

The logo for PHARMAC (Pharmaceutical Management Agency) is displayed in white text on a dark blue rectangular background. To the right of the logo is a graphic featuring a globe, a bar chart, a stethoscope, and silhouettes of people, all in shades of blue and green.

PHARMAC

Pharmaceutical Management Agency

A Workshop on Paediatric Allergy for Health Professionals

Dr. Shannon Brothers

(Consultant Allergy/Immunology Specialist, Starship
Hospital)

&

Dr. Simon Hoare

(Consultant Paediatrician, WDHB)

WELCOME

Interactive cases in slide presentation with a panel consensus

Confer with the people on either side of you

Short time to digest and reflect

Feel free to give your thoughts from the floor (*briefly*)

Covering a range of *paediatric* allergy-related topics

Pen & paper might be handy

PHARMAC

Pharmaceutical Management Agency



- I/we confirm that I do not have any conflict of interest to declare
- I/we have freely borrowed from internet sources and publications for graphics, tables, etc

PICTURE

What clinical description best describes this appearance?



ANSWER

Urticaria

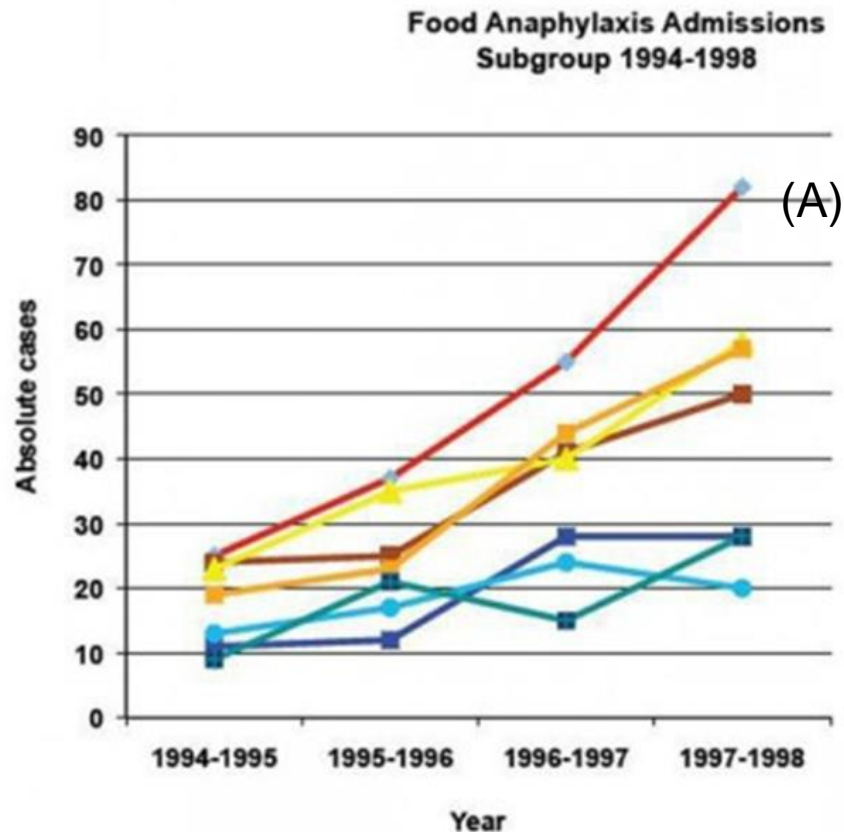
Statistically what is the most likely underlying cause in an otherwise well, non-atopic child?

(especially if this rash persists for >8hrs)

