LEARNING MADE EASY

Allergy & Anaphylaxis Australia Special Edition

Managing Kids' Food Allergies

for dummies
A Wiley Brand

Manage your child's food allergy

Minimise the risks

Be prepared for emergency treatment

Prof. Mimi Tang
The Royal Children's Hospital Melbourne

Prof. Katie Allen
The Royal Children's Hospital Melbourne

Brought to you by:

Allergy & Anaphylaxis Australia
Your trusted charity for allergy support

About Allergy & Anaphylaxis Australia

Allergy & Anaphylaxis Australia (A&AA) is a charitable, not for profit organisation established in 1993. Our aim is to improve awareness of allergy in the Australian community. We do this by sharing current information, education, advocacy, research, guidance and support. Our outreach extends to individuals, families, school, workplaces, health professionals, government, food industry and all Australians.

We are a member-based organisation. Membership has lots of benefits including a members-only forum to connect with other people dealing with allergies as well as members-only newsletters. Join now for free on our website **www.allergyfacts.org.au.**

We can be contacted on our national 1300 728 000 telephone support line, thorough our website (www.allergyfacts.org.au), Facebook page (www.facebook.com/AnaphylaxisAustralia) or via email (**coordinator@allergyfacts.org.au**).

Living with one or more allergic conditions can impact on your quality of life. Talk to us if you need to know more or need to be pointed in the right direction. With more than 20 years' experience and a Medical Advisory Board to consult for advice, we do our best to assist you in a world where research into allergic disease continues. For some questions, no answers currently exist but we can support you. We are part of an international alliance of like-minded organisations and work closely with peak medical bodies including the Australasian Society of Clinical Immunology and Allergy (ASCIA).

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Introduction

Australia is in the midst of an explosion of food allergy and anaphylaxis. If you're reading this book, you likely have a child newly diagnosed with food allergy. And you're not alone. These days, most people know at least one child with a food allergy.

Both your genes and the environment you're exposed to are important factors behind allergic conditions. However, global studies on the varying rates of allergy suggest various environmental and lifestyle factors are the most significant contributors to rates of food allergy and allergic diseases. In particular, improved hygiene, less exposure to microbial organisms, changes in diet and reduced exposure to vitamin D are thought to be the main factors contributing to the rise in allergy.

While many advances in the area of food allergy have been made, a lot is still to be understood, even by the experts. In the future, experts may be able to recommend which behaviours to change to prevent allergy problems from occurring. For now, no cure exists — you can only manage your child's food allergy by excluding that food from your child's diet.

About This Book

Looking for answers that don't yet exist or for information you want to hear about your child's food allergy only adds to anxiety and confusion. *Managing Kids' Food Allergies For Dummies*, Allergy & Anaphylaxis Australia edition, helps reduce this anxiety and confusion, empowering you with trusted information so you can manage your child's food allergy.

This book can be used in combination with information given to you by the doctors and specialists caring for your child to help you avoid and minimise risks, and know how to treat any adverse reactions.

Icons Used in This Book

The information marked by this icon is important — the kind of stuff you may need to look up again.

This icon points out extra-helpful information.

This icon calls attention to common pitfalls to avoid.

Beyond the Book

A lot of information on food allergies is available online and not all of it is credible. You also need to be careful of what you hear on social media because one person's experience is not everyone's. For further reliable information, we recommend you access these sites:

- `www.allergyfacts.org.au`: The website for Allergy & Anaphylaxis Australia (A&AA), Australia's consumer and patient support organisation.
- `www.allergy.org.au`: The website for the Australasian Society of Clinical Immunology and Allergy (ASCIA), Australia's peak medical organisation.

IN THIS CHAPTER

- Knowing why allergies and allergic diseases happen
- Understanding common food allergies in kids
- Working out whether prevention is possible

Chapter 1

Defining Food Allergies

As the parent of a child with a newly diagnosed food allergy, you no doubt have many questions and concerns. This chapter gives you an overview of allergies and allergic reactions, before focusing in on food allergies, including the common allergies in kids.

Understanding Allergies and Allergic Reactions

An *allergy* occurs when your immune system recognises a substance in your environment as harmful and so mounts an immune response to that substance, which can then lead to symptoms of an allergic reaction every time you're re-exposed to that substance.

Food allergy is a very good example of an allergy. If you have an IgE mediated allergy to peanut, your immune system has recognised various proteins in the peanut (peanut *allergens*) as harmful and generated allergy antibodies (*IgE antibodies*) against these peanut proteins. Now, each time you eat peanut, you develop an allergic reaction with symptoms such as hives, swelling of the face, vomiting or even anaphylaxis (the most severe form of allergic reaction).

REMEMBER

While different types of food allergy are possible, IgE mediated food allergy is the most common. IgE antibodies are one type of antibody that the immune cells called *lymphocytes* can make. These antibodies are really designed to protect you from worm and parasite infections; however, when you develop an allergy, the immune system has instructed

the lymphocytes to make IgE antibodies that recognise food or environmental allergens that you're allergic to, even though these allergens are harmless.

Non-IgE mediated food allergies are also known as *delayed food allergies*. The immune mechanisms that cause delayed food allergies are less well understood, but don't appear to involve the IgE antibody. Instead, other immune cells, such as eosinophils and lymphocytes, are likely to be responsible for these delayed types of food allergies.

People can have allergies to foods, drugs, insects and even latex, and allergies to all of these substances are examples of an allergic disease.

Comprehending Allergic Diseases

Allergic diseases are a group of conditions that are all caused by unwanted immune responses that lead to inflammation in tissues, where that inflammation involves the presence of allergy cells and allergy promoting factors such as mast cells, IgE antibodies, T helper type 2 lymphocytes, or eosinophils.

DEFINING ATOPY

Most people with allergic disease(s) have an underlying genetic tendency or predisposition to develop unwanted allergic responses to allergens, which is called *atopy*.

If you have this genetic predisposition, or atopy, you're more likely to develop an allergic disease and make allergy antibodies (IgE antibodies) to substances in the environment that are normally harmless (such as foods or pollen). When you make allergy antibodies to an allergen, you're said to be *sensitised* to that allergen. But not all people who are atopic develop an allergic disease — just as not all people who are sensitised develop an allergic disease.

