

## Egg allergy

### What is egg allergy?

Egg allergy is caused by an allergic reaction to egg protein. This protein is found mostly in the egg white but also on the yolk. It is common in children under 5 years and usually first noticed in infancy when egg is introduced into the diet for the first time. It is rare for egg allergy to develop in adulthood. Those who develop egg allergy as adults may also be allergic to birds or feathers which contain a protein which is similar to that found in egg yolk.

### What are the symptoms?

Most reactions are mild. Commonly infants refuse the egg-containing food, develop redness and sometimes swelling around the mouth soon after skin contact and then vomit after eating. Stomach ache or diarrhoea may also occur. Rarely, some children also develop a more severe reaction with cough, an asthma-type wheeze or even anaphylaxis. Further reactions do not, as a rule, become increasingly severe unless a greater amount or a less well-cooked form is eaten; accidental reactions are almost always milder than the original. Accidental skin contact usually only causes a rash but no generalised or dangerous symptoms; severe reactions rarely occur unless egg is eaten.

Egg allergy may also be responsible for worsening of eczema, but this is usually more difficult to diagnose given the slower time to onset of symptoms.

### Will the allergy resolve?

Egg allergy will resolve in most children, usually by school age. Generally, as they grow out of it, children tolerate well cooked egg (e.g. cakes) first, followed by lightly cooked (e.g. scrambled eggs) before finally being able to eat raw egg. Children who have had more severe reactions (e.g. with wheezing) may take longer to grow out of their allergy and in some cases egg allergy will persist

### How is egg allergy diagnosed?

The diagnosis of egg allergy is based on the history of previous reactions, and can be confirmed by skin tests or blood tests.

### What is the treatment?

The best current treatment is to avoid all food containing egg for 1-2 years, allowing the allergy time to resolve. Egg may be found in a wide range of foods, including: cakes, pastries, desserts, meat products, salad dressings, glazes, pasta, battered and bread crumbed foods, ice cream, chocolates and sweets. It may also be referred to by unusual terms especially on imported foods e.g. egg lecithin or albumen (=egg white). The proteins in eggs from other birds are very similar to those in hens' eggs and should be avoided too. This list is not exhaustive and because ingredients can change food labels must be read carefully every time you shop.

Text Box (A3): Products useful for an egg-free diet	
Egg free products include	Egg-free mayonnaise Egg-free cakes & muffins Egg-free puddings Egg-free omelette mix
Whole egg replacers	Whole egg replacer (Allergycare) Ener-G egg replacer (General Dietary) Loprofin egg replacer (SHS) No-egg replacer (Orgran)
Egg White replacer	Loprofin egg white replacer (SHS)

Lists of egg-free foods can be obtained directly from many food manufacturers and supermarket chains. They are very helpful in the day-to-day management of the diet.

You should also obtain antihistamine syrup (available without prescription) and keep this available at mealtimes. Your doctor may provide an adrenaline injection, but children with egg allergy would only require this if they were considered to be at high risk of a severe allergic reaction- which is unusual. If you are provided with an adrenaline injection your doctor will show you how to use it and provide a treatment plan. You should keep a copy with your child's medication and also give copies to others, e.g. nursery/school teachers and grandparents. You should also provide emergency medication for your child's school or nursery which your doctor can prescribe. After a period your doctor will provide advice on egg reintroduction. Your doctor may want to perform an allergy test on your child's blood or skin (these tests are safe), or may ask you to begin introducing well cooked egg at home. Advice sheets are available to help you introduce egg.

If your child has had more severe reactions involving wheezing, the decision whether to reintroduce egg will be made by an allergy specialist.

### **Can my child have their routine immunisations?**

All children with egg allergy should receive their normal childhood immunisations, including the measles, mumps and rubella vaccination (MMR) as a routine procedure performed by their family doctor/nurse. MMR is *not* grown on hen's egg, as widely believed. Studies on large numbers of egg allergic children show there is no increased risk of severe allergic reactions to the vaccine.

As with other vaccines, MMR should be postponed if children are unwell. Adrenaline should be readily available at the clinical site in all cases because anaphylaxis, although rare, can occur.

If previous vaccination (MMR or other) resulted in a severe allergic reaction (any breathing problems or collapse) then the child should be seen by an allergy specialist before further immunisations are given.

### **What about other Immunisations?**

Influenza vaccine is prepared on hen's egg and may contain small amounts of egg protein. There is a risk of anaphylaxis in people with severe egg allergy and they should see an allergy specialist to assess the risk. People who can eat moderate amounts of egg can have the vaccine even if they have had an allergy to egg in the past and even if their allergy tests for egg are still positive.

Yellow fever vaccine contains measurable amounts of egg protein and people with egg

allergy who need it should be seen by an allergy specialist.

### **Can I continue to breast feed my baby?**

If you are breastfeeding, any food proteins, such as egg, will also be present in your breast milk. If your baby is well, with no allergic symptoms, then it is fine for you to eat egg as normal. If your baby has symptoms, such as eczema or rashes, which may be due to an allergy to the egg in your milk, then it may be worthwhile removing egg from your own diet for a couple of weeks to see whether your baby's symptoms improve. If there is no improvement in your baby's condition, then eggs can be re-introduced back into your diet.

### **Does egg allergy mean my child is at risk of other allergies?**

Most children with egg allergy will already have a history of eczema. Egg allergy also increases the risk of developing asthma later in childhood, but not in all children. Allergies to other foods are more common in egg-allergic children.

### **I have another child/infant to whom I have not given egg. When should it be introduced into their diet?**

The Department of Health recommends that egg should be introduced into the weaning diet from 6 months onwards. There is no evidence to suggest that delaying the introduction of egg beyond 6 months will reduce the chance of your child developing egg allergy.

### **Educational products**

For information on these, send a stamped addressed envelope with a covering note to:

The Anaphylaxis Campaign  
PO Box 275, Farnborough  
Hampshire GU14 6SX

The Anaphylaxis Helpline: 01252 542029  
Email: [info@anaphylaxis.org.uk](mailto:info@anaphylaxis.org.uk)  
Website: [www.anaphylaxis.org.uk](http://www.anaphylaxis.org.uk)

The Allergy UK Helpline: 01322 619898  
Website: [www.allergyuk.org](http://www.allergyuk.org)

**Important:** The information provided in this leaflet is given in good faith. Every effort has been taken to ensure accuracy. But all patients are different, and specific cases need specific advice. There is no substitute for good medical advice provided by a medical professional.