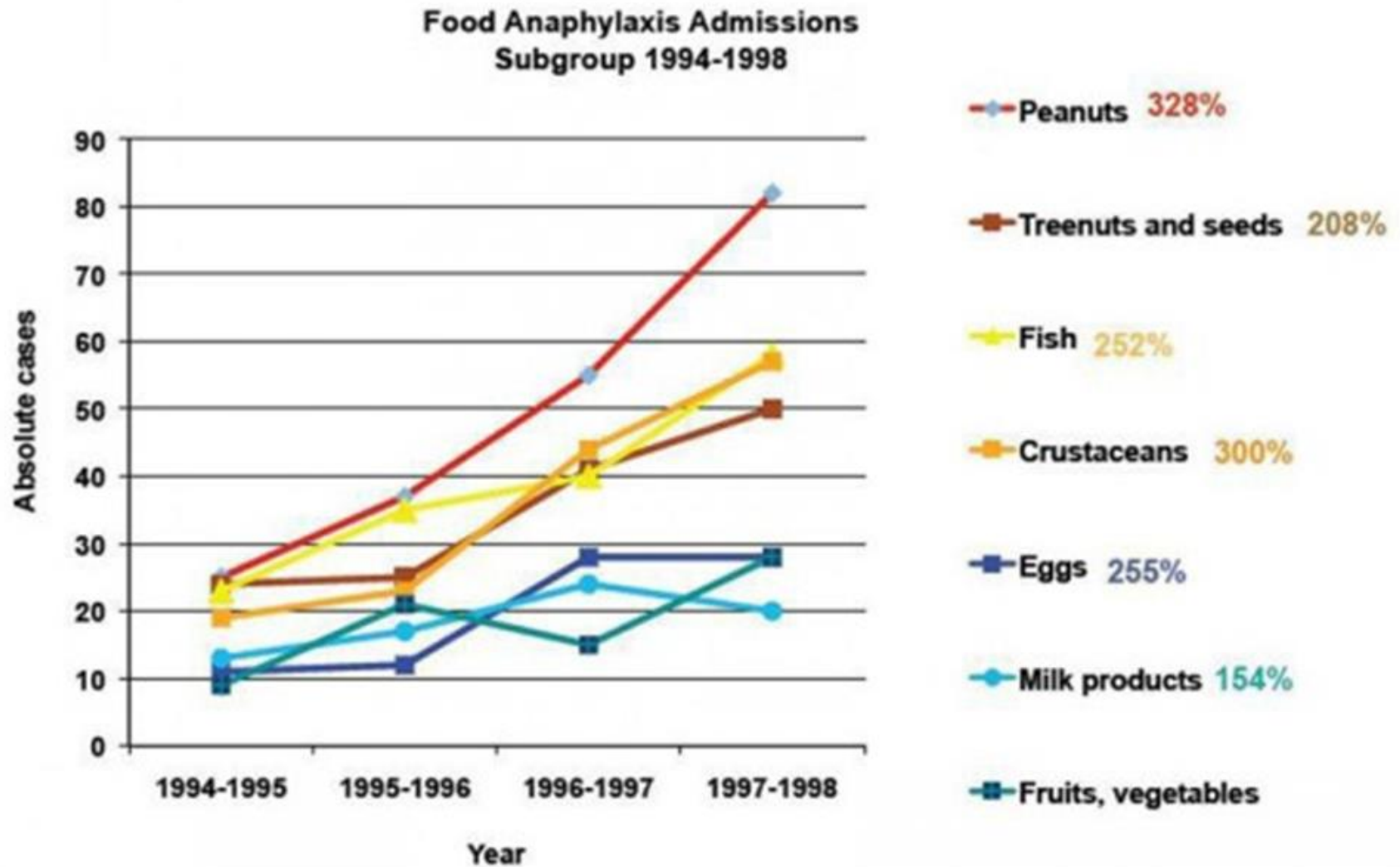
GRAPH

This is a graph showing increasing cases for food-related anaphylaxis in Australian children

What should label (A) actually read?



ANSWER 3



MCQ

Whilst on holiday, 3yr old boy has sudden onset of increased work of breathing after eating a chocolate biscuit. About 10 mins later he also developed an widespread urticarial rash over his trunk and limbs. They present to you the following week. From the records you know he has asthma, with x3 admissions in the last year

Management?

- a) Advise the acquisition of an adrenaline auto-injector**
- b) Refer to your local allergy service**
- c) Teach the use of an adrenaline auto-injector**
- d) All of the above**

ANSWER

All of the above

PLUS

AMP

Training devices

Kindy liaison

Improve asthma control as much as possible

ASCIA RECOMMENDATIONS FOR PRIMARY CARE

All individuals at risk of anaphylaxis should:

- Be educated about how to reduce the risk of accidental exposure to their allergic trigger
- Be educated about the early signs and symptoms of an allergic reaction
- Know what to do in an emergency
- Have an ASCIA management plan completed by their practitioner
- Carry an adrenaline auto-injector and know how to use it

Name: _____ For use with EpiPen® adrenaline autoinjectors

Date of birth: _____

Photo

Confirmed allergens:

Family/emergency contact name(s):

Work Ph:

Home Ph:

Mobile Ph:

Plan prepared by:

Dr: _____

I hereby authorise medications specified on this plan to be administered according to the plan.

Signed: _____

Date: _____

Date of next review: _____

How to give EpiPen®



Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE.



PLACE ORANGE END against outer mid-thigh (with or without clothing).



PUSH DOWN HARD until a click is heard or felt and hold in place for 30 seconds.

REMOVE EpiPen®. Massage injection site for 30 seconds.

Instructions are also on the device user and at: www.allergy.org.au/medicines

MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy, flick out sting if visible. Do not remove ticks.
- Stay with person and call for help.
- Locate EpiPen® or EpiPen® Jr adrenaline autoinjector.
- Give other medications (if prescribed).
- Phone family/emergency contact.

Mild to moderate allergic reactions may not always occur before anaphylaxis

Watch for **ANY ONE** of the following signs of anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

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

ACTION FOR ANAPHYLAXIS

- 1 Lay person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.
- 2 Give EpiPen® or EpiPen® Jr adrenaline autoinjector.
- 3 Phone ambulance*: 000 (AU) or 111 (NZ).
- 4 Phone family/emergency contact.
- 5 Further adrenaline doses may be given if no response after 5 minutes, if another adrenaline autoinjector is available.

If in doubt, give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally.

EpiPen® is generally prescribed for adults and children over 5 years.

EpiPen® Jr is generally prescribed for children aged 1-5 years.

*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

IF UNCERTAIN WHETHER IT IS ANAPHYLAXIS OR ASTHMA

- Give adrenaline autoinjector **FIRST**, then asthma reliever.
- If someone with known food or insect allergy suddenly develops severe asthma like symptoms, give adrenaline autoinjector **FIRST**, then asthma reliever.

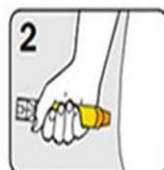
Asthma: Y N Medication: _____

For use with EpiPen® adrenaline autoinjectors

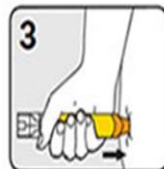
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IF UNCERTAIN WHETHER IT IS ANAPHYLAXIS OR ASTHMA

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- If someone with known food or insect allergy suddenly develops severe asthma like symptoms, give adrenaline autoinjector **FIRST**, then asthma reliever.

Junior 0.15mg for 10-20kg



Adult 0.3mg

How to give EpiPen®



1. Form fist around EpiPen and PULL OFF BLUE SAFETY RELEASE.



2. PLACE ORANGE END against outer mid-thigh (with or without clothing).



3. PUSH DOWN HARD until a click is heard or felt and hold for 10 seconds.

REMOVE EpiPen. Massage injection site for 10 seconds.



"blue to the sky, orange to the thigh"

Swing n' Stab
v.
Place n' Push

PICTURE

What has been done here?

What name is given to the appearance highlighted?

Some thoughts about the diagnostic information here?



ANSWER 2

Skin prick test

Pseudopodia & satellite lesion

“more positive response”

PICTURE

What are these?

Give 2 alternative names for them



ANSWER

Peanuts: ground nuts: monkey nuts



PARENTAL QUESTION

Both parents come to see you for review of their 4 month old son who has eczema

They want to know what are the chances of him having an underlying food allergy which contributes to his skin condition

Your thoughts?

ANSWER

Nothing should interfere with good basic eczema care

IgE-mediated FA affects up to 10% of children <5yrs

Atopy is a risk factor for FA

Severity and age of onset of eczema give increased likelihood for FA (especially <3mo)

Clear demonstration of a definite clinical improvement based on withdrawal of food wrt improved eczema [re-challenge?]

