FACTSHEE

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 that happens soon after a child is exposed to peanuts or foods containing peanuts. It results from the child having IgE allergy antibodies against peanut proteins.

How common is peanut allergy?

In Western communities about 1 in 200 children (0.5%) have 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 will have a positive peanut allergy test (skin prick test), but only 1/3 of these children develop reactions after eating peanuts. The Australian population has a high number of peanut allergies. If your child has a positive allergy test but has never eaten peanut, your doctor will discuss their chance of developing a reaction if they are exposed to peanut.

What are the symptoms of peanut allergy?

Reactions can range from mild to severe.

Mild to moderate reactions may include any one of the following:

- hives or welts, swelling of the lips/face/eyes,
- tingling of the mouth,
- abdominal pain or vomiting

Severe reactions (anaphylaxis) may include any one 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 happen without symptoms of a milder reaction first. Very rarely, very sensitive individuals have died from a severe allergic reaction. A history of only mild reactions does not mean that a child will never have a severe reaction if exposed to peanuts or foods containing peanuts.

How is peanut allergy diagnosed?

Often, the first sign of a peanut allergy is symptoms occurring soon after eating a peanut or foods containing peanuts. You can have your child tested for the presence of IgE antibodies to peanut with a blood or allergy skin prick test. Not every child with a positive allergy test will develop symptoms of an allergic reaction after being exposed to peanuts. In rare cases children with a peanut allergy may not have a positive test. Discuss your child's test results with your doctor.

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

People with peanut allergies are at an increased risk of having other food allergies. However, there is little







similarity between peanut allergens and those present in tree nuts such as walnut, almond, pecan, pistachio or cashew. Peanut is actually a legume, and does not belong to the group of "tree nuts".

Contamination may occur in processing plants where different types of nuts are processed. Your doctor may tell your child to avoid all types of nuts. This will depend 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 can be eaten if your child is not allergic to them.

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. It is not used often in Australia.

Can my child grow out of peanut allergy?

Around 1 in 5 children with peanut allergy will eventually outgrow their allergy and it is important to have regular reviews with an allergy specialist to check whether the peanut allergy has been outgrown.

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. However to continue to be able to tolerate peanuts and foods containing peanuts it is very important that your child regularly eats peanuts or foods that contain peanuts once they have been told it is safe to do so.

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 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 ways to prevent your child developing peanut allergy. There is no evidence that avoiding peanuts and peanut products while pregnant or

breastfeeding prevents peanut allergy in babies. In fact, a recent study found that the rate of peanut allergy was much lower in children whose mothers ate peanuts during and right after pregnancy. Recent studies have suggested that early introduction of peanut-containing foods might protect against the development of peanut allergy and all infants should be given allergenic solid foods including peanut butter in the first year of life.

What is an Epipen?

An Epipen, also called an autoinjector is an emergency device that injects a dose of adrenaline into the muscle in the leg. They are used to treat severe allergic reactions (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 involving their breathing should have an adrenaline autoinjector. The need for other children to have an adrenaline autoinjector depends on many factors which you can discuss with your doctor. If you have an adrenaline autoinjector, it is important that you know how and when to use it and that you have a written anaphylaxis action plan from 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. They can be in Asian foods, chocolate, cereal bars/muesli bars, sauces, breakfast cereals and bakery items.

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 ingredient 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:

Allergenic ingredients are named in bold each time they appear

Ingredients: **Wheat flour**, vegetable oil, sugar, cornflour (**wheat**), **Peanuts**, salt, **milk solids**, **sesame**, raising agents (E330, E 341, E500), yeast, emulsifier (E322. **Soy**), egg.

Contains wheat, peanuts, milk, sesame, soy and egg

Summary statement listing all allergenic ingredients starting with the word 'contains'

Type of nut is specified

- not eat foods that have no food label or that you haven't made yourself, as they may contain peanuts
- plan eating out and travelling and talk to staff serving you about your child's allergy
- not eat 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. Replace crushed peanuts with rice bubbles, coconut, or cornflakes (nut-free).

Alternative nut-free chocolates

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
 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.sweet william.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. Do not eat cold-pressed peanut oil as it contains peanut protein. It is hard to be sure that the oil has all traces of peanut protein removed. Children who have had severe reactions should not eat peanut oil.

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 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: http://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