Having one allergic disease increases the chances that you develop other allergic diseases, and many children who have eczema or food allergy go on to develop asthma and hayfever. This doesn't mean that one allergic disease is the cause of other allergic diseases. More likely, people develop more than one allergic disease because they have an underlying atopic predisposition, and so are at greater risk of developing any of the allergic problems.

The allergic diseases include asthma, eczema, hayfever, food allergy, drug allergy and insect allergy. For the specific allergies, such as food allergy or bee sting allergy, the allergic inflammation only occurs when you're exposed to the thing (allergen) that you're allergic to. So, you can be symptom-free if you avoid the allergen that triggers your symptoms. This is an important difference between the specific allergies and the other allergic conditions such as asthma or eczema.

Describing Kids' Food Allergies

The term *food allergy* is bandied about quite a lot, and is often used incorrectly to describe any bad reaction to a food. A lot of confusion also surrounds what a food allergy is and what a *food intolerance* is; many people use these labels interchangeably, but these are very different conditions. Because of this confusion, over ten years ago the World Allergy Organization brought together a team of experts to develop consensus definitions describing the different reactions to foods.

According to these experts, any reaction to a food that's reproducible is a *food hypersensitivity*, and these can be divided into *food allergies* or *food intolerances* depending on what causes the reaction.

Defining food allergies versus intolerances

Not all reactions to food are caused by an allergic mechanism. Adverse reactions to food can result from enzyme deficiency (such as lactose intolerance), food poisoning (from foods contaminated with bacteria or toxins), or from other illnesses, such as irritable bowel syndrome, reflux or inflammatory bowel disease.

Food intolerance describes all reproducible reactions to foods that aren't food allergies. While food allergies are caused by the immune system recognising the food as harmful, food intolerances are caused by substances within the food itself that can cause a bad reaction (such as histamine-releasing compounds in strawberries), or problems in the body that make it difficult to digest the food (such as lactose intolerance, where a person lacks the enzyme lactase that breaks down lactose in foods).

REMEMBER

Food allergies, and more particularly IgE mediated food allergies, are the only types of reaction that are associated with *anaphylaxis* (a severe allergic reaction affecting the breathing and/or circulation) — which can be life-threatening.

Identifying common food allergies in kids

The most common food allergies in children are to egg, milk and peanut, followed by soy, wheat, tree nuts and sesame. Children can also develop allergies to fish and shellfish, although these more commonly develop in adults. These nine foods cause more than 90 per cent of all food allergies in Australia.

Even though most food allergies are caused by just a small number of foods, a person can develop an allergy to any food provided the food contains protein or complex carbohydrate molecules that can be recognised by the immune system.

For more information on specific food allergies, go to `allergyfacts.org.au/allergy-anaphylaxis/food-allergens`. You can then click on food type (such as egg, milk or peanut).

Preventing versus Curing

In 2016 ASCIA released new guidelines for practices that may help reduce the risk of infants developing allergies, particularly early onset allergic diseases such as eczema and food allergy. As mentioned, infants with a family history of allergic disease are at higher risk of allergies; however, infants with no family history can also develop

allergies. Therefore, these guidelines are relevant for all families.

ASCIA's key recommendations are as follows:

- When your infant is ready (usually around six months but not before four months), start introducing a variety of solid foods, starting with iron-rich foods, while continuing breastfeeding.
- In the first year of life, give allergenic solid foods to all infants, including peanut butter, cooked egg, dairy and wheat products. This includes infants at high risk of allergy.
- Hydrolysed (partially and extensively) infant formula is not recommended for prevention of allergic disease.

WARNING

No evidence exists that elimination diets in the mother during pregnancy or breast-feeding prevent allergic disease in the baby, and these aren't recommended.

REMEMBER

Currently, no cure exists for food allergies. So if your child has been diagnosed with a food allergy, the only way to manage your child's food allergy is to exclude that food from your child's diet.

IN THIS CHAPTER

- Knowing the signs and symptoms of allergic reactions
- Understanding symptoms
- Outgrowing allergies

Chapter 2

Understanding What Happens during Allergic Reactions

Having a child with a food allergy — especially one with the potential to cause severe reactions like anaphylaxis — can be scary. But knowing more about these reactions and how to read symptoms can help. This chapter takes you through these areas.

Reacting Badly to Food

The body can react badly to a food for many different reasons. A reaction may occur because of chemicals in the food, because the body can't break down the food properly or because the person's immune system recognises the food as harmful and so reacts to the food.

When the immune system incorrectly interprets food as harmful, you get a food allergy. Now, each time people with egg or peanut allergy eat egg or peanut, their immune system causes an allergic reaction.

Understanding why some kids have allergies and others don't

Often, one child in a family has a food allergy while their siblings, raised in exactly the same environment, don't. This tells us that genes aren't the only factor that determine whether or not a child gets a food allergy, and also that the environmental and lifestyle factors that influence the risk of developing allergic disease — including the environmental factors a mother is exposed to while she's pregnant with her child — are complex.

Also, we know that the genes interact with the environment and this interaction is what ultimately regulates the immune system towards a healthy state of tolerance or towards the development of allergy.

REMEMBER

Although some families have multiple children with food allergies, this situation is actually the exception rather than the rule. Food allergy does tend to run in families, but researchers can't find any direct inheritance links. Lifestyle factors are far more likely to cause food allergies than inheriting allergy genes from your parents.

Knowing the signs and symptoms

Food allergy reactions can be mild to moderate or severe. The symptoms of an IgE mediated food allergy reaction are much the same for allergies to all types of foods. Allergists usually divide food allergies into two categories:

- **IgE mediated food allergies (also known as *immediate food allergies*).** Symptoms include *hives* (itchy lumps that look like mosquito bites), swelling of the face, lips or eyes, vomiting or anaphylaxis (when the breathing and/or blood circulation and blood pressure are affected). Any one or a combination of these symptoms usually occurs within 20 minutes of food ingestion. Although not as common, symptoms sometimes can take as long as two hours to occur. The symptoms of an IgE mediated food allergy reaction are described in more detail in the following section.
- **Non-IgE mediated and mixed IgE/non-IgE mediated food allergies (also known as *delayed food allergies*).**

Delayed reactions usually cause gut problems, with the most common symptoms being vomiting, diarrhoea and abdominal pain, usually occurring several hours after ingestion of the food.

REMEMBER

An important difference between delayed and immediate (IgE mediated) food allergies is that delayed food allergies don't cause anaphylaxis.

