

FACTSHEET

This fact sheet is for education purposes only. Please consult with your doctor or other health professionals to make sure this information is right for your child. If you would like to provide feedback on this fact sheet, please visit: www.schn.health.nsw.gov.au/parents-and-carers/fact-sheets/feedback-form.

Peanut allergy and Peanut-free diet

What is peanut allergy?

Peanut allergy is a reaction which occurs soon after exposure to peanuts or peanut products. It is due to IgE allergy antibodies against peanut proteins.

How common is peanut allergy?

Recent research showed that in a Western community about 1 in 200 children (0.5%) had a reaction to peanut by 5 years of age. Overall about 1-2% of the population have a clinical reaction to peanuts. About 3% of children have a positive peanut allergy test (such as a skin prick test) but only 1/3 of these will develop reactions on eating peanuts. Australia is a country with a relatively high number of peanut allergies. If your child has a positive allergy test but has never eaten peanut your doctor will discuss the chance of developing a reaction if there is exposure to peanut or peanut containing products.

What are the symptoms of peanut allergy?

Reactions can range from mild to severe.

Mild to moderate reactions consist of any one or more of the following:

- Hives or welts,
- Swelling of the lips/face/eyes
- Tingling of the mouth
- Abdominal pain or vomiting.

Severe reactions (anaphylaxis) include one or more of the following:

- Difficulty/noisy breathing
- Swelling of the tongue
- Swelling or tightness in the throat
- Difficulty talking and or hoarse voice
- Wheeze or persistent cough
- Persistent dizziness or collapse, pale and floppy (in young children)

Sometimes symptoms of a severe reaction occur without symptoms of a milder reaction occurring first. Very rarely, very sensitive individuals have died from a severe allergic reaction. Unfortunately a history of only mild reactions does not mean that an individual will not have a severe reaction subsequently.

How is peanut allergy diagnosed?

Often, the first sign of peanut allergy is symptoms occurring soon after eating a peanut product. The presence of allergy IgE antibodies to peanut can be confirmed by an allergy skin prick test or a blood test (sometimes called a RAST test). It is important to realise that not every child with a positive allergy test will develop symptoms on exposure to peanuts. In rare cases children with a peanut allergy may not have a positive test. The test results should be discussed with your doctor.

Does my child need to avoid other types of nuts or food?

Peanut is actually a legume, and does not belong to the group of “tree nuts”. Around 35% of children with peanut allergy also react to one or more tree nuts and therefore different nuts are also often checked when doing skin prick tests. Contamination may occur within processing plants where different types of nuts are processed. Your doctor may advise your child to avoid all types of nuts depending on your child’s test results, type of reaction and history. It is important to discuss this with your child’s doctor. Beans, legumes, pulses, nutmeg and coconut are tolerated by most people with peanut allergy and are allowed in the diet if your child is not allergic to these.

Some children with peanut allergy may also be allergic to lupin, a legume which is sometimes added to baked goods and confectionary, especially in Europe. Its use in Australia is currently uncommon.

Can my child grow out of peanut allergy?

In most children with peanut allergy under 5 years of age, the allergy will continue into later childhood. However some children do grow out of their allergy. Overall it is thought that around 1 in 5 children with peanut allergy will eventually outgrow their allergy. It is important to regularly monitor whether the peanut allergy may have resolved through regular reviews and allergy tests with an allergy specialist.

Can peanut allergy return after my child has grown out of it?

In nearly all cases once a child has grown out of peanut allergy it does not come back. There are rare cases in which the allergy has returned. It is thought that the allergy may be more likely to return if peanuts and peanut products continue to be avoided after the child has grown out of the allergy. For this reason, when it is safe, your doctor may advise your child to consume some peanut products at regular intervals.

Is my child likely to have a severe reaction from casual contact with peanut product on benches, other children’s hands or by smelling peanuts?

No. Severe reactions from casual contact are extremely rare. Recent studies have shown that placing peanut butter on the skin did not cause any severe reactions in a group of peanut allergic children.

Can I prevent peanut allergy in my future children?

There are no methods which can guarantee a child will not develop peanut allergy. There is no evidence that avoiding peanuts and peanut products in pregnancy or in the diet of breastfeeding mothers prevents peanut allergy in their babies. In fact, a recent study found that the rate of peanut allergy was significantly lower in children whose mothers ate peanuts during and right after pregnancy. Recent studies have suggested that early introduction of peanut-containing foods might even protect against the development of peanut allergy.

What is an EpiPen or Anapen?

EpiPens and Anapens are emergency devices called adrenaline autoinjectors that inject a dose of adrenaline into the muscle. They are used to treat severe reactions to nuts (anaphylaxis). The drug adrenaline reverses the severe allergic reaction and can be lifesaving.

Should my child carry an adrenaline autoinjector?

All allergists agree that children who have had a serious reaction with involvement of the breathing passages should have an adrenaline autoinjector. The need for other children to have an adrenalin autoinjector depends on a number of factors which should be discussed with your doctor.