Nutritional, financial, psychological downsides to food exclusions



PICTURE

What are these 2 insects?

For a bonus for any Australians what is the third?

Most cases of anaphylaxis are due to which creature?



ANSWER

Honey bee

European wasp

Jack Jumper Ant

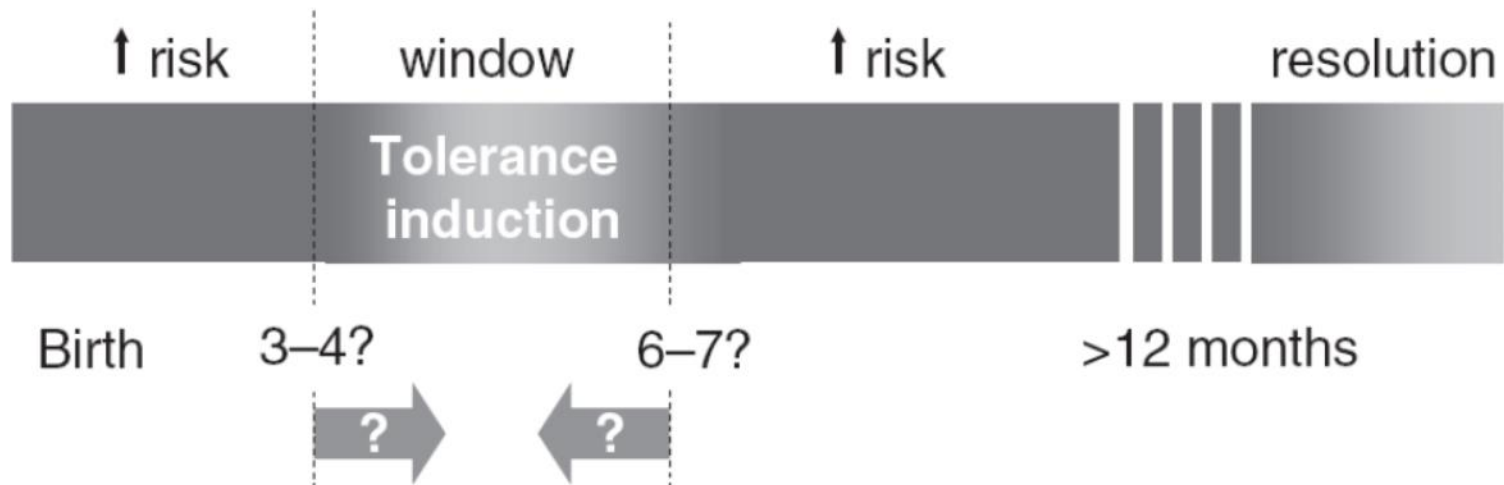


REQUEST FROM PARENT

One of your mothers has a 4 month old baby with some mild intermittent eczema. She has seen and read lots of conflicting advice about when and with what to introduce foods other than breast milk.

What will you advise her?

Would you organise some tests prior to doing anything?



Factors that influence the capacity for tolerance:

- optimal colonisation
- genetic pre-disposition
- allergen properties (dose, interval, timing, preparation)
- gut permeability/maturity/pH
- continued breast feeding?
- other immunomodulatory factors (fatty acids? stress? antioxidants?)

Prescott, Ped All Imm, 2008

A LEAP INTO THE LIGHT?

Leap study: 640 UK high risk infants 4-11 months, randomised to receive/not receive peanut products for first 5yrs

SPT screening

17.2% v. 3.2% for developing food challenge-proven peanut allergy

RR reduction of 80%

Safe & feasible but still needs to be done under careful supervision



LIST

Tick off/shout out the 6 of the 10 most common allergic foods in children

Sesame	Coriander	Maize	Broad beans
Avocado	Lamb	Finned fish	Celery
Tomato	Egg	Chicken	Mango
Peanut	Soy	Shellfish	Capsicum
Tree nuts	Sorghum	Apricot	Broccoli
Beef	Cow's milk	Wheat	Kiwi

ANSWER

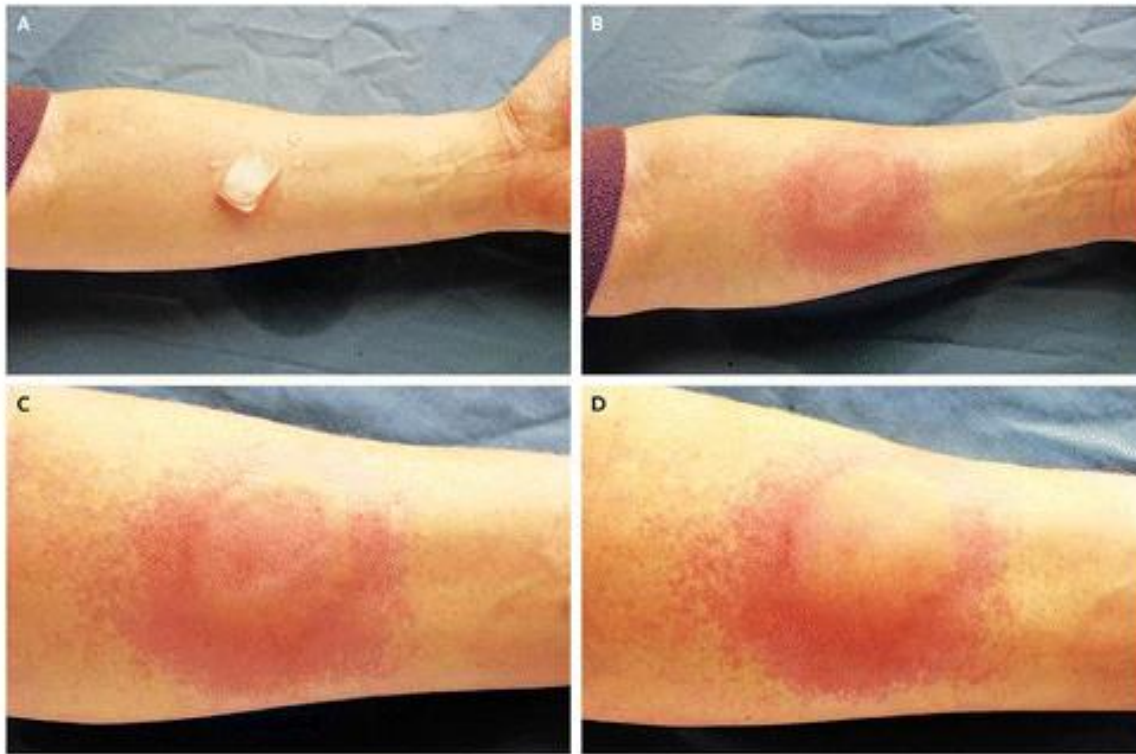
Tick off the 6 of the 10 most common allergic foods in children

