



NATIONAL CENTER ON  
Early Childhood Health and Wellness

# Caring for Children with Food Allergies



## What is a Food Allergy?

A food allergy is a reaction to food mounted by the immune system. Allergies to food occur when the body mistakenly interprets some part of the food as a danger and activates the immune system. Between 4% and 8% of children in the United States have food allergies. Although the exact reason is unknown, food allergies are on the rise in the United States and other parts of the world.

Some children are more prone to food allergies than others. Children with eczema or asthma may be more likely to have food allergies. Also, the tendency to be allergic appears to run in families. Children who are severely allergic don't have to eat a certain food to have a reaction. They can have reactions to food particles in the air or on surfaces that they touch. This is why some

situations require a complete ban on a specific type of food.

## Types of Food Allergies

Not all food allergies are the same. Some are more common than others and some allergies lead to severe reactions like anaphylaxis while others usually do not.

### IgE-mediated allergies

IgE is an antibody that when working properly helps the body respond to parasites or to other harmful organisms. IgE tells the body to release histamine, which causes sneezing or hives. When a lot of histamine is released, a child can have itching, swelling of the mouth and throat, trouble breathing, or other serious issues including anaphylaxis which is a medical emergency. Anaphylaxis



includes these symptoms as well as low blood pressure, faintness and, at times, unconsciousness.

A child can react differently to the same foods on different days. A child's response depends on how the food was prepared, how much the child eats, or whether the child is ill or not. For example, a child who is allergic to eggs may have a runny nose and itchiness after eating eggs on one day, and another day after eating eggs may experience swelling of the throat and difficulty breathing.

About 90% of all allergies are responses to eight foods: peanuts, eggs, milk, wheat, soy, tree nuts, fish and shellfish (shrimp, crab, crayfish, lobster). Many children who are allergic to milk, eggs, soy and wheat, lose their food allergy, some by the time they are 3 years, and 85% by the time they are 10 years old. A smaller number of children with food allergies never lose their allergy—most often these are children with allergies to tree nuts, fish, shellfish, and peanuts.

## The Truth About Nuts

Although it may be safest to have a “no nut” policy, only about 30% of children who are allergic to peanuts are allergic to tree nuts. And children who are allergic to tree nuts are often not allergic to peanuts or even all tree nuts. Tree nuts include almonds, pistachios, hazelnuts, cashews, walnuts, Brazil nuts, and pecans. Some tree nuts are closely related. Children who are allergic to walnuts are often also allergic to pecans. The same goes for pistachios and cashews. Children with tree nut allergies can usually eat sesame, sunflower and pumpkin seeds. Typically, they can also eat macadamia nuts and pine nuts because these are not really nuts, but seeds.



## Other Types of Allergies

Not all allergies involve IgE and histamine. Sometimes, other parts of the immune system are involved. The allergies listed below are not common compared to IgE-mediated allergies and usually do not lead to respiratory symptoms but to gastrointestinal symptoms.

**Food-Protein Induced Enterocolitis Syndrome (FPIES).** This allergy may arise in infants when they begin to eat solid food or begin formula. The infants seem to have a severe “stomach bug” with projectile vomiting and, later, diarrhea. The symptoms begin within a few hours of eating the solid food to which they are allergic. FPIES doesn't usually occur when an infant is exclusively breastfed but may occur in formula-fed infants.



## How Head Start Programs Address Food Allergies

*Caring for Our Children: National Health and Safety Performance Standards* guidelines state:

Each child with a food allergy should have a written care plan that includes:

- a. Instructions regarding the food(s) to which the child is allergic and steps to be taken to avoid that food;
- b. A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses, and methods of prompt administration of any medications. The plan should include specific symptoms that would indicate the need to administer one or more medications.

Based on the child's care plan and prior to caring for the child, caregivers/teachers should receive training for, demonstrate competence in, and implement measures for:

- a. Preventing exposure to the specific food(s) to which the child is allergic;
- b. Recognizing the symptoms of an allergic reaction;
- c. Treating allergic reactions.

*Note: Staff who notice any symptoms associated with allergies should note the reaction and inform parents. Staff who administer medication for an anaphylactic event should call emergency services even if the child responds well to the medication.*

**Oral Allergy Syndrome.** Some children who have allergies to pollen can have an allergic reaction to certain foods. Trace amounts of pollen can exist on the outer skin of certain fruits and vegetables, causing an allergic reaction. For example, a child allergic to ragweed can have allergic symptoms around the mouth and in the throat when they eat certain melons. Symptoms can include itching or tingling of the lips, tongue, and roof of the mouth or throat. In addition, there may be hives around the mouth area where the food comes into contact with the skin or swelling of the lips, tongue, and throat tightness. Very rarely, symptoms may go beyond the mouth and throat or result in anaphylaxis.

