

FAQs

1. What safety measures are in place for children that need to do food trials at Rady Children's? Should those trials be postponed? Or still done?
 - When the Shelter in Place order began, we temporarily postponed all oral food challenges in clinic so that safety protocols could be developed. As things begin to re-open, and patients are brought back in for oral food challenges, there are several measures being taken to keep patients, their families and the staff safe. These include:
 - Health Screenings (Symptoms, Travel, Temperature Checks) at all building entrances
 - Face coverings worn by staff, patients and caregivers
 - Limit 1 caregiver per patient during visit (i.e. no other family members or siblings)
 - Contacting patients to ensure that they are healthy prior to their visits
 - Social Distancing
 - Following all of the Rady Children's Hospital COVID-19 guidelines to ensure safety

2. What safety measures are in place for non-COVID children to be seen at the Rady Children's emergency room?
 - Rady Children's Hospital has implemented the following to ensure patient safety during COVID-19:
 - Health Screenings (Symptoms, Travel, Temperature Check)
 - Separate area for sick patients
 - Face coverings
 - Social distancing
 - Limit 1 caregiver per patient
 - Please see the following websites:
 - * For more details regarding policies and procedures during COVID-19 <https://www.rchsd.org/patients-visitors/>
 - * "Safe to Visit" video <https://vimeo.com/403776704>

3. What kinds of allergy appts should be kept and which ones should be postponed?
 - Telemedicine appointments are recommended:
 - * Provider will evaluate and decide with families if and what type of allergy testing may be required
 - In-person visits for skin testing or oral food challenges as needed
 - Contact our office if you have questions about your child's allergy care during a disaster since the situation can change daily: 858-966-5961

4. "Should any additional precautions be made in light of the new, temporary FDA labeling requirements? Do you recommend calling manufacturers to confirm allergens have not been added (e.g., substitution of peanut oil for another oil?) <https://www.fda.gov/food/cfsan-constituent-updates/fda-announces-temporary-flexibility-policy-regarding-certain-labeling-requirements-foods-humans>
 - This may depend on what your child is allergic to. The law does not allow changes involving the top 8 food allergens for safety reasons (egg, milk, soy, wheat, peanut, tree nuts, fish, shellfish). If it involves oils (such as substituting with peanut oil), these oils must be highly refined. This means that the oil should contain NO protein, which is what causes allergic

reactions. Thus, we do not expect allergic reactions if one highly refined oil is substituted for another. These highly refined oils were already exempt from FDA labeling requirement. If there are particular brands that you rely on or have concerns about, yes, we encourage you to call and inquire with the manufacturer. Ask things like: "Have you or do you plan to make any ingredient substitutions in your product under the new FDA guidelines?" and "If you do make changes, how will you inform customers?" Some parent companies are releasing reassurances, for example see <https://www.spokin.com>. At the top of their page is a banner that says "Master List: Brands Responding to the New FDA Policy".

5. Will Rady's still be offering OIT for peanut in light of the pandemic? If so, what will the timing for this be?
 - We will still be offering oral immunotherapy (OIT) for peanut but the opening of our Food Allergy Immunotherapy Clinic has been postponed due to the concerns surrounding COVID-19. We expect to be able to start by Fall 2020. Look out for our upcoming webinar on OIT and opening dates on our website and Rady Children's Hospital social media.
6. Do you recommend starting or continuing treatment for allergy desensitization during a pandemic?
 - Starting allergen immunotherapy, whether for food or environmental allergies, was put on hold when the COVID-19 pandemic began. We are currently determining the safest ways to be able to continue providing these services. Those patients already on maintenance doses for their allergy shots, for example, have continued. There are certain aspects of starting food oral immunotherapy that need to be considered during the pandemic for safety reasons, including: 1) The start of immunotherapy requires frequent office visits (minimum every 2 weeks), and in some cases more frequently if unscheduled visits are needed due to various factors, including illness or side effects, and 2) Becoming ill can lower the threshold for an allergic reaction, especially at the early stages of immunotherapy.
7. This may not be appropriate, as it is not pandemic related, but what are your thoughts of the advantage/disadvantages of OIT treatment versus TIP treatment which is offered at the So Ca Food Allergy Institute?
 - Because the Southern California Food Allergy Institute does not release their protocols to the medical community, we cannot comment on the advantages and disadvantages of Tolerance Induction Program (TIP) versus oral immunotherapy (OIT). The peanut OIT treatment (Palforzia) that will be offered at Rady Children's Hospital is FDA approved and thoroughly researched using multiple sites worldwide with data that is publicly accessible. For more questions regarding OIT please see our Food Allergy Immunotherapy Clinic (<https://www.rchsd.org/programs-services/allergy-immunology/food-allergy-center/food-allergy-immunotherapy-clinic>) and look out for our upcoming webinar on OIT.
8. Where should I take my son if he has an allergic reaction without exposing him to COVID-19? What precautions should I take?
 - Even during the COVID-19 pandemic, we recommend that you follow your Allergy and Anaphylaxis Emergency Plan and call 911 or seek emergency care if needed. Rady Children's Hospital and the Emergency Department have implemented measures to ensure patient safety