Sesame	<input checked="" type="checkbox"/>	Coriander	Maize	Broad beans			
Avocado		Lamb	Finned fish	<input checked="" type="checkbox"/> Celery			
Tomato		Egg	<input checked="" type="checkbox"/>	Chicken	Mango		
Peanut	<input checked="" type="checkbox"/>	Soy	<input checked="" type="checkbox"/>	Shellfish	<input checked="" type="checkbox"/> Capsicum		
Tree nuts	<input checked="" type="checkbox"/>	Sorghum	Apricot	Broccoli			
Beef		Cow's milk	<input checked="" type="checkbox"/>	Wheat	<input checked="" type="checkbox"/>	Kiwifruit	<input checked="" type="checkbox"/>

PICTURE

What is being done here?

What is its relevance?



ANSWER

Classification of urticarias

Spontaneous Urticaria	Acute Spontaneous Urticaria Chronic Spontaneous Urticaria	}	Not Inducible
Physical Urticaria	Symptomatic Dermographism Cold Contact Urticaria Solar Urticaria Delayed Pressure Urticaria Heat Contact Urticaria Vibratory Urticaria		
Other Forms of Urticaria	Contact Urticaria Aquagenic Urticaria Cholinergic Urticaria Exercise-induced Urticaria / Anaphylaxis	}	Inducible

RESULT

Your thoughts?

Anna FILAXIS NHI DEF5678

Dob 12/1/2015

New World Allergy Service, Hernia Bay

	Wheal	Flare
Positive control	10mm	15mm
Negative control	8mm	10mm
Egg white	8mm	10mm
Peanut	8mm	10mm
Cow's milk	12mm	14mm
Wheat	8mm	9mm
Melon	7mm	9mm

ANSWER

Note strong positive controls

Dermatographism?

Able to sensibly interpret these results?

RESULT

Another SPT, organised by a colleague: no clinical indications available to you, SPT test done on the spur of the moment (dad had day off)

Rhina REA NHI GHI9101
Dob 12/1/2015

LabXtra, Very Doubtful Bay

	Wheal	Flare
Positive control	1mm	0mm
Negative control	0mm	0mm
HDM	1mm	1mm
Cat	0mm	0mm
Dog	1mm	1mm
Horse	0mm	0mm

ANSWER

Again, note controls

General advice re. antihistamines and SPT?

PICTURE

This device has been used to elicit this response: what are you looking at?



ANSWER

Dermographism: dermatographometer



CASE

A 5 month old breast fed infant presents to you with the following SPT result. The test was done because on her first taste of ~ 1/2 spoonful of runny boiled egg she developed a widespread urticarial rash all over her face and trunk.

Penny DREADFULL NHI ABC1234
Dob 12/1/2015

LabMinus, Glenfeld


	Wheal	Flare
Positive control	5mm	7mm
Negative control	0mm	0mm
Egg white	8mm	10mm

What are the chances of her having a reaction with a subsequent exposure to egg?

ANSWER

>95%

95% diagnostic SPT wheal diameters



Food item	Infants ≤ 2 years	Children > 2 years
Cow milk	≥ 6 mm	≥ 8 mm
Egg	≥ 5 mm	≥ 7 mm
Peanut	≥ 4 mm	≥ 8 mm

Sporik R *et al.*, *Clin Exp Allergy* 2000;**30**:1540-1546

TRUE/FALSE?

The single most important factor in the assessment and diagnosis of allergic disease in children is:

- a. SPT results
- b. The detailed history
- c. Serum specific IgE
- d. Eosinophil count
- e. Total IgE

ANSWER

HISTORY

HISTORY

HISTORY

CASE DISCUSSION

A 4 month old boy with severe eczema comes to your clinic. His parents are desperate, as nothing seems to make the eczema go away. They feel that ‘something is making his eczema worse’. He is having daily emollients, varying steroids, and is taking a long-acting, non-sedating antihistamine almost daily. He is formula fed now with an occasional breast feed at night – he hasn’t started weaning.

What kind of thoughts are running through your head?

ANSWER: DISCUSSION POINTS

HISTORY

Best possible eczema care: interactive eczema management plan

Antihistamines, eczema, and SPTs

Alter maternal diet?

Delay weaning?

ssIgE testing?

Change his milk?

Very difficult

CASE DISCUSSION

Same child: stopped A/H for one week to enable SPTs to be done on one area of his arm that seems eczema free

Results:

	Wheal	Flare
Positive control	6mm	8mm
Negative control	0mm	0mm
Egg	6mm	8mm
Peanut	8mm	10mm
Cow's milk	8mm	10mm
Soy	2mm	3mm

Now what?

ANSWER

Phased exclusion of offending foods in sequence?

Ban them all now?

Put him onto a soy formula?

What about egg?

What about peanut?

