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Jeżeli chcemy, aby te informacje w innym języku, proszę zadzwonić 01932 723553

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It's All About Eggs

Department of Paediatrics Allergy and Nutrition



What is egg allergy?

Egg allergy is caused by an allergic reaction to egg protein. This protein is found mostly in egg white but also in 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 that is similar to the one in egg yolk.

What are the symptoms?

Commonly, egg allergic infants refuse egg-containing food. They may develop redness and swelling around the mouth after contact with egg. They may develop a rash (often a nettle rash or hives) or vomit after eating egg. Abdominal pain or diarrhoea may also occur. Rarely, some children develop a more severe reaction, with cough, an asthma-type wheeze or anaphylaxis. Accidental reactions are usually milder than the original. Accidental skin contact may cause a rash, but usually not generalised or dangerous symptoms.

Egg allergy may be responsible for the worsening of eczema (this is usually harder to identify, given the slower time to onset of symptoms) and may also cause gastrointestinal symptoms.

egg may increase the chance of your child developing egg allergy. If your baby develops eczema, they may benefit from the early introduction of egg at 4-6 months to prevent egg allergy developing. Giving egg in small amounts on the first few times is suggested for these infants. Please refer to the Allergy UK “Weaning your food allergic baby” booklet (link above).

More information

<https://ashfordstpeters.net/paediatric-allergy/>

<https://www.bsaci.org/>

<https://www.anaphylaxis.org.uk/>

<https://www.allergyuk.org/>

Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty.

If they cannot resolve your concern, please contact our Patient Experience Team on 01932 723553 or email asp-tr.patient.advice@nhs.net. If you remain concerned, the team can also advise upon how to make a formal complaint.

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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 also have eczema. Egg allergy also increases the risk of developing asthma later. Allergies to other foods are more common in egg-allergic children.

Early introduction of allergens (in particular, peanut) from 4-6 months of age has been shown to prevent food allergy. It is therefore recommended that babies with an egg allergy are introduced to all allergens as soon as possible. Once tolerated these foods should remain in their diet regularly (e.g., twice weekly). Please refer to the Allergy UK "Weaning your food allergic baby" booklet:

https://www.allergyuk.org/wp-content/uploads/2021/07/DesignConcept_A5-Info-Book-v1.5-low-res-lossy.pdf

If I have a child with egg allergy and then have another baby, when should I introduce egg into the Baby's diet?

The Department of Health recommends that egg can be introduced into the infant diet from around 6 months onwards. Furthermore, the deliberate exclusion or delayed introduction of

Will the allergy get better?

Egg allergy will resolve in most children, usually by school age. Egg that is baked in a food containing flour (e.g., egg in a cake) is less allergenic and tolerated first. Tolerance is then likely to develop to well cooked egg (e.g., egg in pancake). Finally, your child will be able to eat lightly cooked egg before being able to eat food containing raw egg. Children who have had more severe reactions (e.g., with wheezing), many food allergies or severe eczema 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 a history of reacting to egg containing food and can be confirmed by allergy skin tests or blood tests, although this is often not needed.

What is the treatment?

Currently, the best treatment is, initially, to avoid all food containing egg. If your child can tolerate baked egg in foods, such as cake, they should continue to eat this.

Children with egg allergy should have antihistamine tablets or syrup at home and school/nursery in case of accidental ingestion/reaction. These can be prescribed but are also available without prescription. Your healthcare professional will provide an

“Allergy Action Plan”, which explains what to do in case your child has another reaction.

If your child has asthma, or has had a severe allergic reaction to egg, your doctor will provide you with an adrenaline auto-injector. They will show you how to use it and provide a management plan which explains when it needs to be used. Please also visit the company’s website to watch the training video and to order a free trainer pen:

<https://www.epipen.co.uk/en-gb/patients>
<https://jext.co.uk>

You should keep a copy of your child’s Action Plan with your child’s medication and give copies to others, e.g., nursery/school and grandparents. You should also provide emergency medication for your child’s school or nursery which your doctor can prescribe.

How do I know if a food contains egg?

Egg may be found in a wide range of foods: cakes, pastries, desserts, meat products, salad dressings, glazes, pasta, battered and bread crumbed foods, ice cream, chocolates, and sweets. This list is not exhaustive and food labels must be read carefully every time you shop. The word **Egg** will be listed clearly on the list of ingredients and highlighted in bold.