during this pandemic (see answer to question 2 above). You can also refer to our "Managing Food Allergy and Anaphylaxis" document on our website: <https://www.rchsd.org/programs-services/allergy-immunology/>

9. How long after contact or ingestion/contact with the allergen will anaphylactic shock happen? Up to how long after should we be concerned?

- Symptoms of an allergic reaction typically happen within 2 hours of ingestion of food. Reactions usually develop over minutes, not seconds. If severe, we usually see symptoms appear within the first 30 minutes. If your child has accidentally eaten something to which they are allergic, follow your Allergy and Anaphylaxis Emergency Plan. If no symptoms develop, observe closely for 2 hours. If mild symptoms develop and are successfully treated at home, observe closely for at least 4 hours. If moderate to severe symptoms develop, seek emergency medical help.

10. What are the first signs of anaphylactic shock?

- Anaphylaxis is considered a systemic allergic reaction where multiple body parts are affected or internal symptoms, such as breathing issues, vomiting, or a drop in blood pressure, are present. In other words: more than skin symptoms. Anaphylactic shock is when the drop in blood pressure is so low that organs in the body are not receiving enough blood or oxygen.

MILD REACTIONS: use antihistamine

* Skin: a few hives, mild rash, mild swelling, OR

* Mouth/nose/eyes: itching, rubbing, sneezing, OR

* Gut: mild stomach pain, nausea or discomfort

Note: if the child has more than one (>1) mild symptom area affected, this is considered anaphylaxis and they should be treated with epinephrine.

SEVERE Allergy or Anaphylaxis: use epinephrine

* Breathing: trouble breathing, wheeze, cough

* Throat: tight or hoarse throat, trouble swallowing or speaking

* Brain: confusion, agitation, dizziness, fainting, unresponsiveness

* Gut: severe stomach pain, vomiting, diarrhea

* Mouth: swelling of lips or tongue that affects breathing

* Skin: many hives or redness over body, face color is pale or blue

11. When should you use an antihistamine vs epi pen?

- IF IN DOUBT, GIVE EPINEPHRINE!

Epinephrine is the first-line of treatment for anaphylaxis, which is a potentially life-threatening, severe allergic reaction. Epinephrine is safe, fast and effective. If you gave someone having an allergic reaction epinephrine even though they may not have needed it, you will not harm them. We recommend calling 911 after giving epinephrine - not because you've used epinephrine, but because the person has had an allergic reaction and should be evaluated by a physician and may need further medical care or monitoring.

Remember "More Than Skin, Epi Goes In". See answer to Question 10 for what is considered a mild reaction versus severe reaction and anaphylaxis. Epinephrine and antihistamine can be used together.

For MILD Allergic Reaction:

- 1) Give antihistamine if prescribed
- 2) If in doubt, give epinephrine
- 3) Watch child closely for 4 hours
- 4) If symptoms worsen or child has more than one mild symptom area affected, give epinephrine (see "For SEVERE Allergy and Anaphylaxis")

For SEVERE Allergy and Anaphylaxis:

- 1) Inject epinephrine right away! Note the time the medication was given.
- 2) Call 911
 - * Ask for an ambulance with epinephrine for anaphylaxis
 - * Tell rescue squad when epinephrine was given
- 3) Stay with child and:
 - * Give a second dose of epinephrine if symptoms worsen or do not get better in 5 minutes.
 - * Keep child lying on back. If the child vomits or has trouble breathing, keep child lying on their side.
- 4) Give other medicine (e.g., antihistamine, inhaler) if prescribed. Do not use other medicine in place of epinephrine.