Food item	Infants ≤ 2 years
Cow milk	≥ 6 mm
Egg	≥ 5 mm
Peanut	≥ 4 mm

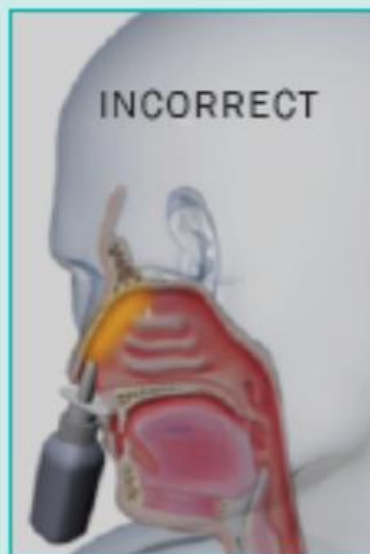
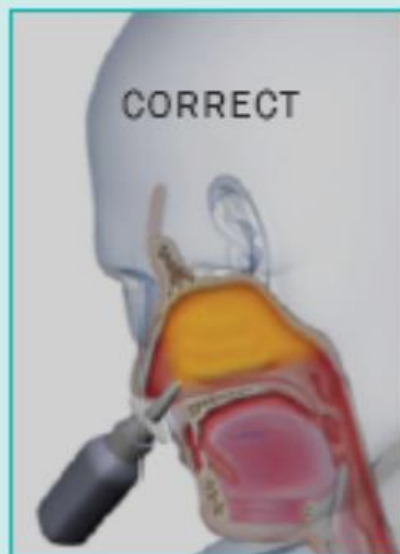
QUESTION

Which is the recommended position for insertion & use of a nasal spray?

- a) Straight up
- b) Angled towards the septum
- c) Into the nasal passage, in line with the roof of the mouth



1. Prime the spray device according to manufacturer's instructions (for the first time or after a period of non-use).
2. Shake the bottle before each use.
3. Blow nose before spraying if blocked by mucus.
4. Tilt head slightly forward and gently insert nozzle into nostril. Use right hand for left nostril (and left hand for right nostril).
5. Aim the nozzle away from the middle of the nose and direct nozzle into the nasal passage (not upwards towards tip of nose, but in line with the roof of the mouth).
6. Avoid sniffing hard during or after spraying.



Patient name: _____ Date: _____

Plan prepared by: _____ Signed: _____

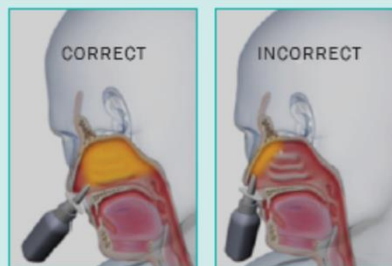
ALLERGEN MINIMISATION

Minimising exposure to confirmed allergen/s may assist some individuals in reducing allergic rhinitis symptoms. Information on allergen minimisation is available on the ASCIA website www.allergy.org.au/patients/allergy-treatment

MEDICATIONS

- Intra-nasal corticosteroid spray: _____
 1 or 2 times/day/nostril for _____ weeks or _____ months or continuous
 Additional instructions: _____

1. Prime the spray device according to manufacturer's instructions (for the first time or after a period of non-use).
2. Shake the bottle before each use.
3. Blow nose before spraying if blocked by mucus.
4. Tilt head slightly forward and gently insert nozzle into nostril. Use right hand for left nostril (and left hand for right nostril).
5. Aim the nozzle away from the middle of the nose and direct nozzle into the nasal passage (not upwards towards tip of nose, but in line with the roof of the mouth).
6. Avoid sniffing hard during or after spraying.



Note: Onset of benefit may take days, so this treatment must be used regularly. It does not have to be stopped every few weeks. If significant pain or bleeding occurs contact your doctor.

- Oral non-sedating antihistamine: _____ Dose _____ mL/mg 1 or 2 times/day; or
 as needed Additional instructions: _____
- Intra-nasal antihistamine sprays: _____ 1 or 2 times/day or as needed
 Additional instructions: _____
- Combined intra-nasal antihistamine and corticosteroid spray: _____ 1 or 2 times/day; or
 as needed Additional instructions: _____
- Saline nasal spray or irrigation _____ _____ times/day or as needed
 Use 10 minutes prior if used in conjunction with intra-nasal corticosteroid spray
- Decongestant: _____ nasal spray or tablet. Dose _____ mL/mg _____ times/day for up to 5 days (not more than 1 course/month)
- Other medications: _____

ALLERGEN IMMUNOTHERAPY

If allergen immunotherapy has been initiated by a clinical immunology/allergy specialist, it is important to follow the treatment as prescribed. Contact your doctor if you have any questions or concerns.



TABLE

Skin prick tests and serum specific IgE [RAST] tests have pros and cons compared to each other. In a 2 columned table headed SPT and RAST, pick out which comments refer to either SPTs or RAST tests

SPT	RASTS

Can only be done as a blood test

Can be done even if taking antihistamines

Preferred test for identifying sensitisation/allergy in children

Hard to interpret if there is dermatographism

Can be done using fresh food as source of allergen

Needs an area of skin unaffected by eczema

Cheap(ish)

Expensive

Diagnostic

Gives immediate result

No risk of inducing a reaction

SPT	RASTS

Can only be done as a blood test

Can be done even if taking antihistamines

Preferred test

Hard to interpret with dermatographism

Can be done using fresh food

Both	Strength of positivity of test \propto likelihood true allergy
Neither	Predict severity of allergic reaction

Diagnostic

Gives immediate results **The importance of the pre-test probability**

No risks

CASE

4 month old fully breast fed eczematous boy, on first taste of yoghurt develops widespread wheals all over face and trunk, v itchy, lip and eye swelling, no involvement of CVS/resp/gastro systems. 1 week later does exactly the same with a nibble on a piece of cheese. All symptoms came on within 10 minutes and settled spontaneously without any specific treatment apart from discontinuing the food. You know that if you send a referral it may take many weeks for it to be actioned.

- a) Your thoughts?**
- b) Your feeding recommendations?**
- c) Investigations?**

ANSWER

CMPA

Continue breast feeding: avoid all milk and milk products

None? Consider SPTs(to what?)

SAME CASE AGAIN

4 month old fully breast fed eczematous boy, on first taste of yoghurt develops widespread wheals all over face and trunk, v itchy, lip and eye swelling, no involvement of CVS/resp/gastro systems. 1 week later does exactly the same with a nibble on a piece of cheese. All symptoms came on within 10 minutes and settled spontaneously without any specific treatment apart from discontinuing the food.

Now mother has to return to work, and is going to have to use a formula feed.

Your recommendations?