Food manufacturers outside the UK and EU may not follow the same food labelling rules. Egg may be referred to by unusual

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.

What about other Immunisations?

Influenza vaccine is safe for all patients with egg allergy and can be given at school / GP surgery unless they have had an allergic reaction to egg which was severe enough to require intensive care treatment. If this is the case, you should be referred to an allergy specialist for assessment.

Yellow fever vaccine contains small amounts of egg protein and people with egg allergy who need it should be seen by an allergy specialist at a designated yellow fever immunisation centre.

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, in very small amounts. 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, rashes, or gastrointestinal symptoms, 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

Some baked products use eggs as an ingredient to enrich and fortify them with additional B vitamins and iron. A child avoiding baked goods containing eggs will need to find alternative sources of B vitamins such as fortified breakfast cereals, meat, green leafy vegetables, and iron such as red meat, beans and pulses.

Is there a risk through contact through touch or smell?

People with egg are often concerned that casual contact with eggs, such as through touch or smell, could trigger a life-threatening reaction.

Researchers concluded that a very small amount of allergic children would experience a severe reaction to this type of exposure.

Can I reintroduce egg into my diet?

You will be advised by your doctor or dietitian when to start reintroducing egg. For most children, this will be safe to do at home. For some patients who are at risk of more severe reactions, this may need to be supervised in hospital. When it is felt safe for your child to try to re-introduce egg, you will be advised to do this in a stepwise process, following an “egg ladder”.

terms, e.g., egg lecithin E322, albumin, ovalbumin, globulin, ovoglobulin, livetin, ovomucin, vitellin, ovovitellin or albumen. Watch out for this on imported foods or when abroad.

The proteins in eggs from other birds are very similar to those in hens’ eggs and should be avoided too. Many dishes can be made egg free, and substitutes are available (table 1):

Table 1: Products useful for an egg-free diet	
Egg free products	Vegan/plant-based mayonnaise Egg-free cakes & muffins M and S Vegan pancake mix
Whole egg replacers	Ener-G egg replacer (General Dietary) No-egg replacer (Orgran) Powdered plant-based egg replacers Free and Easy Egg replacer
Egg White replacer	Two Chicks liquid egg-white

Lists of egg-free foods can be obtained from many food manufacturers and supermarket chains and are helpful in the day-to-day management of the diet. Internet egg free recipes are also useful.

Tips for shopping

Always read food labels, even if you are buying a product you have eaten many times before as recipes and manufacturing methods sometimes change. Check both the inner and outer wrapping of multipacks.

All pre-packaged food sold within the EU, including the UK, must declare and highlight the presence in the ingredient list, of major allergens including egg, even if they appear in small quantities. The word egg must be stated in the ingredient list in a way that makes it clear to the consumer of its presence.

“May contain” warnings (sometimes known as advisory labelling) are used by food companies where there is a risk of cross-contamination during the production process. There is no regulation around this and some foods may contain significant amounts of the allergenic food, while others may not contain any. Caution is therefore advised with these labels and including these foods in the diet is a personal choice. You may perhaps choose to avoid these foods when out, but consider having them at home, where it would be easier to monitor and respond to any potential reaction. Strict avoidance is generally not necessary. Be aware that recipes may change, and cross-contamination can occur at any time and your child may react to a food that they were fine with before.

Tips for eating out

The food allergen labelling laws that cover pre-packed food now also apply to the catering sector. When eating out or buying takeaway food, food businesses will be required to provide information on allergenic ingredients including egg. This information can be provided in writing and/or orally. If information is provided orally, the food business will need to ensure that there is some sort of written signage that is clearly visible to indicate that allergen information is available from a member of staff. Systems should also be in place to ensure that, if requested, the information given orally is supported in a recorded form (in writing for example) to ensure consistency and accuracy. Don't be afraid to ask the waiter to check with the chef.

Alternative sources of nutrients which are normally found in eggs

Eggs provide a source of quality protein as well as iron, biotin, folacin, pantothenic acid, riboflavin, selenium, and vitamins A, D, E and B12. Your child can get an adequate amount of protein from other protein sources such as milk, meat, poultry, fish, nuts, and legumes. Be sure your child is not allergic to these other sources. Meat can also supply selenium and vitamin B12. Folacin is in legumes, fruits and leafy greens. If your child consumes a variety of other foods, an egg-free diet should not place your child at nutritional risk.