

## Surveillance proposal consultation document

### 2018 surveillance of [food allergy in under 19s: assessment and diagnosis](#) (NICE guideline CG116)

#### Proposed surveillance decision

We propose to not update the NICE guideline on food allergy in under 19s: assessment and diagnosis.

During surveillance, editorial or factual corrections were identified, which will be addressed through editorial amendments.

#### Reasons for the proposal to not update the guideline

No new evidence was identified which suggested NICE guideline CG116 should be updated. No ongoing studies were identified, so it is unlikely that new evidence will be available in the near future.

#### Overview of 2018 surveillance methods

NICE's surveillance team checked whether recommendations in [food allergy in under 19s: assessment and diagnosis](#) (NICE guideline CG116) remain up to date. The surveillance process for NICE guideline CG116 followed the static list review process. It consisted of:

- Feedback from topic experts via a questionnaire
- A search for new or updated Cochrane reviews
- Consideration of evidence from previous surveillance
- A search for ongoing research
- Examining related NICE guidance and quality standards and NIHR signals
- Examining the NICE event tracker for relevant ongoing and published events
- Consulting on the decision with stakeholders (this document).

After consultation on the decision we will consider the comments received and make any necessary changes to the decision. We will then publish the final surveillance report

containing the decision, the summary of the evidence used to reach the decision, and responses to comments received in consultation.

For further details about the process and the possible update decisions that are available, see [ensuring that published guidelines are current and accurate](#) in developing NICE guidelines: the manual.

## Evidence considered in surveillance

### Search and selection strategy

#### Cochrane reviews

We searched for new Cochrane reviews related to the whole guideline. We found 0 relevant Cochrane reviews published between January 2011 and May 2018.

#### Previous surveillance

We also considered studies identified in an evidence update in [2012](#).

The surveillance review in [2014](#) did not identify any new studies.

#### Evidence highlighted by topic experts

Topic experts identified 8 pieces of evidence, of which 6 are within the scope of the guideline. These sources included 5 guidelines in the area (of which 2 are NICE accredited):

- British Society for Allergy and Clinical Immunology (BSACI) guidelines ([Clark et al 2010](#), [Luyt et al 2014](#), [Stiefel et al 2017](#))
- Milk Allergy in Primary Care (MAP) guidelines ([Venter et al 2017](#), [Venter et al 2013](#))
- an allergy focused diet history tool ([Skypalar et al 2015](#)).

### Ongoing research

We checked for relevant ongoing research. No relevant studies were identified.

### Views of topic experts

We considered the views of topic experts, including those who helped to develop the guideline. For this surveillance review, topic experts completed a questionnaire about developments in evidence, policy and services related to NICE guideline CG116.

We sent questionnaires to 11 topic experts and received 5 responses. The topic experts either:

- participated in the guideline committee who developed the guideline
- were recruited to the NICE Centre for Guidelines Expert Advisers Panel to represent their specialty.

Four of 5 experts suggested that the guideline should be updated. Topic experts indicated NICE guideline CG116 could include the management and treatment of food allergy in primary care, and changes could be informed by the more recent food allergy-related guidelines. However, prevention, management and treatment of food allergy is out of remit of NICE guideline CG116; the remit covers assessment and diagnosis only.

Experts also suggested that cross-references could be included to BSACI and MAP guidelines (mentioned above) for information. NICE uses cross-references to external sources sparingly, and rarely where the products are not NICE accredited. In addition, cross-references to external sources are difficult to manage when changes occur. The 2 NICE accredited BSACI guidelines are considered partially relevant to NICE guideline CG116, but were primarily developed for secondary and tertiary care audiences and were broader in their scope as they covered management of food allergies. It is proposed that new cross-references to external guidelines are not included at this time.

Topic experts noted that good quality clinical research in food allergy assessment and diagnosis in children remains very limited and inevitably there has been significant reliance on consensus expert opinion.

