

New Zealand Food Safety

Haumaru Kai Aotearoa

Eating Safely when you have **Food Allergies**



Learn about causes, symptoms, and how to avoid foods when you have allergies.

Ministry for Primary Industries
Manatū Ahu Matua



Food allergies

What they are and how they can affect you

Learn about the causes of allergies, the symptoms, and how to avoid the foods to which your body reacts. Food allergies and intolerances affect many people across all ages.

In the event of an allergic reaction, the immune system over-produces a special group of antibodies (Immunoglobulin E). These antibodies are responsible for the symptoms of the allergic reaction. The most common proteins that trigger reactions are those found in cows' milk, eggs, fish, shellfish, peanuts, tree nuts, sesame, soy and wheat.

People with food allergies show an allergic reaction to foods that are part of most people's normal diet. Most allergic individuals manage their food allergy by avoiding the food that triggers the reaction. Even small amounts of the offending food can cause serious reactions in susceptible individuals.

Food allergy occurs when a person's immune system reacts to a protein (allergen) in food. In food-allergic individuals, the immune system appears to over-react to the protein in the same way it would to an invading organism.

Food allergy can develop at any age, however, it is most common in children under the age of five years. It is estimated that food allergy affects up to 10 percent of children under the age of five years. Infants may inherit the tendency to develop allergies if one or both parents

suffer from eczema, asthma, hay fever, hives, allergic rhinitis, persistent cough, constant runny nose or food allergies.

Food intolerance

Food intolerance is an adverse reaction to a food.

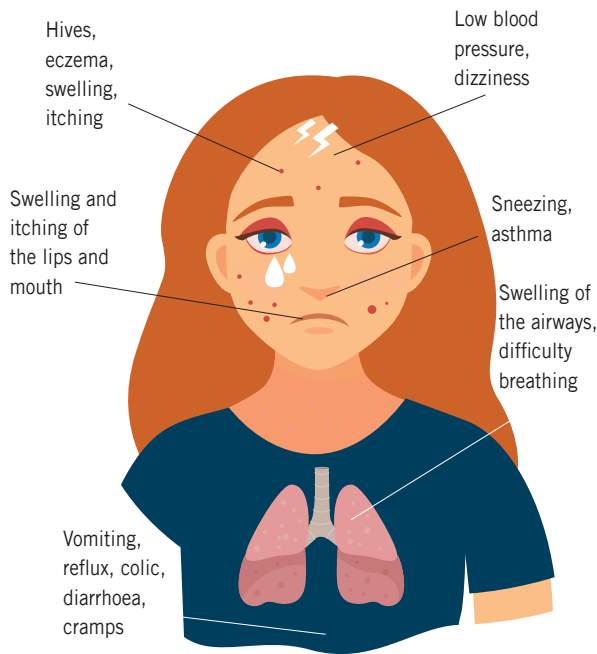
Unlike a food allergy, a food intolerance reaction does not involve the immune system.

Reactions can be immediate, or they can be delayed up to 20 hours after a food is eaten.

Symptoms of food intolerance are generally unlikely to be life threatening.

Food allergy symptoms

Food allergy symptoms range from mild discomfort to severe or life-threatening reactions requiring immediate medical attention. For some very sensitive people, even a tiny amount of food can trigger a reaction.



Symptoms include:

- Skin: hives, eczema, swelling, itching
- Respiratory: sneezing, asthma, difficulty breathing, coughing
- Gastrointestinal: swelling and itching of the lips and mouth, vomiting, reflux, colic, diarrhoea, cramps
- Circulatory: low blood pressure, dizziness
- Anaphylaxis: a severe reaction affecting either one or more organ systems e.g. the respiratory, cardiovascular and gastrointestinal systems. Swelling of the airways, difficulty breathing, and a drop in blood pressure are some of the more serious symptoms

Prevention

Allergy prevention is an area of ongoing research. Children are considered to have an increased risk of developing an allergy if there is a family history of allergies. For example, your child is at higher risk if one or both parents or a sibling has an allergy. The following information may assist with reducing the risk of your child developing an allergy.

If your infant is not breastfed, talk to your health professional about a suitable infant formula.

