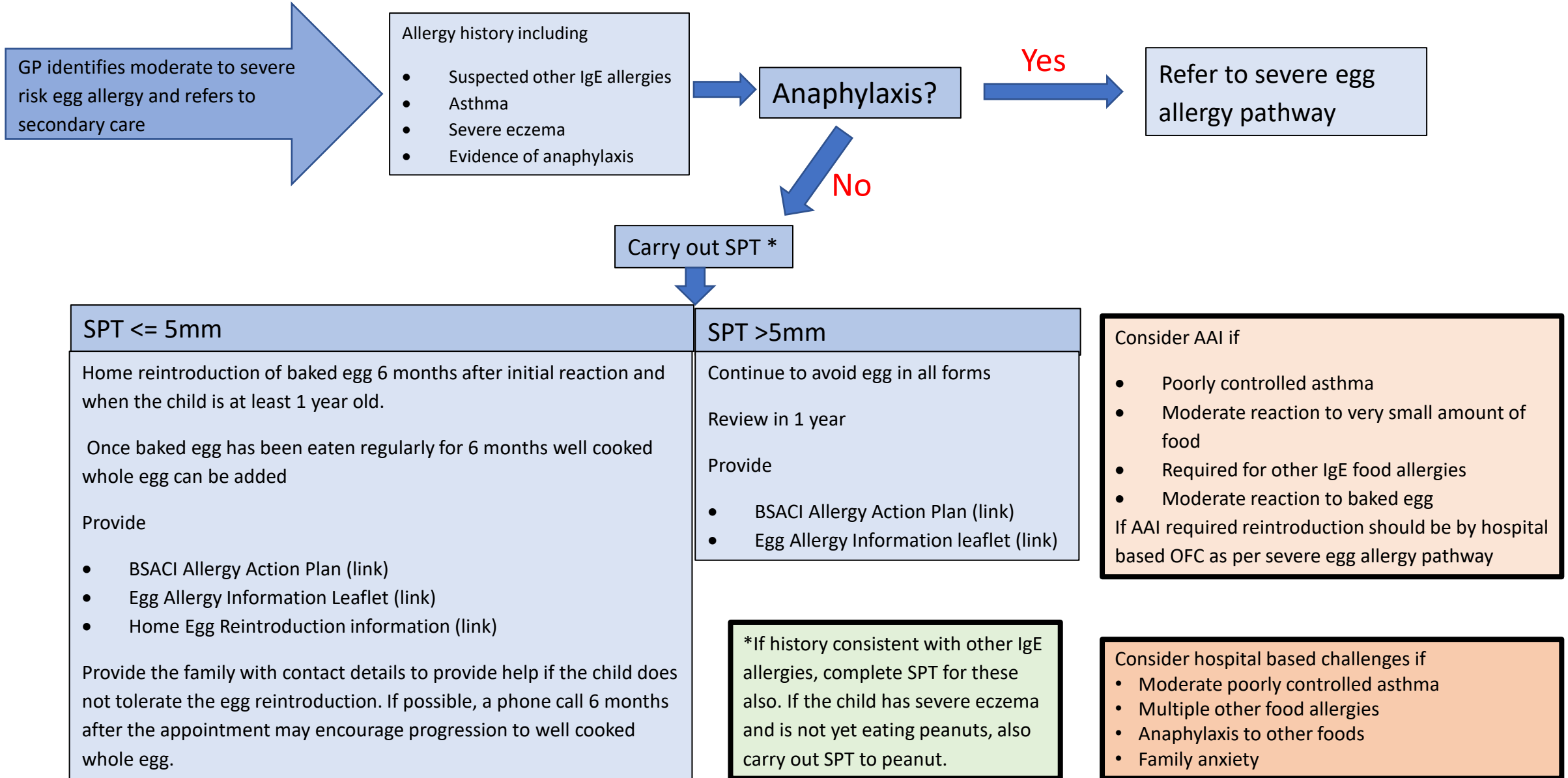


Pathway for managing children with moderate egg allergy



GP identifies moderate to severe risk egg allergy and refers to secondary care

- Allergy history including
- Suspected other IgE allergies
 - Asthma
 - Severe eczema
 - Evidence of anaphylaxis

Anaphylaxis?

Yes

Refer to severe egg allergy pathway

No

Carry out SPT *

SPT <= 5mm

Home reintroduction of baked egg 6 months after initial reaction and when the child is at least 1 year old.

Once baked egg has been eaten regularly for 6 months well cooked whole egg can be added

Provide

- BSACI Allergy Action Plan (link)
- Egg Allergy Information Leaflet (link)
- Home Egg Reintroduction information (link)

Provide the family with contact details to provide help if the child does not tolerate the egg reintroduction. If possible, a phone call 6 months after the appointment may encourage progression to well cooked whole egg.

SPT >5mm

Continue to avoid egg in all forms

Review in 1 year

Provide

- BSACI Allergy Action Plan (link)
- Egg Allergy Information leaflet (link)

Consider AAI if

- Poorly controlled asthma
- Moderate reaction to very small amount of food
- Required for other IgE food allergies
- Moderate reaction to baked egg

If AAI required reintroduction should be by hospital based OFC as per severe egg allergy pathway

*If history consistent with other IgE allergies, complete SPT for these also. If the child has severe eczema and is not yet eating peanuts, also carry out SPT to peanut.

Consider hospital based challenges if

- Moderate poorly controlled asthma
- Multiple other food allergies
- Anaphylaxis to other foods
- Family anxiety