Explaining Immediate Food Allergies

Parents often become anxious when their child is diagnosed with an immediate food allergy. With education and forward planning, however, the incidence of allergic reactions can be reduced — being 'alert, but not alarmed' is important.

The key features of an immediate food allergy reaction are, firstly, that symptoms develop rapidly after eating the food (typically within 20 minutes and usually within two hours) and, secondly, that changes can affect just four parts of the body — your skin, intestines, airways and circulation. Immediate allergic reactions to foods can range from mild skin reactions to severe, life threatening anaphylaxis. The parts of the body that become involved in an immediate allergic reaction are what determine whether a reaction is classified as mild, moderate or severe.

REMEMBER

The majority of immediate allergic reactions are mild or moderate with skin symptoms — severe reactions, however, have become more common in recent years alongside the increasing prevalence of food allergy. If your child has had a severe reaction before, she is more likely to have a severe reaction than someone who has only had a mild or moderate reaction. Everyone must be prepared to reduce the risk of having a reaction by checking ingredients, disclosing food allergy, and knowing the signs and symptoms and what to do when a reaction happens. (We discuss these aspects in Chapters 4 and 5.) But being constantly anxious and fearful only increases your child's anxiety and affects the quality of your family's life.

Understanding mild to moderate reactions

Immediate food allergy reactions only affecting your skin or intestines are considered mild to moderate because they don't pose a risk to a person's life. Skin symptoms include redness, itching, hives and/or swelling of the skin tissue. These changes in the skin are most commonly seen around the lips and eyes (on the face), but can involve the entire body.

Parents are understandably frightened when they see these changes developing within just a few

minutes — for example, their child's face, lips and eyes can become swollen and distorted to such an extent that the child is unrecognisable. However, we can assure you that these changes in the skin, while disfiguring and frightening, don't put your child's life at risk.

When the intestines are involved, you can develop vomiting, nausea, tummy pain and sometimes diarrhoea. As is typical for the immediate food allergies, these symptoms develop soon after you eat the food you're allergic to, usually within two hours. The gut reactions that occur with immediate food allergy can be very distressing for the person experiencing them but aren't life-threatening.

REMEMBER

Being able to recognise how severe your child's allergic reaction is means you can then work out what you should do to manage the reaction, and how rapidly you need to take action, using the ASCIA Action Plan your doctor has completed for your child to step you through the allergic reaction (see Chapter 5).

Demystifying anaphylaxis

If your child's allergic reaction affects the airway, your child's ability to get oxygen can be compromised. If the reaction affects the circulation, the delivery of blood (and, therefore, oxygen) to the brain and heart can be reduced. These serious reactions are called *anaphylaxis* and they can pose a risk to life.

SIGNS OF MILD TO MODERATE ALLERGIC REACTIONS AND ANAPHYLAXIS

Signs of a mild to moderate allergic reaction:

- Swelling of the lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (note that these are signs of anaphylaxis for insect allergy)

Signs of anaphylaxis — *any* one of the following:

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Wheeze or persistent cough
- Difficulty talking and/or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (young children)

A severe anaphylaxis reaction caused by foods usually affects the airways and only rarely involves the circulation. If the airway is involved, you can experience persistent coughing, hoarse voice, wheezing, noisy breathing or difficulty breathing. If the circulation is involved, dizziness, loss of consciousness and collapse may occur.

REMEMBER

Although allergic reactions often present with skin symptoms, individuals can have a severe reaction without any signs of hives or swelling.

Growing Out of Food Allergies

Some food allergies are more likely to be lifelong than others. For instance, only one in five children outgrows either a peanut or tree nut allergy, and only one in ten people outgrow fish and shellfish allergies. Sesame is also rarely outgrown.

On the flip side, the most common childhood food allergies — egg and cow's milk allergy — have a better outcome, and more than 80 per cent of children with these allergies outgrow them some time during childhood. Wheat and soy allergy also tend to resolve during childhood.

No-one knows why some food allergies are more likely than others to persist but experts do know allergens in

egg and cow's milk become less allergenic when cooked or baked, while the same isn't true for the allergens in nuts, fish and shellfish. In fact, the reverse may be the case for peanut allergens, where dry roasting appears to increase the potency of peanut allergens. Whether this has anything to do with how likely it is the allergy will be outgrown is yet to be seen.

INTRODUCING NEW FOODS AFTER A REACTION

If your baby or toddler has had an allergic reaction to a food, you'll likely be cautious when introducing new foods, especially common allergens.

Talk with your doctor, nurse or dietician about how to introduce these allergenic foods. Points to consider include feeding the child away from sleep time, on a day someone else is around, and not on a public holiday or when away on holidays or when the child is unwell.

Put a small amount of the food just inside the child's lip as a first step (not on the child's skin). If they behave normally and have no skin symptoms after a few minutes, put a small amount on a spoon and give it to them, and then keep

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an eye on them for a couple of hours. You can then gradually increase the amount of the food over the next few days, each time watching out for symptoms of a reaction for a couple of hours afterwards. Most children who have an allergic reaction will have it within 20 minutes of eating the food. If your child already has a food allergy, you should have an ASCIA Action Plan that helps you understand what to look out for.

For more information on introducing solids to babies, go to `www.allergy.org.au` and search 'introduce solid foods' or call A&AA on 1300 728 000 for a chat.

IN THIS CHAPTER

- Looking for allergen-specific IgE antibodies
- Testing for immediate or delayed allergies
- Understanding the testing options

Chapter 3

Testing Time: Diagnosing Food Allergies

If your child has a suspected food allergy, testing for the specific food or foods that might be causing the allergy is the first step in working out a management plan. This chapter takes you through the testing options.

Finding the Cause of Reactions

An allergy test that looks for allergen-specific IgE antibodies (allergy antibodies that recognise allergens) shows if your child has made an IgE antibody against a particular food. Allergen-specific IgE antibodies can be measured in the skin (skin prick test) or in the blood (blood test). The presence of this allergen-specific IgE antibody against a food only means that your child has become *sensitised* to that food — or, in other words, that your child's immune system has recognised that food and mounted an immune response to it. The presence of these antibodies doesn't always mean that your child is allergic to the food. (Indeed, more than 50 per cent of children who have a positive allergy test to a food don't have a clinical allergy to that food and can tolerate that food without having any reaction.)