Exclusive breastfeeding is recommended for the first six months of life, and may reduce the risk of an infant developing an allergy.

The Ministry of Health recommends complementary foods are introduced when the baby is ready for and needs extra food – this will be around six months of age.

Research shows that giving babies allergenic foods before they are 12 months old decreases the chance of them developing an allergy to that food. Allergenic foods are food containing common allergens (see page 6).

When introducing suitable complementary foods to a baby, include allergenic foods by 12 months even for those infants considered high risk. Once introduced, these allergenic foods should be given regularly (twice a week). Introduce one new food at a time so that any problem food can be more easily identified. If your infant is considered high risk, talk to your health professional about introducing complementary foods.

Trying a food and then not giving it again may increase the risk of developing a food allergy. Continuation of breastfeeding while introducing complementary foods is strongly encouraged as there is some evidence that this may reduce the risk of an infant developing an allergy.



If breastfeeding is not possible, a standard cows' milk-based formula can be given. Regular cows', goats' milk (or other mammal derived milks), soy milk, nut and cereal beverages are not recommended for infants as the main source of milk before 12 months of age.

Diagnosing allergies

Diagnosis of food allergy is primarily based on your clinical history and a physical examination, with skin prick tests or blood (ImmunoCAP) allergy tests for confirmation. This can be done by a GP or an allergy specialist.

Skin prick tests involve placing small drops of the potential allergens on your forearm (or back for a small child). A tiny prick is then made in the skin so the allergens come into contact with tissues that can trigger an immune reaction. A positive skin prick test only denotes sensitisation to a particular allergy; therefore results of this test will need to be considered alongside the clinical history and physical examination before a definitive diagnosis can be made.

Skin prick tests are usually very safe when performed with appropriate care. However, considering the severity of a possible reaction, skin prick testing with some allergens, such as peanut, should only be undertaken in a specialised clinic or hospital if there is a history of anaphylaxis.

Skin prick tests do not work if you are taking antihistamines or using steroid creams. You will need to stop these several days before the test. Severe eczema can make skin testing difficult and at times blood allergy tests may be preferable.

Specific IgE ImmunoCAP test (formerly RAST or radioallergosorbent test), is a blood test which can be done for a wide range of food allergens. You can have this test done while using antihistamines and steroid creams. There is no risk of a severe allergic reaction as your blood sample will be taken and analysed separately.



Common food allergens

Although any food could cause an allergy, there are nine common food categories which are responsible for 90 percent of allergic reactions. These are cows' milk, soy, eggs, fish, seafood, peanuts, tree nuts, sesame and wheat.

There is no cure or treatment for food allergy. Among children cows' milk, egg and peanut are the most common food allergies; with most children outgrowing their allergy to milk and egg by around seven years.

Individuals who have a reaction to fish and peanuts often experience more severe symptoms and are less likely to outgrow their allergy. Shellfish allergy is more common among adults than children. Peanut allergy is equally common among children and adults. Just a small percentage (10-20 percent) of peanut-allergic children will outgrow their allergy – most persist into adulthood.

Managing food allergy

Many processed foods can contain food allergens and it might not be obvious at first glance

Preventing symptoms by avoiding the food involved

- Once diagnosed with a food allergy you need to identify and avoid consuming all sources of that allergen (see the section on "Foods to Avoid").

Allergens on food labels

- The presence of cows' milk, soybeans, eggs, fish, shellfish, peanuts, tree nuts, wheat, lupin and sesame seeds are required to be declared on the label of a food.

that a food contains an allergen. Some of the allergen names can be disguised by more technical names so you need to be aware of what to look for on the product label. Refer to page 16 for further information on reading food labels.

Reactions to food can vary from one individual to the next, and may depend on how much they accidentally eat, or how it is prepared; for example, some cows' milk and egg-allergic individuals may be able to tolerate the allergen in well cooked foods without any adverse reaction.

Being prepared in case of a severe reaction

It is important to have a clear understanding of the warning signs and symptoms of food allergic reactions if you or your child has been diagnosed with an allergy. Your health professional should provide you with an Allergy or Anaphylaxis Action Plan. In cases where the allergy is severe, it may be necessary to have access to an adrenaline auto-injector such as an Epi-Pen®, antihistamines, and to wear a MedicAlert® bracelet. Having asthma can also increase the risk of a reaction being severe. You should discuss how to manage your food allergy with a health professional with experience in food allergy.