**Eosinophilic esophagitis** is a swallowing disorder caused by allergies to food or pollen. A child with this type of allergy may have problems with swallowing, vomiting, reflux, and poor weight gain. Children with this allergy may also have asthma or eczema.

**Allergic Proctocolitis.** Allergic proctocolitis is an allergy to formula or breast milk and affects infants in their first year of life. The symptoms include blood-streaked, watery, green and mucus-filled stools, diarrhea, vomiting, anemia, or fussiness.



Programs may also consider providing meal plans in advance to parents, training in food allergies to staff members, and training for preparing and serving safe meals and snacks for students with food allergies. For more information on steps to take to make your center food-allergy safe, consult the publication from the CDC, [Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs](#).

## Tips on Caring for Children with Food Allergies

**A food allergy is diagnosed by a physician or other health care worker.** Consider requesting medical documentation of food allergies. This documentation should include symptoms to look for, actions to take when symptoms appear, recommended medications (such as antihistamines or epinephrine auto-injector), and instructions on administering the medication.

**Request information on food intolerances.** Sometimes families believe their child has a food allergy when they have a food intolerance since the symptoms often overlap. An intolerance means that a child has trouble digesting a particular food. Foods that commonly cause intolerances are milk, gluten, and certain

dyes. Intolerances may cause vomiting or diarrhea and stomach pain, but they do not cause allergic reactions or anaphylaxis. Caregivers should understand whether a child has an intolerance or an allergy so that staff alertness and emergency procedures can focus on those children most at risk. Requesting that families provide a list of food intolerances and food preferences separately from food allergies shows that staff take food preferences seriously. Openness to accommodating intolerances as well as food preferences creates trust with families and focuses emergency procedures on those children who require them.

**Celiac disease is not an allergy or an intolerance but an autoimmune disease.** Celiac disease is a serious disease requiring total avoidance of gluten, which is different than a food allergy or food intolerance. A child with celiac disease can be seriously ill, if not diagnosed and treated effectively. Specific information and training of staff who care for a child with celiac disease is critical.

## For Your Family Newsletter

Tailor the messages below to include in your family newsletter.

**Checking for food allergies.** When beginning to feed your baby solid foods, introduce one new food a week and wait to see how the food affects your baby. Sometimes a child has a food allergy, and after a food change it is best to watch for symptoms, which could include a rash, itching, swelling, redness (skin or eyes), runny nose or sneezing, or diarrhea after you make a food change.



**Peanuts and eggs.** You don't need to avoid giving your infant eggs or infant-safe food with peanuts. Research shows that avoiding these foods does not keep children from getting allergies. However, peanuts and peanut butter are both choking hazards and should not be fed to young infants.

**Let us know!** Keep track of what foods you have introduced to your infant and let your child's caregiver know. Caregivers need to know what foods your infant may receive while they are in their care.

**Older children can develop allergies, too.** Although infants can't tell you about their allergic symptoms, older children might be able to. Here are some things that young children might say when they are allergic to a food:

- It feels like something is poking my tongue.
- My tongue (or mouth) is tingling (or burning).
- My tongue (or mouth) itches.
- My tongue feels like there is hair on it.
- My mouth feels funny.
- There's a frog in my throat; there's something stuck in my throat.

- My tongue feels full (or heavy).
- My lips feel tight.
- It feels like there are bugs in there (to describe itchy ears).
- It (my throat) feels thick.
- It feels like a bump is on the back of my tongue (throat).

[Source: *The Food Allergy & Anaphylaxis Network. Food Allergy News. 2003;13(2).*]

## Resources

[Printable food allergy signs and posters](#) in Spanish and English from the American Academy of Allergy, Asthma and Immunology.

[Kids With Food Allergies](#) a site sponsored by the Asthma and Allergy Foundation of American provides recipes, information, and support for families whose children have food allergies.



## NATIONAL CENTER ON Early Childhood Health and Wellness

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**Our Goal:** To help Head Start and Early Head Start programs implement best practices and effective approaches within the areas of medical and dental care access, health awareness, healthy active living, emergency preparedness, and environmental safety to support healthy outcomes and school readiness for young children and their families.

**Contact Us:** The National Center on Early Childhood Health and Wellness welcomes your feedback as well as your suggestions for topics for future resources! Please forward your comments to: [health@ecetta.info](mailto:health@ecetta.info) or call us at 888-227-5125.

***School readiness begins with health!***