ANSWER

Syndrome	Onset of reaction	Maternal elimination of CMP if breastfeeding?	Choice of formula		
			First [†]	Second (if first not tolerated)	Third (if second not tolerated)
Immediate reaction					
Immediate food allergy	< 1 h	Yes	eHF (< 6 months)	AAF	—
			Soy (> 6 months)	eHF	AAF
Anaphylaxis	< 1 h	Yes	AAF (followed by urgent consultation with paediatric allergist)	—	—
Food protein-induced enterocolitis syndrome	1–3 h	No	eHF	AAF	—

Kemp, MJA 2008

MCQ

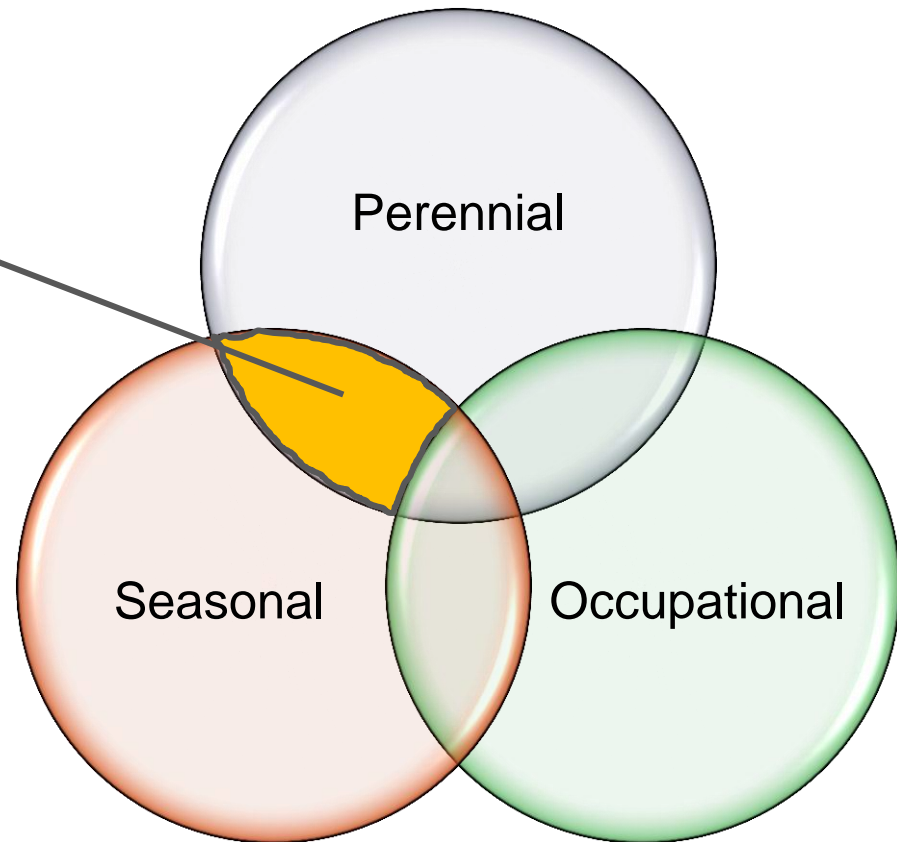
Perennial rhinitis is most likely to be attributable to:

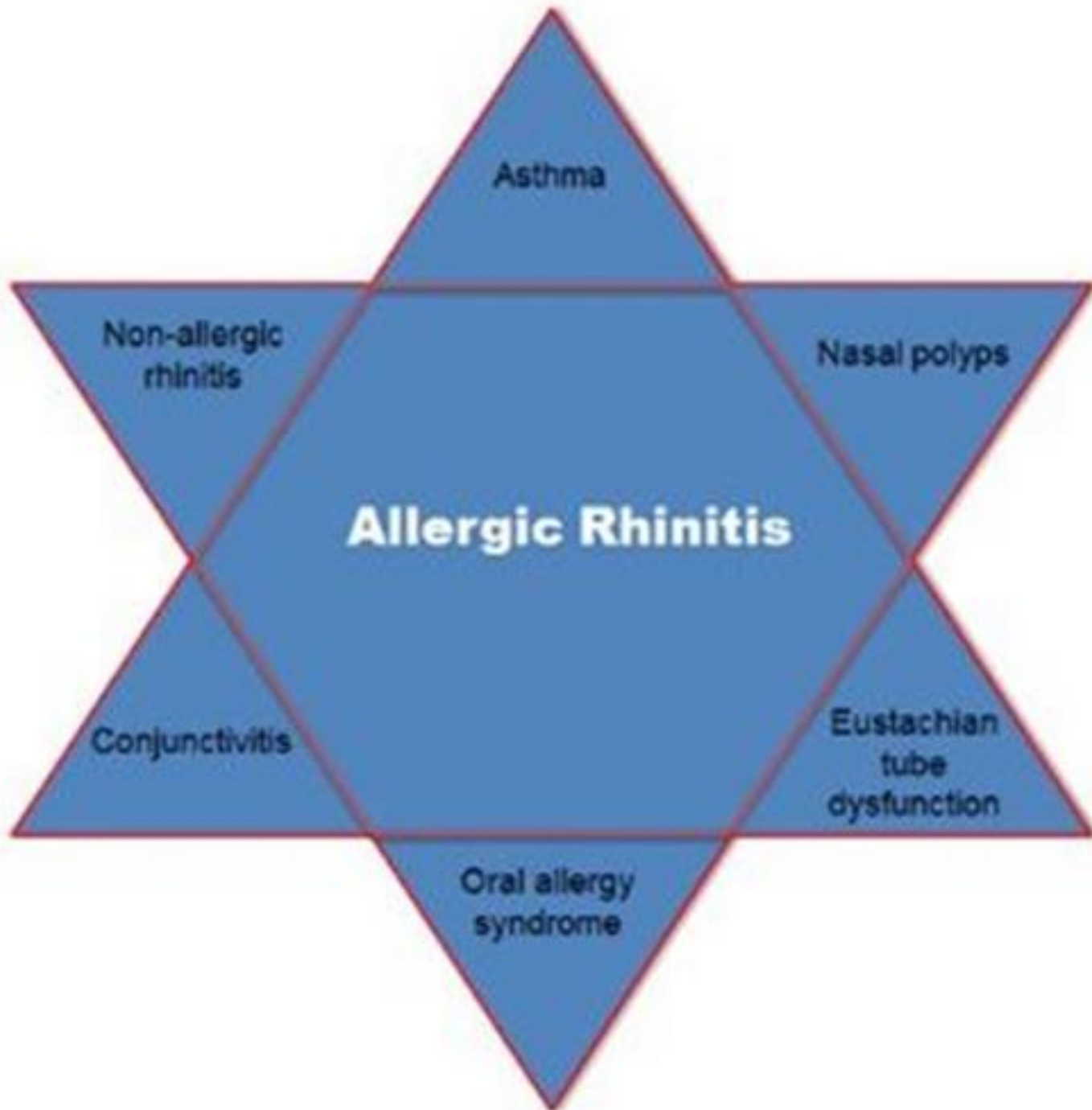
- a) weeds**
- b) Grasses**
- c) House dust mite**
- d) pollens**