Maintaining a nutritionally balanced diet

When eliminating entire food groups from your diet, e.g. milk and milk products, review by a registered dietitian is highly recommended to ensure you are meeting your nutritional requirements. A dietitian will also provide information on what foods you can eat, alternative milks and other suitable food products. Your health professional can refer you to a dietitian.

It is important to be retested for allergies after a period of time as many individuals grow out of their food allergy. Your health professional will be able to advise on a suitable timeframe for this. A supervised food challenge may also be considered at some stage. This would most likely be undertaken in a hospital with specialist supervision in case of a severe reaction.

Allergy and breastfeeding

If an infant is diagnosed with a food allergy, the breastfeeding mother may need to eliminate that allergen from her diet. Maternal dietary restriction whilst breastfeeding should be discussed with your health professional to ensure both mother and baby are receiving adequate nutrition to support the infant's growth.

Foods to **avoid**

Part of managing food allergies is avoiding certain foods. The common food allergies and recommended foods to avoid are discussed below.

Foods that may contain cows' milk:

- yoghurt, cheese, butter, cream, buttermilk, butter oil, butter fat, ghee
- milk powder, milk protein, milk solids, non-fat milk, non-fat milk solids, skim milk, skim milk powder, rennet
- processed foods such as some bread and baked products, cereals, pickles, manufactured meat products, snack foods and confectionery
- some flavoured water and coffee whiteners

Other ingredients to watch out for:

- calcium caseinate, casein, caseinate, sodium caseinate
- lactalbumin, lactoglobulin, lactose;
- sweet whey powder, whey, whey protein concentrate, whey solids, demineralised whey powder

Cows' milk allergy

Treatment of cows' milk allergy involves excluding all forms of cows' milk, goats' milk, sheep milk and foods which contain milk and milk products due to cross-reactivity.

Cows' milk alternatives:

For infants, exclusive breastfeeding until around six months of age is recommended.

For infants with diagnosed cows' milk allergy (and not being breastfed) it is important you talk to a health professional for advice on an appropriate formula. Soy-based formula is not generally recommended for infants under six months of age with cows' milk allergy and it is possible a specialised infant formula may be recommended.

From 12 months, toddlers can be given unflavoured fortified (added Calcium, B12, riboflavin and Vitamin D) soy milk as a drink (soy milk is higher in protein and fat than other plant-based milks). Other plant-based milks (almond, oat, rice, coconut and hemp) are not recommended for children under 2 years.

Look for unsweetened plant-based milks which are fortified (added Calcium, B12, riboflavin and Vitamin D).

Soy allergy

Soy is an ingredient in many processed foods. Some ingredients may contain very small amounts of soy protein, such as soy lecithin and soy oil, which may be tolerated by some soy-allergic patients. Discuss use of these products with your health professional.

Soy milk alternatives

Cows' milk can be used by those not allergic to cows' milk protein. A calcium-enriched plant-based alternative such as rice, oat, or nut (introduce with care) milk may be a suitable alternative for children at least two years of age, adolescents and adults. Plant-based milks contain lower amounts of protein, energy and other nutrients found in cows' milk, so look for unsweetened milks which are fortified with calcium, vitamin B12, riboflavin and Vitamin D. Discuss with your dietitian ways of ensuring adequate protein and energy intake.

If you are vegan, it is important to choose a plant-based milk alternative which is calcium-enriched and also has vitamin B12 added.