If you have an adrenaline autoinjector it is very important that you understand how and when to use it and that you have a written anaphylaxis action plan provided by your doctor.

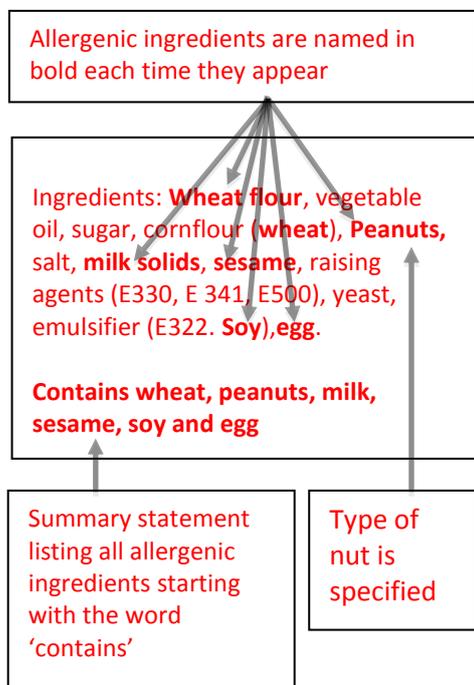
How do I avoid exposing my child to peanuts?

Peanuts are found in foods we don’t always expect them to be in such as Asian foods, chocolate, cereal bars/muesli bars, sauces, breakfast cereals and bakery items. The following food may contain peanuts:

Cake	Kebabs	Hydrolysed or textured vegetable protein (HVP & TVP, usually soy)
Biscuits	Salad dressing	
Crackers	Soups	Chocolates
Pastries	Spaghetti sauces	Health bars, eg muesli bars
Chinese meals	Thai dishes	Ice creams
Ethnic cooking	Turkish delight	Marzipan
Indonesian dishes	Breakfast cereals	Nougat

It is important to:

- learn to how to read food labels carefully- always check the food list for ‘peanut’ on the label even if it says” nut-free” or you have used the product before. The following is an example of a food label:



- avoid foods that don't have a food label or that you haven't made yourself, as there is no guarantee that the food doesn't contain peanuts
- plan eating out and travelling and talk to staff serving you about your child's allergy
- avoid food that is served using spoons/tongs that are also used to serve food containing nuts (e.g. some takeaway meals)
- prepare safe meals at home for your child to take out
- teach your child about their allergy
- Ask your doctor before starting the drug Roacutaine if you are allergic to peanuts

Changing Recipes:

Most recipes can be easily changed to avoid peanuts. Crushed peanuts can be substituted with rice bubbles, coconut, or cornflakes (nut-free).

Alternative nut-Free Chocolates

- **Sweet William** - milk chocolate/ tangerine milk chocolate (dairy free, gluten free, lactose free, peanut free) chocolate spread (gluten free, lactose free, dairy free, peanut free)

Available in Woolworths, Coles (health food isle), IGA (confectionery isle), health food shops.

www.sweetwilliam.com.au

Kinnerton

- Allergy free-chocolates: Easter Eggs, Chocolate bars & Lollipops (Dairy free, gluten free, egg free, nut free)
- Children's character chocolates (Nut safe)
- Available at selected Target, Big W, Woolworths, Coles, David Jones, Aldi & IGA stores.
- Also available online at www.kinnerton.com.au
- **Willow** - chocolate bars, Christmas, Easter and Valentine novelties, frogs
Available 03 9587 1079 or via www.allergyblock.com.au

Is peanut oil a risk?

Peanut-allergic individuals react to the protein, not the oil (fat) in the peanut. In small studies refined peanut oils have been shown to be safe. Cold-pressed peanut oil does contain peanut protein and should be avoided. It is often difficult to be sure that the oil has all traces of peanut protein removed. Avoiding peanut oil is often advised for people who have had more severe reactions.

What about foods with a label that says "may contain traces of peanuts"?

Many foods carry a warning on the label "may contain traces of peanut". This statement usually means that the food is made in a facility that also makes a food containing peanuts, however the food is not intended to contain peanut. This statement is entirely voluntary and unregulated. Discuss what to do about these foods with your doctor.

There is a new, voluntary program called VITAL that allows participating producers to measure the risk of nut traces. Above a certain level, the standard wording "may be present: peanut" is used.

Where can I find more information on the Internet?

- The Sydney Children's Hospital Network website contains more factsheets on allergies:
www.schn.health.nsw.gov.au/parents-and-carers/fact-sheets
- The Australian Society of Clinical Immunology and Allergy (ASCIA) website contains useful information on food allergy written by Australian specialists: www.allergy.org.au
- The patient support group Anaphylaxis Australia offers valuable updates and tips for dealing with food allergies: www.allergyfacts.org.au
- Food Standards Australia and New Zealand for information on food labelling:
www.foodstandards.gov.au