REMEMBER

Researchers have shown that the higher the level of the specific IgE antibody to a food, and the larger the skin prick test size, the more likely it is that the child does in fact have a clinical allergy (that is, the signs and symptoms of allergy). However, the level of specific IgE antibody and skin prick test size do not correlate with severity of reaction. In other words, a higher level or a bigger skin test does not mean the reaction will be more

severe. At this time, no reliable tests can predict how severe a reaction will be.

Comparing Testing

If your child has symptoms that occur within minutes of ingesting a food, your child should have doctor-based testing for an IgE mediated food allergy. Allergen-specific IgE testing is very reliable — if your child has a negative allergen-specific IgE test, this result effectively rules out the chance that your child has the type of food allergy that can cause anaphylaxis (that is, an IgE-mediated food allergy).

However, a negative allergen-specific IgE test result doesn't rule out a food allergy altogether — other, non-IgE mediated and mixed IgE/non-IgE mediated, forms of allergy can still be present. What's reassuring about a negative test is that your doctor can guide you in the diagnosis of other forms of food allergy safely at home. This involves a process of eliminating particular foods from the diet and seeing if symptoms go away with food removal and then come back with food reintroduction.

WARNING

Delayed food allergy includes Food-Protein-Induced Enterocolitis Syndrome (FPIES), which can present with excessive vomiting. For more information on delayed reactions, go to `www.allergy.org.au` and search 'Food — other adverse reactions'.

Testing for IgE Mediated Food Allergies

The most important way to work out whether your child has an IgE mediated food allergy is for your doctor to take a thorough history — so be prepared to be cross-examined! Your doctor asks about how soon after eating the food your child developed allergic signs and symptoms, and what those signs looked like. Your doctor also asks lots of questions about the food that your child ate — how much and whether the food was fully cooked, partially cooked or raw.

As well as going over the symptoms of the presumed allergic reaction, your doctor will ask you whether your child has tolerated the food in question either before or since the reaction. Your doctor also examines your child, looking for other signs of allergic conditions such as eczema, asthma and hayfever.

Once your doctor is satisfied your child's symptoms may have been caused by food allergy, various tests may be ordered, such as skin prick tests, blood tests and, sometimes, hospital-based food challenges.

Using skin prick tests

The mainstay of testing for IgE mediated food allergy is to test whether the immune system has produced IgE

antibodies to the food allergen in question. And the simplest way to test for this is to do a skin prick test (SPT). SPTs don't hurt but the arm or back can become very itchy. The test procedure is as follows:

1. **A small prick device that carries a drop of test extract is gently pricked onto the skin.**
2. **Additional tests using histamine and saline are applied as a positive control and negative control for the test.**
3. **The test is allowed to develop for 15 minutes and is then read.**

Reading the SPT involves measuring the diameter of any lump (or *wheal*) that appears at the site of the testing. A negative outcome is recorded if no itchy lump occurs, or if the lump is less than 3 millimetres in diameter. A positive outcome is recorded if the diameter of the wheal size is 3 millimetres (or more) bigger than the negative saline control.

Checking blood samples

Some doctors choose to do a blood test for food-specific IgE antibodies. In this test, your child's doctor orders a small blood sample to be taken and sent to the laboratory. You need to return to your doctor's clinic for review, or contact the doctor to obtain the results.

Allergists prefer SPTs over blood allergen-specific IgE tests because patients can be told the results and a management plan implemented immediately.

Challenging food allergies in hospital

Hospital-based food challenges are the gold standard tests for diagnosing all food allergies — both the IgE mediated and the delayed food allergies. These food challenges are undertaken when a food allergy diagnosis is in question. For example:

- Symptoms and test results don't correspond with each other — an allergic reaction has occurred but the test is negative and parents are sure that the food caused the reaction.
- The SPT or allergen-specific IgE blood test is positive but the child hasn't eaten the food before so it's unknown whether clinical allergy exists or just sensitisation without allergy.
- The reaction happened after eating a number of foods (as part of a meal).
- Symptoms of the allergic reaction are unclear.
- The SPT has decreased over time and is now approaching negative.

» Your child has reached an age when they're likely to have outgrown their allergy.

The test takes at least four hours, sometimes longer, and involves feeding a child the food in question — starting with a small amount, usually touched to the inside of the lip, and increasing the amount every 15 to 20 minutes until a standard serve size is reached (for example, 100 millilitres of milk, or one egg). The allergen is usually mixed with a food your child enjoys and tolerates, such as apple puree or yoghurt. Your child then continues on this highest dose once a day for a week.

TIP

Sometimes the food needs to be hidden so that your child can't be influenced by whether he thinks he has eaten the food and develop suggestible symptoms such as a tummy ache.

Children are monitored throughout the challenge to check for allergic signs and symptoms. If the child has a food allergy, the child develops typical symptoms of hives, face swelling, vomiting, tummy pain or anaphylaxis, which can be treated immediately by the doctor and/or nurse supervising the challenge. If no food allergy is apparent, the child is able to eat the amount of food given without developing any symptoms.

REMEMBER

Most doctors recommend that you avoid antihistamines for a period leading up to allergy testing. Check with your doctor on what's required for your child.

Once the first clearly objective allergic sign is identified, the challenge is stopped. Children are usually observed for a minimum of one to two hours after the last dose (if they don't react to the challenge) or after an objective allergic reaction (in a positive challenge). And a staff member usually calls the next day and after one or two weeks to check that your child hasn't developed a late reaction.

TIP

If your child doesn't react to a food challenge, incorporating the food into their normal diet and continuing regular intake of the food is a good idea. This is because some rare reports exist of someone regaining their allergy, and continuing to eat a food is the best way to maintain tolerance.

IN THIS CHAPTER

- Avoiding and minimising risks
- Preparing food at home and eating out and about
- Dealing with your own expectations and getting help from a dietitian

Chapter 4

Managing Your Child's Food Allergy

Looking after a child with food allergies can be a daunting task for parents, and also for school and childcare staff, family and friends responsible for the child. This chapter takes you through what you'll have to look out for and how to manage reactions in different scenarios — so you feel empowered rather than daunted.

Managing Allergies Day by Day

Managing food allergies involves four key elements:

- Avoid food allergens
- Manage situations that have an increased risk for your child accidentally eating their food allergen
- Learn how to recognise an allergic reaction and how to treat an allergic reaction in an emergency
- Control medical problems such as asthma and hayfever, which can increase the risks of anaphylaxis

The following sections take you through the first two of these key elements.