Foods which can contain soy:

- ice-cream, soy cheese
- tofu, tempeh, soy beans, edamame, bean curd, natto, soja, yuba
- soya sauce (shoyu), tamari, miso, sauces, e.g. oyster sauce, black bean sauce
- soyabean or soya oil, salad or unspecified cooking oil
- soy flour, vegetable starch
- breads and baked products, cereals, processed meats (e.g. ham and sausages)
- dried bean mixes, bean salads
- vegetarian products
- confectionery
- some Asian-styled foods and dishes

Other ingredients to watch out for:

- soy protein, soy isolate, soy concentrate
- food additives such as soy lecithin 322 or unspecified lecithin
- hydrolysed vegetable protein (HVP)
- textured vegetable protein (TVP)

Foods which can contain egg:

- omelettes, fritters, pancakes, soufflé
- mayonnaise, salad dressings and sauces
- egg noodles, pasta and soups
- baked products e.g. muffins, biscuits, cakes;
- pies, quiche, pastry products
- crumbed and battered food
- meringue, ice-cream and gelato
- confectionery e.g. some chocolates and nougat;
- glazed sweet and savoury baked products;
- icing and frosting, marzipan

Other ingredients to watch out for:

- albumin, ovalbumin, ovomucoid, globulin
- avidin, livetin, lysozyme;
- egg lecithin 322

Egg allergy

Egg allergy is more common in children than adults, although most children will outgrow egg allergy by five years of age. If you are allergic to egg, it is important to avoid all forms of egg including egg white, egg yolk, dried egg, powdered egg; and all types of egg such as chicken, duck and goose eggs. Some egg-allergic individuals will react to both raw and cooked egg. However, others may tolerate small amounts of cooked egg (see section on “Managing Food Allergy”). Discuss with your health professional whether small amounts of cooked egg might be able to be consumed.

Egg alternatives

There is a range of suitable egg replacements or commercial egg substitutes that can be used in cooking. Consult a dietitian for egg-free diet information. Also check the websites and resources listed at the end of this publication for more information.



Fish and seafood allergy

Seafood is a broad term covering many different species including shellfish and other species such as octopus and squid. People may be allergic to fish and/or shellfish.

There is high cross-reactivity between fish species, and most people will be advised to avoid all fish species. Occasionally the allergic reaction may not be to the fish itself but to a parasite present in fish (anisakis) or due to high histamine levels in spoiled fish (scombroid fish poisoning).

The fish commonly known to cause allergic reactions include cod, salmon, trout, herring, pike, hake, mackerel, haddock, shark, terakihi, hapuka, snapper, sole, flounder, halibut and tuna.

Common allergy-causing seafoods include shrimp, prawn, crab, crayfish, lobster, oyster, clam, scallop, scampi, paua, octopus, pipi, tuatua, mussel and squid.

Foods which can contain fish and seafood:

- fish sauce, oyster sauce, fish paste, anchovies, fish roe, caviar and surimi
- fish soup, seafood chowder, fish stock
- kedgeree, jambalaya, bouillabaisse and paella;
- crackers with fish or fish products e.g. prawn crackers
- some dietary supplements or supplemented foods containing omega-3, calcium or glucosamine



Foods which can contain peanuts:

- peanut butter, peanut sprouts
- peanut oil, ground nut oil, arachis oil
- some satays, curries, dressings and marinades
- some cereals, muesli, baked products, muesli bars, bulk-bin nut mixtures
- some confectionery, chocolate, ice-cream bars, beer nuts

Other ingredients to watch out for:

- monkey nuts and ground nuts are other names for peanuts
- lupin may also cause a reaction in some people with peanut allergy
- Although not a common food ingredient, lupin flour and bran can be used to make some breads, pasta and baked products.

Peanut allergy

Peanuts are technically a legume and not a nut. Other legumes include dried beans, peas, lentils and green peas. Most people with a peanut allergy can tolerate these other legumes.

Those with a peanut allergy are generally advised to avoid all tree nuts (see page 13) as it is possible they may also be allergic to others. Moreover, peanuts and tree nuts are often stored and processed within the same facility, or using the same equipment creating the possibility of cross-contamination.



Tree nut allergy

Tree nuts include almonds, brazil nuts (cream nut, para nut), cashew nuts, chestnuts (not water chestnut, as this is not a nut), hazelnuts (filberts), hickory nuts, macadamia nuts (Australian or Queensland nuts), pecans, pine nuts (pignoli, pinon nuts, Indian nuts or stone nuts), pistachios and walnuts (butternuts). Please note that coconut is not considered to be a tree nut, and is not included as an allergen when “tree nuts” are declared on labels.

