

Allergies: An Overview

What are allergies?

- *Allergy* is the term used to describe the body's over-reaction to something that it views as foreign or different from itself.
- The body reacts by releasing histamine and other substances that cause allergic symptoms.
- There are many different types of allergic reactions; some are minor and annoying, but some are serious and life-threatening.
- One form of a serious allergic reaction is called *anaphylaxis* (see Anaphylaxis Quick Reference Sheet [page 71]).
- Some other examples of allergic reactions are
 - Stuffy nose
 - Runny nose
 - Itchy, watery eyes
 - Hives (urticaria)
 - Eczema (atopic dermatitis)
 - Contact dermatitis
 - Wheezing
 - Itching of the roof of the mouth
 - Swelling of the throat or mouth
 - Swelling of the skin (angioedema)
 - Stomach cramps
- A child can be allergic to many things. Some children have a tendency toward allergies and may have many of the symptoms. The things that people are allergic to are called *allergens*.
- Some common things that children are allergic to include
 - Foods, especially peanuts, tree nuts, soy, milk, wheat, eggs, fish, and shellfish
 - Pollen
 - Mold or mildew
 - Dust mites
 - Animal dander, especially from cats and dogs
 - Inhaled scents (Perfume, incense, and smoke are irritants that cause symptoms, but they are not allergens.)
 - Medications
 - Topical substances (substances that are placed onto the skin such as creams and lotions)
 - Insect stings, bites, or droppings
 - Latex (natural rubber)



PedFACTs

Teach children to cough or sneeze into their upper sleeves.

How common are they?

- Allergies are very common. The Centers for Disease Control and Prevention notes, “Allergies are the 6th leading cause of chronic illness in the U.S. with an annual cost in excess of \$18 billion. More than 50 million Americans suffer from allergies each year.” The Asthma and Allergy Foundation of America notes that allergies affect as many as 30% of adults and 40% of children in the United States. Food allergy occurs in 2% to 8% of children. In a national study of children with special health care needs, 53% had allergies of some type.
- The diagnosis of food allergy is somewhat controversial; however, with some groups saying that food intolerance, such as lactose intolerance or failure to digest milk well, is often misdiagnosed as a food allergy. Further work needs to be done to clarify these controversies, but the rate of allergies, including food allergies, is still very high and cases will likely be seen in most early education and care and school settings.

Allergies: An Overview *(continued)*

What adaptations may be needed?

Dietary Considerations

- See Anaphylaxis Quick Reference Sheet (page 71) for more information about dietary adaptations for children with allergic conditions.
- Some children will have mild allergies to foods and will just need to avoid certain foods.

Physical Environment and Other Considerations

- Always consider using hypoallergenic products such as soaps and cleaning products.
- Change air filters frequently to cut down on airborne allergens. Consider using HEPA filters if someone who has allergies to airborne materials spends time in the facility.
- Include allergies in the educational curriculum. Make a game of allergic symptoms and body parts (eg, watery eyes, stuffy nose, skin rash). Learning about allergies can also be an opportunity to see the ways that our bodies interact with the world (eg, touching, smelling, tasting).
- Post lists of the children's allergies in a place that staff, volunteers, and visitors to the classroom can see. Consider using a special place mat for any child with food allergies that clearly indicates foods to be avoided. Safety concerns outweigh privacy in early education and care facilities, where children are unlikely to know to refuse food that is dangerous for them. A photo of the child and a list of allergens that put that child at risk should be posted where food is prepared and served in early education and care facilities.
- Ask parents/guardians to be specific about their child's allergy. People tend to use the term *allergy* loosely. Find out which allergies are serious and which ones cause minor problems.
- Allergies can change over time. Ask parents/guardians to keep their child's Care Plan updated with respect to allergies.

What are some related Quick Reference Sheets?

- Allergic Skin Conditions (page 67)
- Anaphylaxis (page 71)
- Asthma (page 75)
- Kidney and Other Urinary Tract Problems (for latex sensitivity) (page 157)

What are some resources?

- American Academy of Pediatrics: www.healthychildren.org, www.aap.org, <https://shop.aap.org>, 1-866-843-2271
 - *Allergies and Asthma: What Every Parent Needs to Know*, 2nd Edition (book)
 - HealthyChildren.org, “Allergies” (Web page), www.healthychildren.org/English/health-issues/conditions/allergies-asthma/Pages/Allergies.aspx
 - Sicherer SH, Allen K, Lack G, Taylor SL, Donovan SM, Oria M. Critical issues in food allergy: a National Academies consensus report. *Pediatrics*. 2017;140(2):e20170194
- Asthma and Allergy Foundation of America: “Allergy Overview” (Web page), www.aafa.org/page/allergies.aspx
- Centers for Disease Control and Prevention: www.cdc.gov, 1-800-CDC-INFO (1-800-232-4326)— “Allergies: what's the problem?” (Web page), www.cdc.gov/healthcommunication/toolstemplates/entertainmented/tips/allergies.html

