



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

Surveillance report

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Contents

Surveillance decision	3
Reasons for the decision	3
Overview of 2018 surveillance methods	4
Evidence considered in surveillance	4
Ongoing research	5
Intelligence gathered during surveillance	5
Overall decision	10

Surveillance decision

We will not update the guideline on [food allergy in under 19s](#).

Reasons for the decision

No new evidence was identified which suggested NICE guideline CG116 should be updated.

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 consisted of:

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

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

Using the static list process, we searched for new Cochrane reviews related to the whole guideline. We found no relevant Cochrane reviews published between January 2011 and May 2018.

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

We also considered studies identified in the 2012 [evidence update](#) for NICE guideline CG116, which were not considered to have an impact on recommendations.

Ongoing research

We checked for relevant ongoing research and did not find any studies in the scope of NICE guideline CG116.

Intelligence gathered during surveillance

Views of topic experts

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

- participated in the guideline committee who developed the guideline or
- 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 outside the remit of NICE guideline CG116; the remit covers assessment and diagnosis only. There are no future plans to modify the remit of this guideline to include management and treatment of food allergy.

Experts also suggested that cross references could be included for information to British Society for Allergy and Clinical Immunology (BSACI) guidelines ([Clark et al. 2010](#), [Luyt et al. 2014](#) and [Stiefel et al. 2017](#)) and Milk Allergy in Primary Care (MAP) guidelines ([Venter et al. 2017](#) and [Venter et al. 2013](#)). The 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. Additionally, cross references to external sources are difficult to manage when changes occur. We have not added cross references to external guidelines 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 in statement 3 of NICE's quality standard on [food allergy](#). The statement 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 the 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 thus be updated to clarify that it was based on 2 recommendations, 1.1.11 and 1.1.17.
- Experts also referred to NICE's clinical knowledge summaries on [cows' milk protein allergy in children](#). 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 the guideline.
- Experts noted that the NICE Pathway on [food allergy in under 19s](#) cross refers to other related NICE guidelines. Following this review, the NICE guideline will be updated to include relevant cross references to other NICE guidelines (see [editorial amendments](#)).

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](#)), although other changes will not be actioned as they would require new supporting evidence. The changes we adopted 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.
- Addition of cross references to relevant NICE guidelines.

The suggested changes that we did not adopt, as we did not identify evidence to support them, 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 decision was to not update the guideline, we consulted on the decision.

Overall, 9 stakeholders commented; of these, 3 represented a charity organisation, 1 was a government organisation and 5 were professional bodies. Four stakeholders agreed with the decision to not update the guideline, 2 disagreed and 3 did not state a response.

One stakeholder advised that cross references should be added from NICE guideline CG116 to NICE's guideline on [coeliac disease: recognition, assessment and management](#). We outline where cross references have been added to this guideline in the [editorial amendments](#) section.

Two stakeholders suggested that the guideline should recommend that atopy patch testing should not be used to diagnose IgE-mediated and non-IgE-mediated food allergy in primary care or community settings. The guideline does not recommend the use of atopy patch testing for either IgE or non-IgE food allergy. Recommendation 1.1.10 states: 'Do not use atopy patch testing or oral food challenges to diagnose IgE-mediated food allergy in primary care or community settings'. Furthermore, we have not received any implementation data to indicate that professionals are using atopy patch testing to diagnose non-IgE-mediated food allergy in primary care and community settings, as a result of misunderstanding the guideline. We have not identified evidence that would merit changes to the guideline regarding atopy patch testing at this time.

One stakeholder suggested that recommendation 1.1.18 should be broadened to mention further diagnostic tools that should not be used. This included bioresonance testing and

bioelectric impedance measurement. We have not identified evidence that would support changes to recommendation 1.1.18 or 1.1.19, and do not plan to make changes to recommendations about alternative diagnostic tools at this time.

We consulted stakeholders on a proposed change to the term 'acute' and 'non-acute' in the context of food reactions mentioned in the guideline; the text stated: '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'. Five stakeholders provided a response and all agreed that the text should be revised. Reference to the term 'acute' and 'non-acute' in the context of food reactions will therefore be replaced with 'immediate' to describe IgE-mediated reactions and 'delayed' for non-IgE-mediated. The revised text in the guideline 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'.

See [appendix A](#) for full details of stakeholders' comments and our responses.

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 the following points in the guideline that should be amended.

- Recommendation 1.1.2, bullet 2. A cross reference will be added for information to NICE's guideline on gastro-oesophageal reflux disease in children and young people. 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](#)'.

- Recommendation 1.1.2, bullet 3. A cross reference will be added for information to NICE's guideline on coeliac disease. The text will state: 'For information about coeliac disease, see NICE's guideline on [coeliac disease: recognition, assessment and management](#)'.
- 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 will be added for information to NICE's guideline on faltering growth. The text will state: 'For information about faltering growth, see NICE's guideline on [faltering growth: recognition and management of faltering growth in children](#)'.
- 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 1.1.11. A cross reference will be added for information to NICE's guideline on coeliac disease. The text will state: 'For people undergoing investigation for coeliac disease, see NICE's guideline on [coeliac disease: recognition, assessment and management](#)'.
- Recommendation 1.1.16. The following text will be added, which links to information about Allergy UK and the Anaphylaxis Campaign: 'See NICE's [information for the public](#)'.

Overall decision

After considering all evidence and other intelligence and the impact on current recommendations, we decided that no update is necessary.

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