Cashews are the most common of the tree nuts to cause allergic reactions. You may be advised to, or choose to, avoid all tree nuts if you have an allergy to one of them as there may be a higher risk of reaction due to the potential for cross-contamination.



Foods which can contain tree nuts:

- almondine, amaretti
- biscuits, cakes and pastry
- cereals and muesli
- fruit breads and muesli bars containing nuts
- confectionery, chocolate, praline, nougat, marzipan, bulk bin nut mixtures
- nut-containing spreads;
- pesto, marinades, salad dressings, sauces and almond oil

Foods that can contain wheat:

- wheat flour, wheat bran, wheaten cornflour, wheat starch, gluten
- wheatgrass, wheatgerm and wheat sprouts
- semolina, couscous, burghl/bulgur, spelt (dinkel), kamut, durum, triticale, risone and farine
- bread and bread products, pasta, breakfast cereals, baked goods such as, crackers, muesli bars, snack foods, cakes, biscuits, scones and muffins
- noodles, dressings, sauces, soups, soy sauce, processed meat products

Wheat allergy

Wheat is found in many staple foods such as bread, cereals and pasta. Allergic reactions to wheat and other cereals are most common in infants and usually resolve within the first few years of life.

Wheat proteins are albumins, globulins, and gluten (gliadins and glutenins).

Wheat alternatives

Amaranth, arrowroot, barley, buckwheat, corn, maize, millet, oats, quinoa, rice, rye, sago, soy, tapioca and legumes such as dried beans, peas and lentils.

Coeliac disease

Coeliac disease is not an allergy. It is an autoimmune disorder characterised by a reaction to the gliaden protein of the gluten found in wheat, barley, rye and oats. The gliaden causes inflammation and damage to the small bowel which in turn can lead to poor absorption of nutrients.

People with coeliac disease have a permanent intolerance to gluten and need lifelong avoidance of gluten and gluten-containing foods. The availability of gluten free foods continues to increase. Anyone newly diagnosed with coeliac disease should see a dietitian for advice on ensuring their diet is nutritionally balanced and for guidance on what foods and food ingredients contain gluten.

Cross-reactions between food and non-food allergens

Allergens in the environment, such as latex material or birch pollen can have cross-reactions with food. This is because the protein in the environment is similar to a protein in the food.

Latex allergy

Foods often associated with reactions in latex allergy include avocados, bananas, chestnuts, kiwifruit, peaches, potatoes and tomatoes. The protein in latex that causes the allergy is a natural protection the rubber plant produces to protect against insects. The fruits and vegetables listed above also produce this or a similar protective protein.

Birch pollen allergy

People who are allergic to birch pollen may also react to several fruits (particularly apples) and vegetables because of similarities in proteins. Usually this causes reactions in the mouth and lips only (called oral allergy syndrome). Discuss with your health professional what fruits are OK to eat.

Other food allergens affecting New Zealanders

- sesame seeds (found in sesame oil, hummus, tahini, some breads, crackers, muesli bars and Asian-styled dishes)
- kiwifruit
- legumes (chickpeas, beans, peas, lentils, lupin)
- spices (including mustard)
- sunflower, poppy and chia seeds
- corn/maize

Finding allergens on food labels

Substances and ingredients that must be declared on food labels in New Zealand and Australia are:

- cereals containing gluten and their products (wheat, rye, barley, oats and spelt and their and their hybrids)
- crustacea and crustacean products (crab, prawn, crayfish);
- egg and egg products;
- fish and fish products (including shellfish)
- milk and milk products
- peanuts and peanut products
- soybeans and soybean products
- sesame seeds and sesame seed products;
- tree nuts and tree nut products other than coconut from the fruit of the palm *Cocos nucifera*
- lupin
- added sulphites (above a certain level – there is more on this later in this guide)

There are several ways you might see these listed on labels. Here are three examples:

in brackets	in bold	in a separate declaration
wheat flour, sugar, margarine (contains milk), salt, flavour (contains wheat starch)	wheat flour, sugar, margarine (contains milk), salt, flavour (contains wheat starch)	wheat flour, sugar, margarine (contains milk), salt, flavour (contains wheat starch). Contains wheat and milk.

Food labels should be checked each time before purchase or use as manufacturers do change their ingredients and processing aids from time to time.