Experts indicated that some inconsistencies exist between NICE guideline CG116 and more recent NICE products on food allergy:

- A potential discrepancy was noted between the NICE quality standard [food allergy](#) (March 2016) QS118, statement 3, and NICE guideline CG116 - the source guideline for this quality standard. The quality statement 3 says: 'Children and young people whose allergy-focused clinical history suggests a non-IgE-mediated food allergy, and who have not had a severe delayed reaction, are offered a trial elimination of the suspected allergen and subsequent reintroduction'. One expert was concerned that this statement provided additional information about severe delayed reaction that was not present in NICE guideline CG116 recommendation 1.1.11. We have checked the guideline content and have identified that this statement is based on NICE guideline CG116 recommendations 1.1.11 and 1.1.17. Recommendation 1.1.17 recommends consideration of referral to secondary care where the child or young person has had one or more severe delayed reactions. The quality statement will be updated to clarify that it was based on 2 recommendations, 1.1.11 and 1.1.17.
- Experts also referred to NICE Clinical Knowledge Summaries: [Cows' milk protein allergy in children](#) (2015). This practical resource is for primary care professionals (it is not formal NICE guidance). It includes a section on the management of children with confirmed cows' milk protein allergy, an area that experts indicated could be included within NICE guideline CG116. However, this area is beyond the remit of NICE guideline CG116.
- Experts noted that the NICE [food allergy in under 19s](#) pathway cross-refers to other related NICE guidelines. NICE guideline CG116 will be updated to include relevant cross-references to other NICE guidelines (see editorial amendments below).

Detailed comments were received from 4 of 5 topic experts suggesting changes to recommendations. In some areas the text could be refreshed to address the comments (see editorial amendments below), although other changes would require new supporting evidence. The changes we propose to make include:

- Changes to the language of recommendation 1.1.5. Within the section headed 'Diagnosis' - the terms 'acute' and 'non-acute' in the context of food reactions is potentially clinically misleading. The terms 'immediate' to describe IgE-mediated reactions and 'delayed' for non-IgE-mediated should be used.
- Signpost patients to Allergy UK and Anaphylaxis campaign resources.
- Cross-references to relevant NICE guidelines.

The changes that we do not plan to make include:

- Amendments to recommendation 1.1.1, Table 1, to update the information.
- Changes to the setting or order in which tests are conducted.
- Details of periods and processes for food elimination diets.
- Changes to when and whether advice from a dietitian is needed in primary care.

## Views of stakeholders

Stakeholders are consulted on all surveillance decisions except if the whole guideline will be updated and replaced. Because this surveillance proposal is to not update the guideline, we are consulting on this.

See [ensuring that published guidelines are current and accurate](#) in developing NICE guidelines: the manual for more details on our consultation processes.

## Equalities

No equalities issues were identified during the surveillance process.

## Editorial amendments

During surveillance of the guideline we identified editorial or factual corrections which should be actioned:

- Recommendation 1.1.2: A cross-reference from NICE guideline CG116, recommendation 1.1.2, to [Gastro-oesophageal reflux disease in children and young people: diagnosis and management](#) (2015) NICE guideline NG1 will be included for information. The text will state: For information about gastro-oesophageal reflux disease see NICE's guideline on [Gastro-oesophageal reflux disease in children and young people: diagnosis and management](#) (2015) NICE guideline NG1.

- Recommendation 1.1.3: One of the bullets states: ‘the child or young person's feeding history, including the age at which they were weaned and whether they were breastfed or formula-fed – if the child is currently being breastfed, consider the mother's diet’. The text will be changed to: ‘the child or young person's feeding history, whether they were breastfed or formula-fed and the age of weaning’. An additional bullet will be added to cover the maternal diet history: ‘if the child is currently being breastfed, consider the mother's diet’.
- Recommendation 1.1.4: A cross-reference from NICE guideline CG116, recommendation 1.1.4, to [Faltering growth: recognition and management of faltering growth in children](#) (2017) NICE guideline NG75 will be included for information. The text will state: For information about faltering growth see NICE's guideline on [Faltering growth: recognition and management of faltering growth in children](#) (2017) NICE guideline NG75.
- Recommendation 1.1.5 – The section headed ‘**Diagnosis**’ states: ‘Food allergy can be classified into IgE-mediated and non-IgE-mediated allergy. IgE-mediated reactions are acute and frequently have a rapid onset. Non-IgE-mediated reactions are generally characterised by delayed and non-acute reactions’.
  - Reference to the term ‘acute’ and ‘non-acute’ in the context of food reactions will be replaced with ‘immediate’ to describe IgE-mediated reactions and ‘delayed’ for non-IgE-mediated. The revised text will state: ‘Food allergy can be classified into IgE-mediated and non-IgE-mediated allergy. IgE-mediated reactions are frequently immediate and have a rapid onset. Non-IgE-mediated reactions are generally characterised by delayed reactions’.
- Recommendation 1.1.16: The following text will be added which links to information about Allergy UK and the Anaphylaxis Campaign: ‘See [information](#) for the public’.

## Overall decision

After considering all evidence and other intelligence and the impact on current recommendations, we propose not to update at this time.

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