Avoiding the foods that cause trouble

No cure yet exists for food allergies. So if your child has been diagnosed with a food allergy, the only way to manage your child's food allergy is to exclude that food from your child's diet.

This may sound like a fairly simple instruction, but avoiding the common food allergens isn't easy, because these allergens are used extensively in cooking and in

food from almost all cultures around the world. So you need to take great care when you're doing your shopping and when you and your family are eating out.


TIP

If your child is still breastfed, removing known allergens from your diet may be required for some food allergies — your doctor can advise you on whether this is important for your child's allergy.


REMEMBER

One of the most practical things you can do to help avoid a food allergen is to closely read ingredient labels on packaged foods, because this helps you work out whether an allergen is present in that food.

You need to understand two things about manufacturers in Australia and New Zealand. They must declare information about common allergens used as product ingredients but providing information about possible contamination with an allergen is *voluntary* (not required by law).

Here's a summary of what to look out for:

- **Mandatory listing of common allergens:** These are governed by requirements in the Australia New Zealand Food Standards Code. The code specifies the mandatory declaration of the nine most common allergens and their products on the ingredient list of packaged foods. These include any products containing gluten, cow's milk, egg,

peanut, tree nuts, sesame, soy, crustaceans (shellfish) or fish.

- **Voluntary statements:** These include statements such as 'may contain traces of . . .', or 'made in a facility that also produces. . . .', and are sometimes listed by manufacturers to indicate the possibility of cross-contamination with allergen during the production process. Such statements are voluntary and may or may not be based on any testing or measurement of allergen levels in the food.

TIP

When interpreting voluntary statements, take a sensible approach. The level of caution you need to take depends on how severe your child's food allergy is. So, for example, if your child is extremely sensitive and has had serious allergic reactions or anaphylaxis after eating very small amounts of peanut, be more cautious. Certain foods, such as health food bars, chocolate, ice cream and cereals, are more likely to be cross-contaminated with peanut or tree nuts, so you'd need to avoid such foods and only purchase those foods that do not include peanut or tree nuts in the ingredient list or voluntary statement.

Minimising the risk of accidental exposure

Reading ingredient labels and buying foods that are safe for your child to eat are important ways you can help prevent your child having an allergic reaction to a food allergen. But situations do occur when your child isn't with you and you're not available to offer guidance on what to eat or drink. These types of situations include birthday parties, when you're visiting friends or eating out, at school camps and other school trips, and when eating at buffets or cafeterias (where food may not be labelled or can be cross-contaminated).


TIP

Cross-contact or cross contamination is what happens when a small amount of an allergenic food is unintentionally mixed with another food during storage, cooking, packing or serving of food.

When your child is in any high-risk setting (such as parties, picnics, movies or school camps and excursions), you or the person responsible for your child (or your child if she's old enough), should be sure to speak to the people preparing and serving food to let them know of particular food needs. In many cases, taking appropriate food from home is less risky and a better option.

Unfortunately, at some eating places you may not be able to access the information you need to make an informed choice on just how much of a risk a particular food is.

Avoiding eating at these places is safest. With food allergy, risk can be reduced but not removed. Don't expect a guarantee because chances are you will be told no menu item is safe. Weigh up the risk and make a decision based on the information you are given.

REMEMBER

Despite everyone's best efforts, accidents do happen. Because of this, being able to recognise and manage an allergic reaction is just as important as knowing how to avoid allergenic foods. (See Chapter 5 for information on ASCIA Action Plans — that is, emergency response plans and treating allergic reactions.)

Educating others

When speaking to others about caring for your child, make sure you discuss management of meal times as well as snack times and dealing with special treats or birthday cakes.

If your child has been prescribed an adrenaline (epinephrine) autoinjector, also make sure you discuss its storage, and using the autoinjector in an emergency (including who is responsible for this and when).

REMEMBER

When talking to other adults who look after your child, clear, calm and precise information is key. While you shouldn't sensationalise potential outcomes for your child, you also shouldn't downplay possible risks. Carefully

explaining the ASCIA Action Plan for Allergic Reactions (green) or Anaphylaxis (red), and how and when to use an adrenaline autoinjector are essential for ensuring all carers are well prepared. (See Chapter 5 for more about ASCIA Action Plans.)


TIP

If you're going to leave an autoinjector with a carer or supervising parent, you should arrive early at the party or, better still, arrange a time before the party to meet with the parent and explain what's involved.

By avoiding last-minute education sessions that are hurried and often not well understood, you avoid making other parents scared and annoyed about having to deal with your child's needs. You have also educated one more person — which is a great thing in itself.

Caring for Kids at Home and on the Go

Cooking for, and eating out and travelling with your child with a food allergy all bring specific aspects to be aware of. This section takes you through these aspects.

Preparing food in the home

Cooking, eating and sharing food is an essential daily activity for all of us; however, when you throw food allergy into the mix, parents can be understandably concerned by how careful they have to be when preparing foods for their child.


TIP

Every child is different and your doctor or allergist is the best-placed person to help you understand your child's particular risk profile. So talk with your child's allergist about how careful you have to be.


REMEMBER

Food bans in the home aren't necessarily the best approach — either for the child who has the food allergy or for other members of the family who don't have allergy. Continuing to have the allergy-causing food in the home so that other family members can still eat foods that they enjoy is generally better — but just take extra care in ensuring that such foods are placed well away and out of reach of your child who has the allergy while that child is still young.

Here are some tips on how to best prevent cross-contamination while cooking at home:

- **Preparation:** To form safe food preparation habits, consider these suggestions:

- Use two sets of kitchen equipment, most notably two cutting boards. Plastic cutting boards are less likely to absorb the allergen and are easier to clean.
- Be aware of contaminating non-allergenic food storage containers with allergens through knives, spoons and measuring cups.
- Use a clean utensil or cup when dipping into storage containers as a habit to prevent cross-contamination between foods.

» **Cooking:** Ensuring food is cooked without cross-contamination also requires some care. Ensure cooking utensils aren't shared and pots aren't close enough for food to splash between. When cooking food, be aware that frying can make food allergens airborne and result in an allergic reaction. For example, although rare, fumes from cooking shellfish and fish can cause anaphylaxis if inhaled by people with these allergies.

» **Serving:** Never use a utensil used to serve an unsafe food to serve a safe food. Be vigilant about keeping the serving utensil with its respective serving dish. Consider colour coding these items.