You may have seen some labels with the statement “may contain traces of X” or “manufactured in a plant that also processes X” or even “manufactured on the same equipment as X.” It is advisable that you do not consume products with “may contain” or similar precautionary statements if you have an allergy to that food. Manufacturers use this statement to cover a variety of situations. As companies continue to improve allergen management, these statements will increasingly represent more accurate risk levels.

Some foods sold are not required to bear a label. If you buy a food that does not require a label, look to see if allergen information is displayed in close proximity to the food (for example, in a display cabinet). You can also ask the retailer for allergen information. They are required to provide this on request. Likewise, food service outlets such as cafes and restaurants are required to provide information about allergens upon request.

For individual advice please consult an appropriate health professional.

For more information about food labelling see *Understanding food labels* on the New Zealand Food Safety website.

The presence of **food allergens** in **food additives**

People commonly ask whether food additives contain common food allergens. Because very small amounts of additives are used in foods, the amount of allergens is likely to be even smaller.

All food additives are required to be listed on the food label, either by their chemical name or code number so you can avoid these if you are very sensitive. If an additive should contain one of the mandatory allergens, this must be declared on the label. Check with the manufacturer if you are unsure of the source of an additive.

Additives containing possible allergens are

- 306 (tocopherol) – soy
- 322 (lecithin) – soy/egg
- flavour enhancers – will list the allergen if it is present
- milk, egg and fish can be used in the process of fining wine
- refer to the following link for more information on food additives **MPI's Identifying Food Additives** booklet: www.mpi.govt.nz/dmsdocument/3433



Planning a nutritionally balanced allergen-free diet

It is still possible to have a nutritious diet if you have allergies to some foods. Consultation with a dietitian is recommended. A dietitian will help provide information on allergen avoidance whilst making sure your diet is nutritionally complete. This is especially important for young children who need good nutrition for growth.

Calcium

Getting enough calcium can be tricky if you are avoiding milk and milk products.

Cows' milk alternatives

Soy milk with added calcium and vitamin B12 for those not soy allergic.

Although not nutritionally equivalent to cows' milk, plant-based milks such as rice, oat and nut (introduce with care) may be a useful alternative to cows' milk for toddlers, young children, adolescents and adults. Look for plant-based milks that are fortified with calcium, vitamin B12, riboflavin and Vitamin D.

In addition to making sure your diet is nutritionally adequate, your dietitian will also be able to advise on the most suitable milk alternative and discuss whether a calcium supplement may be necessary.

If a calcium supplement is necessary, look for a milk-free calcium supplement if you or your child has a milk allergy, or one that does not contain calcium from fish or shellfish sources if you have a seafood allergy. Discuss with a dietitian the type and amount of calcium needed.

Foods other than milk products that contain smaller amounts of calcium include tinned fish (with bones), soybeans, tofu, mussels, broccoli, almonds, dates and bread. Foods sometimes fortified with calcium include breakfast cereals.

Iodine

If you have multiple allergies, your diet may be low in iodine. Important dietary sources of iodine include: most bread, seafood, milk and milk products, and eggs. Low levels of iodine may lead to health issues often referred to as iodine deficiency disorders including poor growth and development in infants and children, thyroid diseases and goitre. Discuss dietary management of your allergy with your dietitian, including ensuring adequate iodine intake.

Selenium

If you have multiple allergies, your diet may be low in selenium. This is because the main sources of selenium for New Zealanders include eggs, wheat, seafood, milk and milk products. Other good sources of selenium include legumes (chickpeas, beans, lentils), meat (especially liver and kidney) and brazil nuts (if you do not have an allergy to tree nuts).

Omega-3 fats

Fish is a good source of Omega-3 fats, especially oily fish varieties such as salmon, tuna and sardines. Other sources include canola oil, soybeans, walnuts, linseed or flaxseed. However, these oils may have different proportions of Omega-3 and Omega-6 fats and it is important to discuss this with a dietitian if you need to supplement your diet.

Iron

Iron is a mineral particularly important for infants, children, teenagers and pregnant women. It may be difficult for children with multiple food allergies to get enough iron. For children with eczema, some iron may be lost through flaking skin.

