

Blood Sciences Department, Clinical Laboratory Medicine in association with the Department of Immunology at Lancashire Teaching Hospitals.

Allergy Testing and Allergy Referral for Adults

Specific IgE Testing

Careful history taking should be able to indicate the most likely specific IgE to test for.

Food Allergy and Food Intolerance. Consider use of food and symptoms diary to guide specific IgE investigations rather than food panel testing where possible (<https://www.allergyuk.org/downloads/diary-examples/food-symptoms-diary.pdf>)

Food Allergy -Immediate reaction eg oral symptoms, choking, bronchospasm, hypotension, collapse following food ingestion is likely to be IgE mediated food allergy. Consider allergy referral. Common food allergies are included in the food allergy screen (see table below). IgE testing to vegetables, fruit, tartrazine **is not useful**.

Food Intolerance Abdominal bloating, cramp or diarrhoea several hours after eating usually do not have food allergy, but food intolerance. Specific IgE testing is not recommended.

Urticaria Acute urticaria immediately after eating food or intermittent after exercise may be due to IgE mediated allergy and may require Allergy referral (specific IgE testing should be undertaken at specialist clinic). Chronic urticaria are known to be autoimmune or idiopathic and not allergic in origin. Allergy testing is **not useful**. Foods containing high salicylate and benzoate may exacerbate symptoms.

Hay fever (seasonal allergic rhino-conjunctivitis) Specific IgE to Timothy grass and mixed tree pollen is specific and sensitive in confirming diagnosis. Refer to allergy clinic if symptomatic on maximal therapy.

Perennial rhinitis &/or conjunctivitis Specific IgE to house dust mite and animal allergens that the patient is exposed to is sensitive and specific in confirming diagnosis. Refer to allergy clinic if symptoms have not responded to standard medical treatment.

Bee/wasp venom sting reaction Allergy clinic referral if immediate systematic reaction only.

Drug Allergy Immediate reaction (within 1hr after oral treatment or within minutes after injection) presenting with urticaria, bronchospasm and hypotension is due to serious IgE mediated allergy, requiring specialist Allergy assessment. Symptoms (rash or erythematous eruptions) several hours after ingestion are not IgE-, but immune complex- mediated and allergy referral not required. Suggest not to test IgE to paracetamol/aspirin as the usual allergic reaction is due to direct pharmacological effect.

Symptoms	Suggested specific IgE panel
Food allergy screen (including peanut)	Mixed food (including egg white, milk, cod, wheat, peanut, soya)
Insect venom anaphylaxis– Bee	Bee
Insect venom anaphylaxis– Wasp	Wasp
Peanut allergy	Peanut
Seasonal rhinitis	Timothy grass, mixed tree pollen
Asthma, all year round	House dust mite, cat, dog, moulds

References:

1. NICE guidance on food allergy in under 19s (2011)
2. NICE guidance drug allergy (2014)
3. NICE guidance on Pharmedgen for treatment of bee and wasp venom allergy (2012)

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