Storing food

If you do decide to keep allergens in the home, make sure you store all allergenic foods in clean, sealed containers.

If you have a toddler with food allergy, consider storing these foods out of reach or behind a childproof latch.

REMEMBER

One benefit of having your child's allergenic foods in your home is that you can help him learn how to be careful about what he eats when he is around his food allergen at home, and he will then be better prepared for situations when he's not at home.

Cleaning the kitchen and home

Here are some good tips for keeping your home clean and safe for any children with allergies:

- **Use warm soapy water (and some good old-fashioned elbow grease) to clean surfaces.** These physically remove the allergen. (Antibacterial agents don't 'kill' allergens.)
- **Wash tea towels and dishcloths in hot water in your washing machine**. Some families prefer to use plastic and vinyl tablecloths because they're easier to wipe down, and use disposable cloths for cleaning.
- **Search out barbeque grill trays to allow you to cook outside without worrying.** These fire-resistant products (usually made of a Teflon-like product) can be lifted off the grill easily, and even washed in the dishwasher. Alternatively, you can use a double-thickness layer of aluminium foil.

Eating out with kids with food allergies

Eating out with kids who have food allergies doesn't need to be difficult but it does require forward planning and a willingness to communicate your child's needs clearly and simply. Showing children with food allergy how to advocate for their needs is an important education, particularly for those unlikely to outgrow their food allergy and who need to learn to respectfully make their needs known in new situations.

Whether you're eating out at a restaurant or a friend's house, always call ahead to discuss requirements. Most restaurants are more than happy to accommodate your requests — and if they aren't, knowing this before you turn up to the venue is best. Similarly, many people have special dietary requirements, whether for medical, cultural, ethical or religious reasons, so your requests to friends are unlikely to cause alarm.

Calling ahead also adds credence to the food allergy — if you find it important enough to plan ahead, the restaurant staff are more likely to take your request seriously. And providing some advance warning gives the restaurant staff an opportunity to strut their stuff and show you how successfully they can create alternatives.

REMEMBER

When friends invite you and your family for dinner, ensuring your friends are aware of your child's allergies is down to you. As a courtesy, you need to give them prior warning that you have special dietary requirements.

Some people feel supplying their child with food prepared at home is less complicated — this includes the food 'goodie bag'. Other ideas may include (depending on the circumstances) emailing a list of what your child can or can't eat, providing a copy of some safe recipes or even lending one of your own allergy cookbooks.

Travelling with food allergic kids

The key to travelling safely with food allergic kids is simple: Plan ahead.

Clearly, the rules about food safety change when you travel overseas, particularly to developing countries, because not only are the language and typical menu different, but the food labelling laws may also be less strict. If your child has an allergic reaction, the medical system is also likely to be different from your own.

REMEMBER

Make sure you discuss with your child and the rest of the travel party what issues you think are likely to be important. If you're staying in one or only a few places, consider contacting your accommodation well ahead

of time to gather more local information about medical services and to scope out the size of the communication barrier. Accommodation with your own cooking facilities may be a great idea.

Obviously, some travel destinations are more difficult than others — major cities in Australia, New Zealand, the United States and Europe have similar regulations around declaration of food allergens in ingredient labels and also offer similar levels of medical care, with only European destinations potentially presenting any language barriers.

When eating away from home you need to be careful and make sure you disclose your allergy clearly and order menu items with fewer ingredients and so less room for error. Do your research and always have a stash of safe food so you are not tempted to take a bigger risk than you would otherwise.

If flying with your child, the most important risk to assess is what your child actually ingests on the plane. Best practice is to take your child's food with you.


TIP

Be sure to take out travel insurance and read the fine print in relation to food allergy and anaphylaxis. You may need to pay a little more to make sure the risk of anaphylaxis is covered.

REMEMBER

Make sure you pack your child's ASCIA Action Plan and adrenaline autoinjector (if your child has one) in the cabin of the plane. Visit your doctor before travel to get an ASCIA Travel Plan, which explains the need to carry medication and food in the cabin of the plane, and for information on possible extra medication you might need to take with you.

TIP

Check out `www.allergyfacts.org.au` for much more information on managing your child's allergies, including travel, label reading and eating out.

Managing Your Own Expectations and Emotions

Feeling anxious about having to manage your child's food allergy is very normal. Understanding more about how to manage food allergy makes you feel less anxious and more able to manage it. In fact, you don't have to remove the food from your home, your child's siblings can still enjoy the food, and you can take control to help keep your child safe even when not at home. (Refer to earlier sections in this chapter for more on managing your child's allergy.)

As your child gets older, situations will arise when you're not with your child and your child needs to take

responsibility for avoiding the food they are allergic to. In order to prepare your child for such times, you can slowly teach them to tell people they have an allergy, ask questions of trusted adults and always read ingredient labels on food products. As a first step, children might mainly eat food offered by Mum or Dad but as they get older, the approach to managing their food allergy can be altered depending on the child's level of understanding.

REMEMBER

Different people have varying comfort levels in their approach to avoiding food allergens, and your level of comfort in part depends upon how severe your child's food allergy is. However, in general, being cautious without imposing too many restrictions on your child and your family's life is best. Food is a big part of enjoying life and, although making sure your child can avoid the food allergen is of the utmost importance, minimising the impact on other aspects of your child's life and also on your family's diet and lifestyle is equally important.

As children approach school age, they need to start taking some responsibility for themselves in avoiding the food they're allergic to. They begin to spend more time away from home and away from your care — they may be invited to play at a friend's home or to birthday parties, when you can't always be there to help them avoid the food they're allergic to. In order to prepare your child for these situations, you can start to teach him how to be

careful around the home and how to check whether an allergen might be in a food he has been offered before eating the food. By growing up in a home that has the allergy-causing products around, your child with food allergy becomes familiar with how to be careful about what he eats, and he's better prepared for situations when you're not around.

Medical experts and parent support groups don't recommend food bans in schools. Minimising the allergen where possible, and having several strategies to reduce risk is what works in childcare and school. As children get older they learn how to manage their food allergies and become familiar with ways to minimise the chances of accidental ingestion.

Enlisting the Help of a Dietitian

Once your doctor has diagnosed your child with a food allergy, a dietitian may become a very important person in your lives, especially if your child has cow's milk or egg allergy (common ingredients in many foods), or multiple food allergy. A dietitian specialising in dietary management of food allergy can help you to manage your child's food allergies with confidence.