Red meat is a very good source of iron, with lesser amounts in chicken, pork and fish. Other less well-absorbed sources of iron include nuts, whole grains, chickpeas, lentils and green leafy vegetables. Sources of foods with added iron include some breads, breakfast cereals, and certain yeast-containing spreads. Vitamin C improves the absorption of iron from plant foods so including vegetables and vitamin C-containing fruit or fruit juice at each meal is beneficial.



Tips for preparing, cooking and eating food at home when you have allergies

Cross-contamination with a number of allergens is one of the key things to think about when eating at home. For example, peanut butter residues can stick to knives, chopping boards, plates, kitchen sponges and surfaces such as bench tops, desks and door handles. Contamination of food with fish can occur if serving utensils, containers, chopping boards, food preparation surfaces, fry pans, deep fryers are not cleaned properly or frying oils are re-used.

Here are some tips to ensure safe food around the home:

- To avoid contamination of foods with other allergens, thoroughly clean surfaces with hot soapy water using usual household detergents and cleaning solutions to remove residues
- Clean containers, utensils, chopping boards with hot soapy water, and dry with a clean towel. Do not re-use frying oils in case of contamination with fish or peanuts for example. If someone in the family is affected by an allergy, make sure family members know what foods they can or cannot eat and how to prepare food appropriately so as not to put them at risk
- When shopping for food, check food displays in supermarkets and delicatessens for signs of possible cross-contamination, e.g. egg salad spilled over into coleslaw



Tips for eating out when you have allergies

For those with a food allergy eating a meal in a restaurant or café may take some advance planning to ensure this is an enjoyable experience. Here are some tips to make it easier and safer:

- Phone the restaurant in advance. Explain you have a food allergy and ask if they can cater for this. If so, go through the menu with the chef (or restaurant manager) to work out something you could safely eat. If talking with the restaurant manager, seek their assurance that they will communicate the details of your allergy to the person(s) who will be preparing/cooking your food. If they are doubtful or unhelpful, try another restaurant.
- When you arrive, talk to the wait staff and explain you have a serious allergy. If you have phoned ahead, say that you have already spoken with the chef (or front of house manager) and ask them to tell the chef you are here. If you have not phoned ahead, ask to speak with the chef or restaurant manager.
- Read menus carefully and clarify what is in foods if you are unsure. Especially check dressings, sauces and desserts. Retailers are required to provide allergen information on a food product to customers on request.
- Double check for garnishes or extras when the meal arrives as these may pose a risk of cross-contamination.
- Some restaurants may allow you to take in safe food for an allergy sufferer.



- Fried food may pose a particular risk if food is cooked in the same oil as the “risk” food.
- If you have a fish or seafood allergy, avoid restaurants that sell these dishes to avoid possible contamination of your meal.
- Many Asian-styled dishes contain peanuts and sesame seeds. It may be advisable to avoid restaurants serving this type of food if you have a related allergy.
- In some eateries, it is possible to observe how the food is being prepared, cooked and served. Look to see whether separate utensils are being used on different foods e.g. whether a peanut satay dish is being prepared along side a chicken kebab. Ask staff what their common cooking practices involve related to your specific allergy.
- Peanuts can be a popular in-flight snack for some airlines. Check with your airline before flying if they cater for those with peanut allergy.

When eating at school or at a friends home consider the following:

- avoid sharing food or drinks with friends;
- wash your hands before and after eating;
- ensure your host is aware in advance of your allergy and provide them with guidance on appropriate foods;
- take your own food;
- always take medication with you in case of a reaction.



Food intolerance

Food intolerance is an adverse reaction to a food. Unlike food allergy, intolerances do not involve the immune system.

Symptoms may vary from person to person but can include diarrhoea, wind, abdominal pain and bloating. Individuals can be intolerant to both natural and artificial substances. Dietary management involves identifying the substance triggering the intolerance and reducing your intake of foods containing this substance. A dietitian will be able to assist with identifying possible food intolerances and provide guidance on avoiding the offending substance. Some examples of food intolerances are listed below:

Lactose intolerance

If an enzyme in your digestive system is missing or not functioning correctly, it won't be able to help digest the food it is associated with.

