



## Food Allergy - Fast Facts

This document has been developed by [ASCIA](https://www.allergy.org.au), the peak professional body of clinical immunology/allergy specialists in Australia and New Zealand. ASCIA information is based on published literature and expert review, is not influenced by commercial organisations and is not intended to replace medical advice. For patient or carer support contact [Allergy & Anaphylaxis Australia](https://www.allergy.org.au) or [Allergy New Zealand](https://www.allergy.org.au).

1. Food allergy occurs in around 5-10% of children and 2-4% of adults in Australia and New Zealand. The most common triggers of food allergy are egg, cow's milk (dairy), peanut, tree nuts, sesame, soy, wheat, fish and other seafood. However, almost any food can cause an allergic reaction.
2. Allergic reactions to foods range from mild to severe. Mild to moderate signs of food allergy include swelling of face, lips or eyes, hives or welts on the skin, tingling mouth, abdominal (stomach) pain, or vomiting.
3. Anaphylaxis is the most severe type of allergic reaction and should always be treated as a medical emergency. Anaphylaxis requires immediate treatment with adrenaline (epinephrine), which is injected into the outer mid-thigh. Delayed treatment can result in fatal anaphylaxis. Deaths due to anaphylaxis associated with food allergy can be prevented by avoiding confirmed food allergens.
4. Signs of anaphylaxis include any one of the following; difficult or noisy breathing, swelling of the tongue, swelling or tightness in the throat, wheeze or persistent cough, difficulty talking or hoarse voice, persistent dizziness or collapse. Young children may be pale and floppy.
5. Most children will outgrow their food allergy. However, allergies to peanut, tree nuts, seeds and seafood tend to be lifelong allergies.
6. Adverse reactions to foods can occur and are often mistaken for food allergy. These include food intolerances, toxic reactions, food poisoning, enzyme deficiencies, food aversion or irritation from skin contact with certain foods. Adverse reactions do not cause anaphylaxis.
7. Doctors usually perform skin prick testing (SPT) or order blood tests for allergen specific Immunoglobulin E (antibodies). This helps to identify or exclude potential food allergy triggers. Sometimes a medically supervised food allergen challenge is required to confirm or exclude food allergy.
8. Dietary avoidance for food allergy should only be carried out under medical and dietitian supervision, to prevent malnutrition and other complications such as food aversion.
9. Foods that commonly cause allergy should not be avoided for infants before 12 months of age, unless the infant has had an allergic reaction to the food. It is recommended that solid foods are introduced to babies around six months of age, but not before four months, to help prevent food allergies developing.
10. The severity of an allergic reaction to food can be influenced by factors such as the severity of the allergy, the amount of food eaten, whether the food is cooked or raw, if the food is in a liquid form, whether it is eaten on its own or mixed with other foods, intake of alcohol, exercise around the same time the allergen is consumed, asthma, being unwell, and the menstrual cycle.

© ASCIA 2023

Content updated June 2023

For more information go to [www.allergy.org.au/patients/food-allergy](https://www.allergy.org.au/patients/food-allergy)

To support allergy and immunology research go to [www.allergyimmunology.org.au/donate](https://www.allergyimmunology.org.au/donate)