ANSWER

HDM, but

Perennial with
seasonal
exacerbations





CASE

2yr old with recurrent urticaria. No definite allergen identified so far, but a colleague of yours had suggested doing a screen for food allergies. Results as shown. She regularly eats all of these foods.

Your management?

Anna CONDA NHI EFI2345

dob 12/1/2015

DiagMudLab, Glen Morangie

	Grade	Result
Egg white	+4	6kU/L
Cow's milk	+6	10
Peanut	+6	11
Wheat	+1	3
Soya	+5	12
Fish mix	+5	13

ANSWER

Review history

Think of the causes of [recurrent] urticaria

Leave the diet alone

CASE

18/12 boy, unwell with febrile illness. Mild eczema as an infant which has all but gone now. Has bright red ear drums and reddened fauces: a colleague has prescribed a 5 day course of amoxycillin.

36hrs after starting the amoxil, he develops a widespread, non itchy macular rash all over the body but fever has gone and seems to be feeling better.

What advice will you give the family about the future use of b-lactam antibiotics? Discuss

ANSWER

Is this a drug allergy? If so, chances of anaphylaxis?

Temporal relationship

Reaction in keeping with known adverse reactions

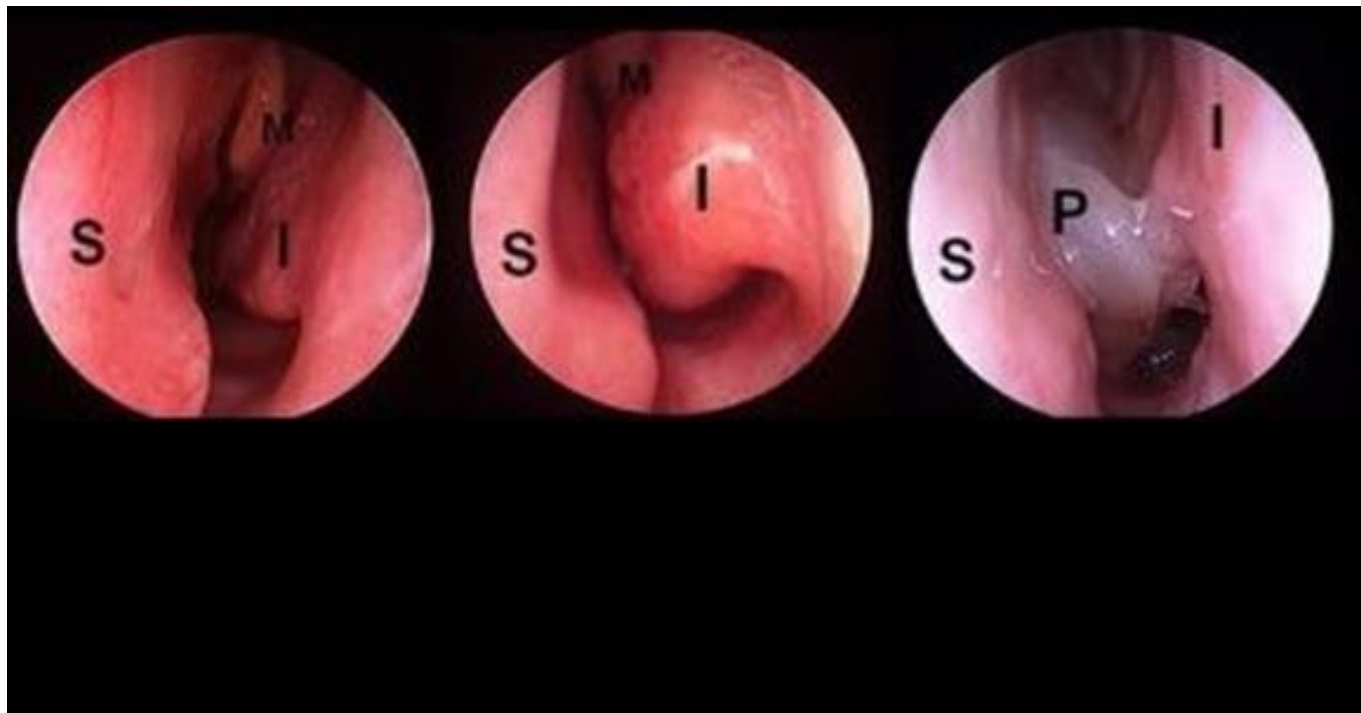
Resolved with cessation?

Other drugs at same time that could be blamed?