The most common enzyme deficiency is lactase, which causes lactose intolerance. Lactase breaks down the sugar lactose which is found in foods such as milk and cheese. Usually people can still tolerate small amounts of lactose-containing foods. See your health professional if you suspect lactose intolerance.



Food additives

Some people may have adverse reactions to certain food additives or processing aids present in food, but they do not cause allergic reactions.

Sulphites are preservatives used most commonly in wine, dried fruit and sausages. Intolerance to sulphites can trigger asthma in some people with asthma, but may also be associated with rashes, irritable bowel syndrome and headaches. When sulphites are added to food, the statement “contains added sulphites” is required to be on the food label if present in the food above a certain level.

Monosodium glutamate (MSG) is an example of a food additive used to enhance the flavour of food. MSG is generally safe but may produce some short term reactions in some people. For those individuals who are susceptible to MSG, it is recommended they avoid food containing it.

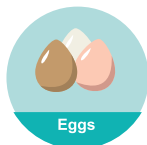


Reporting an allergic reaction to foods



Dairy

If you or a family member has an allergic reaction to a food you think contains an undeclared allergen (e.g. milk, eggs, wheat, soy, nuts or seafood), then it's important you report this to New Zealand Food Safety whether it's a packaged or unpackaged food.



Eggs

Report undeclared allergens in food

First make sure you or your family member is ok. Follow your Allergy or Anaphylaxis Action Plan. If needed, use your EpiPen and/or get medical help.



Containing
Gluten

Keep any leftover food in the fridge or freezer. Keep all food packaging (do not rinse or clean this) and note where and when you bought the food. We may ask you for the food and packaging.



Soy Beans

Contact the food business to let them know of the reaction. For packaged food, the contact details of the food business will be on the label.



Peanuts

Contact New Zealand Food Safety to report the allergic reaction by phoning/calling our consumer food safety line on **0800 00 83 33** or by emailing **info@mpi.govt.nz**



Shellfish

More information

On reporting food complaints: www.mpi.govt.nz/food-safety/food-safety-for-consumers/food-complaints

You can be automatically notified of any new food allergen recall by subscribing to our recalls page: www.mpi.govt.nz/food-safety/food-recalls/recalled-food-products/



Fish

For Allergy or Anaphylaxis Action Plans: www.allergy.org.au (ASCI)*

For information and support: www.allergy.org.nz (Allergy New Zealand)



Tree nuts

Where to go for further information about allergies and intolerances

Your Health Professional

Your GP or local medical centre.

Allergy specialist or paediatrician: Allergy NZ has a link to allergy specialist contacts.
<http://www.allergy.org.nz/allergy+help/allergy+specialists+and+other+useful+contacts.html>

Dietitian: Find a registered dietitian in your area
<http://dietitians.org.nz/find-a-dietitian/>

Organisations and Websites

New Zealand Food Safety: information on food safety for consumers and industry.
<http://www.foodsafety.govt.nz/>

Allergy New Zealand: support, education and information for people with allergies
<http://www.allergy.org.nz/>

Australasian Society of Clinical Immunology and Allergy (ASCIA): promoting education and ethical medical practice <http://www.allergy.org.au/>

Ministry of Health: resources on food and nutrition
<http://www.health.govt.nz/>

Coeliac New Zealand: support, education and information for people with Coeliac Disease
<http://www.coeliac.org.nz/>

Food Standards Australia New Zealand: allergen cards
<http://www.foodstandards.govt.nz>

Anaphylaxis Australia: patient support group <http://www.allergyfacts.org.au/>

The Allergen Bureau: information for the food industry on the management of food allergens
<http://www.allergenbureau.net/>

Kidshealth: information for parents about allergies in children
<http://www.kidshealth.org.nz/allergy>

Notes

www.foodsafety.govt.nz

New Zealand Food Safety

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NEW ZEALAND

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Every effort has been made to ensure this information is accurate. MPI does not accept any responsibility or liability whatsoever for any error of fact, omission, interpretation or opinion that may be present, however it may have occurred. This information does not replace or substitute for advice given by an appropriate professional. If you suspect you have a food allergy, you should see an appropriate health professional.

New Zealand Government