A dietitian can help you and your child

- Learn how to read ingredient labels with more self-assurance and knowledge
- Make sure that your child's diet is nutritionally adequate when different foods have been removed
- Offer you recipes that exclude food allergens
- Provide practical advice on replacing food allergens with alternative ingredients

TIP

Dietitians usually specialise in a particular area of care, so try to find a dietitian with experience in working with allergists and with food allergies in children.

Your doctor should be able to refer you and your child to an appropriate dietitian in your area. You can also contact the Dietitians Association of Australia (DAA — www.daa.asn.au).

IN THIS CHAPTER

- Working through the ASCIA Action Plan
- Knowing how to treat allergic reactions
- Reviewing information you may have missed

Chapter 5

Being Prepared for Emergency Treatment

The best way to be prepared for an emergency is for your child to have an up-to-date personal ASCIA Action Plan provided by your child's doctor, and for you and your child to be very familiar with the information contained in this plan. In this chapter, we discuss what details are included in an ASCIA Action Plan and run through how to treat allergic reactions.

Using the ASCIA Action Plan

Personal ASCIA Action Plans should always be completed by your child's doctor. The plan contains accurate information about your child's allergy, signs and symptoms to look for, emergency response as well as parent contact information.

Children who have been prescribed an adrenaline autoinjector are given an ASCIA Action Plan that includes information on how and when to use the medication. Your child's doctor must update your child's ASCIA Action Plan for anaphylaxis with every new prescription of an autoinjector — that is, every 12 to 18 months. They should also discuss content with you (and your child, if old enough).

If your child has food allergy but has not been prescribed an adrenaline autoinjector, they should still have an ASCIA Action Plan to help with recognising and managing allergic reactions in emergency situations.

TIP

If your child has been prescribed an adrenaline autoinjector, your doctor will complete the ASCIA Action Plan for Anaphylaxis (red). The ASCIA Action Plan for Allergic Reactions (green) is used when no adrenaline autoinjector has been prescribed.

REMEMBER

Your child should carry their personalised ASCIA Action Plan with them at all times, together with their allergy medicines. The food/s listed on the ASCIA Action Plan need to be accurate, so that no confusion can occur about what your child is allergic to.

Describing symptoms and treatment

All ASCIA Action Plans note the various symptoms of an allergic reaction and describe the symptoms that can develop when someone is having a mild to moderate reaction or severe reaction (anaphylaxis).

The ASCIA Action Plans also provide treatment instructions that are very simple to follow and help a person manage an allergic reaction with a step-by-step approach. The different plans have different instructions for children who have been prescribed an adrenaline autoinjector and those who have not. Having clearly presented and readily available information about how to manage allergic reactions is vital. Even people who are already familiar with how to manage allergic reactions can refer to the ASCIA Action Plan and feel more confident about what they're looking for and what they need to do when an allergic reaction happens.

Listing important phone numbers

All ASCIA Action Plans have a space to put a photo of the child for whom the plan is being developed, as well as contact details for an emergency contact person.

REMEMBER

Your child's ASCIA Action Plan should be updated every 12 months or as new information emerges regarding your child's allergies. The Action Plan is a legal document that the doctor must complete, sign and date to show that it's current and accurate.

Treating Allergic Reactions

A large part of managing your child's food allergy is recognising when your child is having an allergic reaction and knowing how to treat your child's reaction, covered in the following sections.

Using antihistamines

All ASCIA Action Plans have a space for the child's doctor to leave instructions regarding medicines (including the correct dose) to be given to the child when having a mild to moderate allergic reaction.

Some doctors use this space to provide instructions to give the child an antihistamine if the child develops

symptoms of a mild to moderate allergic reaction, because antihistamines can help with hives and swelling.

WARNING

Antihistamines aren't effective in the emergency management of a severe allergic reaction — they don't prevent or reverse the severe symptoms of anaphylaxis (breathing and circulation problems). When a child is having an allergic reaction, carers must focus on watching out for the development of symptoms of a severe allergic reaction (anaphylaxis), rather than worrying about treating symptoms that aren't dangerous or life-threatening.

The symptoms of hives and swelling resolve on their own even if they're not treated (they're not life-threatening), and you can always give your child some antihistamine medication once you're sure the reaction has stabilised and isn't progressing to a severe allergic reaction (anaphylaxis).

TIP

If an antihistamine is included in the emergency action plan, it should be a newer-generation, less-sedating antihistamine such as Claratyne, Zyrtec, Telfast or Aerius, as these don't cause drowsiness. The correct dose of antihistamine must be written on the personalised ASCIA Action Plan, so it's very clear to anyone using the plan.

Administering adrenaline auto-injectors

Adrenaline is a natural hormone that causes the airways to widen, which improves your breathing; it also makes the heart pump harder and faster, and constricts the small blood vessels, which helps to raise the blood pressure. During anaphylaxis the airways constrict and the blood pressure can drop, so these effects of adrenaline are exactly what are needed to treat the life-threatening symptoms of anaphylaxis.

REMEMBER

Although adrenaline is more commonly known as *epinephrine* globally, the word *adrenaline* is used in Australia. Adrenaline (epinephrine) is the first-line treatment for severe allergic reactions (anaphylaxis).

Adrenaline autoinjectors deliver a single pre-measured dose of adrenaline. They're used for the emergency treatment of anaphylaxis in the community setting, and allow people without any medical training to treat anaphylaxis quickly and easily. Adrenaline autoinjectors are injected into the muscle of the outer mid-thigh.

At the time of writing, one adrenaline autoinjector is available in Australia: The EpiPen.

REMEMBER

Your child's doctor assesses whether to prescribe an adrenaline autoinjector for your child and, if prescribed, teaches you (and in some cases your child) how to use it.

Revising Important Information

Diagnosis of a food allergy is really overwhelming at first, but you will learn to live with food allergy. The condition is manageable but learning takes time. None of us became parents knowing how to manage food allergy but, with support and direction from people who understand, you will be able to manage. If you are having trouble managing your anxiety, get help sooner rather than later.

REMEMBER

If your child has experienced anaphylaxis before, they are more likely to experience anaphylaxis to the same allergen than someone who has only ever had a mild or moderate allergic reaction. Having a mild or moderate allergy does not mean you can be less careful, however, because although future reactions are usually of a similar severity to past reactions, some individuals who have had mild or moderate reactions can have a more severe allergic reaction in the future.

