child's provider to see if this medicine is an option for your child.

There is also an FDA-approved oral immunotherapy medicine for children and teens ages 4 to 17 with a peanut allergy. A child with a confirmed peanut allergy can start taking the medicine at age 4. Talk with your child's healthcare provider to find out if this medicine can help your child. If your child is taking this medicine, continue to make sure they don't eat any peanuts or peanut products.

To help keep your child safe

These measures can help keep your child safe:

- Read labels on all foods carefully. Be sure to look for hidden allergens. And always ask about ingredients at restaurants. Do this even if these are foods that your child has eaten in the past.
- Tell key people about your child's food allergy. This includes adults who spend time with your child, such as childcare providers, teachers, relatives, and other parents. Let them know the warning signs of an allergic reaction and what to do if it happens. Teach them how to use the auto-injectable epinephrine if one has been prescribed for your child. Always have your child carry 2 epinephrine auto-injectors. Make sure you and those close to your child know how to use it.
- Make an action plan. Describe how to care for your child in case of an allergic reaction. Give a copy of the plan to the school nurse, food service workers, and

people who care for your child.

- Have your child wear a medical alert bracelet or necklace. This tells healthcare workers and others that your child has a food allergy. The bracelet can be bought at most drugstores and on the Internet.
- Carry a “chef card.” This personalized card explains your child’s allergy to restaurant workers. You can make your own card or print a copy from websites on the Internet.
- Have your child stay away from buffets. This will help your child avoid the risk of eating foods that are contaminated with shared utensils.

Food labeling law

A law called Food Allergen Labeling and Consumer Protection Act (FALCPA) requires labels on all packaged foods that must clearly state whether a product contains any of the 8 major food allergens. These are eggs, milk, peanuts, soy, wheat, shellfish, tree nuts, and fish. Some foods have a statement declaring allergens at the bottom of the label. For example, the label might say "contains: peanuts." Other foods don't have this label, but the food will be listed in plain language among the ingredients. Foods that aren't packaged, such as fresh fruits and vegetables and meats, won't be labeled. It's up to you to carefully read all food labels.

Do children outgrow food allergies?

Many children outgrow their allergies. For others, allergies last throughout their life. Children are less likely to outgrow allergies to peanuts, shellfish, and tree nuts. Follow-up visits with your child’s healthcare provider or allergist can help you stay informed as your child gets older.

How does food intolerance differ from food allergy?

Not all unpleasant reactions to food are allergies. Sometimes your child may have a food intolerance. Here are some important differences between the two:

A food intolerance

- Usually causes digestive symptoms such as diarrhea, bloating, and gas
- Doesn't involve the immune system and often means your child can't digest certain foods correctly
- May not cause a reaction when the food is eaten in small amounts
- Is not a life-threatening emergency if the food is eaten

A food allergy

- May cause symptoms throughout the body
- Is an immune system response
- Can happen after the slightest exposure to a problem food

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- Can be a life-threatening emergency if the food is eaten

For more information

Visit the [Food Allergy & Anaphylaxis Network website at www.foodallergy.org](http://www.foodallergy.org).