# **Egg Allergy in Children – Primary Care Guidance**





Parent presents with concerns about egg allergy

## Is this IgE egg allergy?

Immediate reaction to egg ingestion (up to 2 hours after ingestion)
See Box 1 for symptoms/signs

# Is this non-IgE egg allergy?

Delayed reaction to egg ingestion (hours to days after ingestion) See Box 2 for symptoms/signs **YES** – trial elimination of egg from diet for 2-4 weeks, then reintroduce

**NO** – consider other diagnoses. Consider referral if ongoing concern/parental anxiety

Mild	Moderate	Severe
Under 2 years at time of reaction	2 years and above at time of reaction	Any evidence of severe reaction/anaphylaxis – check ABC symptoms.  - Airway - hoarse voice/cry, persistent cough, stridor, excessive drooling, difficulty swallowing, swollen tongue  - Breathing – wheeze, cyanosis, breathlessness/increased work of breathing  - Circulation and consciousness- pale, floppy, dizzy, unusually and profoundly sleepy, loss of consciousness, tachycardia, hypotension
Reaction to raw or well cooked egg e.g. scrambled/boiled	Reaction to baked egg e.g. cake or scotch pancake	
Skin reaction – urticaria, erythema, angioedema	More than 1 episode of vomiting	
1 x vomit or mild abdominal pain	Severe abdominal pain, recurrent vomiting or diarrhoea	
No other symptoms – check ABC symptoms (see Box 1)	Asthma on regular inhaled corticosteroids	
Not on regular inhaled corticosteroids	Severe eczema, no response to moderate topical steroids	
No or mild/moderate eczema	Other suspected food allergies	

### Home introduction of egg

Prescribe chlorphenamine prn (for under 2 years)

Provide <u>BSACI allergy action plan</u> and discuss this with parents. Start with baked egg when at least 12 months old and 6 months

from last reaction

If no reaction move onto well cooked egg after 6 months

Encourage early introduction of peanut

Provide parent with following leaflets:

- Egg allergy information leaflet
- Home introduction of egg leaflet
- Weaning your food allergic baby

## Refer to allergy service

Prescribe antihistamine (see box 3)

Advise to avoid all egg if not already eating baked egg Provide <u>BSACI allergy action plan</u> and discuss this with parents.

Refer to secondary care service

Encourage early introduction of peanut unless severe eczema

Provide parent with following leaflet:

- Egg allergy information leaflet
- Weaning your food allergic baby leaflet

# Refer and prescribe adrenaline

If ongoing /current symptoms, give IM adrenaline and Call 999 If child asymptomatic:

Advise to avoid all egg

Refer to secondary care service

Prescribe adrenaline autoinjectors (ADD LINK) and antihistamine Provide <u>BSACI allergy action plan</u> and discuss this with parents.

Encourage early introduction of peanut unless severe eczema Provide parent with following leaflets:

- Egg allergy information leaflet
- Weaning your food allergic baby leaflet

This guideline involved extensive consultation with healthcare professionals in Frimley and Wexham

This document was arrived at after careful consideration of the evidence available including but not exclusively NICE, SIGN, EBM data and NHS evidence, as applicable. Healthcare professionals are expected to take it fully into account when exercising their clinical judgement. The guidance does not, however, override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient in consultation with the patient and / or carer. April 2024 Review Date April 2027

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## 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 reactions 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 well cooked e.g. scrambled or boiled, but could already tolerate baked egg e.g. cake – encourage ongoing feeding with baked egg 3x per week

Dietician referral generally not required unless excluding dairy or multiple other food

#### **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 (<0.12mcg/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.

## 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

Dietician referral generally not required unless excluding dairy or multiple other foods