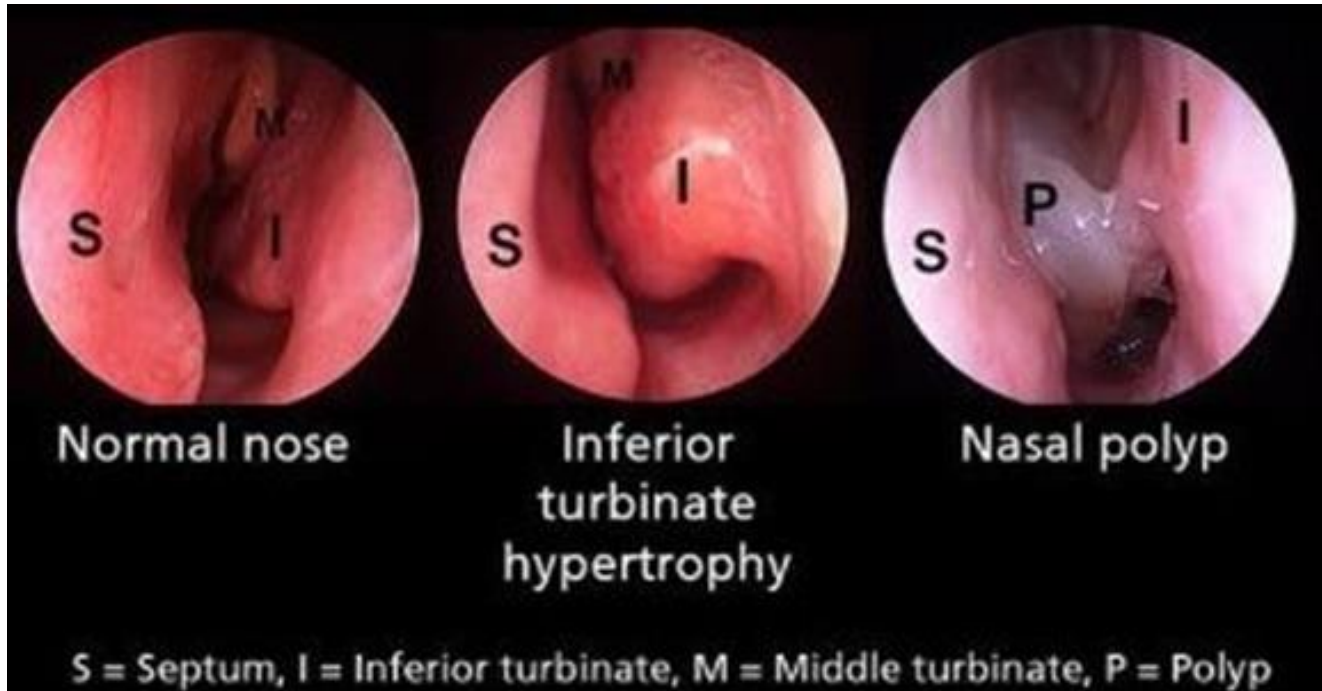
Underlying condition(s) of the pt which could explain the reaction

PICTURE

Nose-gazing: identify the labelled parts



ANSWER



CASE

Felix is a 10 month old baby who had a possible reaction to egg when he was 5 months old. He has been kept egg free since then.

There is no easy local access to SPTs in your area.

His parents are wondering about alternatives, as they want to know if they should try him again with egg.

Your thoughts?

ANSWER

History

Do nothing?

EiB?

Consider sslgE?

sslgE results predicting chance of reaction at challenge >95% ^{29, 30}	
Egg	> 7kU/l
Egg in infants under 2 years	> 2kU/l
Milk	15kU/l
Peanut	14kU/l

QUESTION

Where do you look for advice on paediatric allergic diseases?

Starship Paediatric Immunology and Allergy

Home : [Patients, Parents and Visitors](#) : [Directory Of Services](#) : Starship Paediatric Immunology and Allergy

Starship Paediatric Immunology and Allergy provides both inpatient and outpatient services for two main groups of patients:

- children with primary immune deficiency disorders where the immune system does not function properly. Many of these children will have multiple hospital admissions and they will also be seen in outpatients. Some will require

reassurance, without it being necessary to specifically identify the allergen. If medical treatment is inadequate to control symptoms, and identifying the likely cause would benefit management, then allergy testing for some conditions may be appropriate. Skin prick testing is the preferred initial test.

Contact Details Starship Children's Health

General Enquiries :
(09) 3074949





























































X-REACTIONS

Father has heard that his peanut allergic child may also have reactions to other 'similar' foods

What can you tell him about such cross reactions?

ANSWER

If Allergic to:	Risk of Reaction to at Least One:	Risk:
A legume* peanut 	Other legumes peas  lentils  beans 	5% 
A tree nut walnut 	Other tree nuts brazil  cashew  hazelnut 	37% 
A fish* salmon 	Other fish swordfish  sole 	50% 
A shellfish shrimp 	Other shellfish crab  lobster 	75% 
A grain* wheat 	Other grains barley  rye 	20% 
Cow's milk* 	Beef hamburger 	10% 
Cow's milk* 	Goat's milk goat 	92% 
Cow's milk* 	Mare's milk horse 	4% 
Pollen birch  ragweed 	Fruits/vegetables apple  peach  honeydew 	55% 
Peach* 	Other Rosaceae apple  plum  cherry  pear 	55% 
Melon* cantaloupe 	Other fruits watermelon  banana  avocado 	92% 
Latex* latex glove 	Fruits kiwi  banana  avocado 	35% 
Fruits kiwi  avocado  banana 	Latex latex glove 	11% 

- 25-50%
- 50% with
- Cashew and
- 15% with peanut
- 50% with pear



gy
lergy

VACCINE

3yr old boy with cystic fibrosis. His family are asking about annual influenza vaccination which has been recommended to them by the paediatric respiratory specialists.

What would you advise in terms of allergy issues?

ANSWER

- MMR
 - Routine
 - Usual precautions including in children with egg anaphylaxis; no increase in risk
- Influenza
 - Increasing data on safety
 - Current vaccines <0.1ug egg protein
 - History anaphylaxis or no known egg tolerance -> vaccinate under hospital supervision (1/10th dose then remainder)
 - Mild egg allergy or some tolerance -> vaccinate with usual precautions
- Yellow fever -> still contraindicated

TOPICS WE HAVE COVERED

SPTs

Anaphylaxis rates in children, and their causes

Dermatographism

Various urticarias

ssIgE testing

The interplay between eczema and food allergy

Feeding guidelines for children with milk allergy

Insect reactions

Rhinitis

Alternative milks for allergic infants

Nasal sprays

Referral patterns

Cross reactivity

QUESTIONS AND BURNING ISSUES?

Well, this is embarrassing for both of us...



THANK YOU !