

It is the first UK national evidence-based food allergy guideline and comes with the clinical authority and rigour of a NICE guideline. The key strengths and emphases are as follows:

1. The diagnosis of any child with food allergy must begin with an 'allergy-focused clinical history' and that in turn begins with looking for any family history of clinical atopy. In the child, the main organ systems to focus on are the gut, skin and less commonly the airways, paying particular attention to the presence of persisting symptoms which involve different organ systems.
2. It emphasises the essential need to consider whether any suspected food allergy is likely to be due either to an 'acute onset' IgE antibody mediated immune pathway or to a 'delayed onset' non-IgE mediated immune pathway.

3. Following on from this it states clearly that the diagnostic pathway for each is different:



a) Delayed Onset of Symptoms
(Suspected non-IgE mediated CMA)

- Trial elimination of the suspected food allergen for a 2 -4 week period with a planned and intentional reintroduction.

b) Acute Onset of Symptoms
(Suspected IgE mediated CMA)

- Trial elimination of the suspected food allergen
- Skin prick tests and/or specific serum IgE assays (such tests should only be carried out by healthcare professionals with the appropriate competencies).
- Should a food challenge be required to confirm the diagnosis, this should not be carried out in primary care or community settings.

4. Referral guidelines on to specialist care are given