Many children with food allergy have rashes or hives from time to time. Children with food allergy are often allergic to other things such as dust mite, pollen or grasses. Don't think every hive is a food reaction — it might be but it also might not — so be sure to watch them and try not to panic if they do develop any reaction that could be allergic. Follow instructions on your ASCIA Action Plan.

Many of us wonder if we are overreacting in an emergency. Follow instructions on your ASCIA Action Plan and, if in doubt, always administer your adrenaline autoinjector and call an ambulance.


TIP

People sometimes shower their child to help relieve the itch. If your child is having a *severe* allergic reaction, however, you must follow the instructions on the ASCIA Action Plan, keep them lying down (sitting with legs out in front of them if breathing is difficult) and have someone bring you cool wet cloths to help relieve the itch.

IN THIS CHAPTER

- Understanding common misperceptions about food allergy
- Debunking myths

Chapter 6

Six Myths about Food Allergies

In some ways, food allergy is a very straightforward condition. If children avoid the food or foods that they're allergic to, they're just normal healthy kids. On the other hand, everyone seems to have an opinion about food allergy and sometimes even allergists seem to offer quite diverse advice. In this chapter, we look at the six more common issues that can cause confusion.

Being Near a Food Can Lead to a Severe Reaction

Essentially, you need to ingest a food to have a reaction that might be dangerous. Touching an allergen may cause a local skin reaction but the dose received by skin contact is unlikely to cause anything other than a local skin rash, such as redness or hives, at that point of contact.

The only exception to the rule is exposure to airborne food particles as might occur with cooking foods (particularly fish and shellfish) at high temperatures. In general, the reactions from airborne food allergens are likely to be local reactions, such as eye swelling or a runny nose; however, a more serious allergic reaction such as anaphylaxis could occur if the airborne allergen is inhaled in large enough doses (and this is more likely with fish and shellfish allergy).

Parents of Kids with Food Allergies Are Overanxious

Until quite recently, a commonly held misconception was that food allergies didn't actually exist. Even today, some grandparents remain somewhat sceptical about the existence of food allergy, since 'Food allergies just weren't around in my day'.

Not only do parents sometimes need to contend with scepticism about whether their child has food allergy but a second problem is that the measures taken to deal with food allergy can seem foreign and the risks exaggerated to the older generation.

To be fair, some parents — clearly a very tiny minority — can overdo how careful they have to be with allergen avoidance. However, the same can be said for almost every potential risk in life. Some people are overanxious and some are underanxious — and who's to say what the right level of anxiety is anyway. The most important thing is for parents to feel comfortable with the measures they take to feel in control of the risks that food allergy poses for their child.

Kids with Food Allergies Want to Be Different or Special

Most kids with food allergies just wish the problem would go away. Others don't know what all the fuss is about and seem to get on with life without making a big deal about the problem. Every kid is different and most kids have aspects of their lives they do and don't like. For kids with food allergy, this is just more obvious than problems other kids might face.

Allergies Happen Because We Bubble-Wrap Our Kids

Some in the community have the perception that children these days are protected from all sorts of risks that those who grew up in the last century were never concerned about.

Sure, the good old days involved fewer health and safety regulations and more freedom to take risks, but most people would agree that car seatbelts, bike helmets, pool fences and in-ground or enclosed trampolines have protected a lot of people from unnecessary accidents. Certainly, bubble-wrapping our kids has not been a cause in the rise in food allergy. Other changes in the way we live — such as reduced exposure to a wide range of bugs, a diet with more processed food and less vegetables or fish, and reduced exposure to sunlight — are thought to have contributed to the recent rise in food allergies, but this is different to being over-protective. And almost all families have just one child with food allergy — they did not bubble-wrap one child and not bother about the others!

Overusing Antibacterial Handwash Causes Food Allergy

A current theory, termed the *hygiene hypothesis*, looks at hygiene as one of the factors that may have resulted in

the food allergy epidemic. However, this hypothesis relates to the exposure to infections and microbes in early life rather than how clean your home environment is. The hygiene hypothesis is probably more related to the overall exposure to good and bad bacteria that occurs over the course of a child's life, particularly during pregnancy and the first years of life, than solely to the exposure to bugs that occurs in the home.

Bananas Don't Cause Allergies!

Some people can be incredulous when you say your child has a food allergy. After grumbling that 'Food allergies never occurred in my day' and 'You must be a clean freak', most people can be convinced that things like nut allergy do exist and can be life-threatening.

So, if your child has a common food allergy, the battle is halfway won. However, for those with one of the less common types of food allergy, life can get quite awkward. More than 170 different foods have been reported to elicit a food allergy reaction — meaning almost any food you can think of can cause food allergy, including bananas. In fact, banana and latex allergy can sometimes go hand in hand (no pun intended).

Information, education, advocacy, research, guidance and support

Allergy & Anaphylaxis Australia

Your trusted charity for allergy support

- 1300 national support line
- Lots of downloadable and printed resources
- Medical advisory board – to ensure our information is up to date and accurate
- Trained support staff
- Facebook community of over 20,000 people

awareness
avoidance
action™

Stay informed and be supported by a community that understands life with allergies

Our online store sells resources such as auto-injector pouches, waist belts, posters, allergen information cards and adrenaline autoinjector training devices.

Become a member for free and receive access to our members-only newsletter and forum.

Join for FREE
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Contact
1300 728 000
coordinator@allergyfacts.org.au

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Have confidence when looking after your child with food allergy

Your child being diagnosed as having food allergy can cause a lot of confusion and stress. Managing this allergy on a daily basis is vital for the safety of your child, but you also want your child — and the rest of your family — to enjoy life.

The best defence against a serious allergic reaction is knowledge. *Managing Kids' Food Allergies For Dummies*, Allergy & Anaphlyaxis Australia edition, helps reduce your anxiety, empowering you with trusted information so you can manage your child's food allergy.

Inside...

- Know allergic symptoms
- Look after your child at home and on the go
- Help others look after your child
- Use your ASCIA Action Plan and emergency medication

Professor Mimi Tang is a paediatric allergist and immunologist, and **Professor Katie Allen** is a paediatric gastroenterologist and allergist. Both run patient clinics at The Royal Children's Hospital, Melbourne, undertake research at Murdoch Childrens Research Institute and teach at The University of Melbourne.

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