12. Should you use antihistamine AFTER epi pen after calling 911?

- Epinephrine should be administered first in severe reactions and anaphylaxis or if you are not sure, and then 911 should be called. You can give the antihistamine while waiting for the ambulance to arrive. Giving epinephrine and seeking medical attention should be prioritized over antihistamines.

13. How fast does the epinephrine take to work? Will you need to administer two doses?

- Epinephrine should work within 5 minutes. If symptoms don't improve or worsen within 5 minutes, give the 2nd dose of epinephrine in the opposite thigh.

14. What are the best antihistamines to have on hand? (First, second, or third generation?/over the counter or prescribed?)

- In general, we recommend diphenhydramine (Benadryl), which is over-the-counter. If your child has used cetirizine (Zyrtec) in the past and it works well for them, then cetirizine can also be used. Make sure to have an Allergy and Anaphylaxis Emergency Plan for your child with their antihistamine and dose listed. Speak with your child's doctor if you have questions about your child's emergency plan.

15. My son broke out in hives around his mouth after trying hummus. We think he had an allergic reaction to sesame. We have not been in to confirm the allergy yet due to COVID. We have been

avoiding the suspected allergen. Do you recommend taking any other precautions or going in for testing?

- We recommend avoiding the suspected allergen and making an appointment with an allergist to determine the need for testing. Telemedicine appointments are available for initial consultations where you and the doctor or nurse practitioner can decide on how best to proceed with testing if needed. You can call 858-966-5999, ext. 2 for appointments.

16. For a sesame allergy, what should we be cautious of on packaging since it is not listed as one of the top 8 allergens?

- Since sesame is not part of the Top 8 most common allergens required by the FDA to be labeled in plain English on packaged foods, it may be hidden in ingredients under “spices” or “natural flavors.” In these cases, calling the manufacturer to ask if there is sesame in a product can be helpful. Below are general tips for sesame avoidance.

Sesame Avoidance

The following ingredients indicate the presence of sesame protein: sesame flour, sesame oil, sesame seeds, sesame paste (tahini).

Other foods that may contain the presence of sesame seed protein:

- * Bakery products such as breads, rolls and bagels
- * Bread crumbs, breadings and prepared breaded products
- * Breakfast cereals such as Granola, Muesli, and Kashi brand cereals
- * Snacks such as tortillas chips, pretzels, rice cakes, crackers, and Japanese snack mixes
- * High protein bars, energy bars, and low carbohydrate products
- * Salad dressings, spice mixes and marinades

Foods that commonly have sesame seed protein as an ingredient:

Baba Ghanoush, Falafel, Goma-dofu (Japanese custard), Halvah, Hummus, Pasteli (Greek dessert), Sushi, Vegetarian burgers, Japanese and Chinese dipping sauces and marinades.

- Cross Contamination with Sesame may occur in bakeries, bagel shops, and Chinese and Japanese restaurants.
- Some herbal drinks may contain sesame including Aqua Libra, a British herbal beverage.
- Sesame may also be used in soaps, cosmetics, creams, and massage oils where it may be listed as Sesamum Indicum.

Please read all product labels carefully before purchasing and consuming any item.

17. Do you have any resources that can guide us to allergy free products, food, and companies?

- www.snacksafely.com is a good website to help guide you to allergy friendly products. [Also see our list in the accompanying document.](#)

18. Will the allergies disappear as the child gets older as he was diagnosed very early?

- This is highly variable from child to child and depends on which foods they are allergic to. In general, it is recommended that food-allergic children have an allergy follow-up once a year to determine if they may be outgrowing their allergy.

19. The child is very anxious to try new foods, so has a very limited diet. His brother is much more adventurous with various food. What are new ways available in San Diego for introducing allergic foods to children under supervision? I really do not want to go to Northern CA.

- Your allergist will advise you as to what foods are appropriate to introduce at home with parental supervision, and which foods might require a medically-supervised oral food challenge in the office to determine whether or not they are safe for your child. Once you know your child is allergic to a food, it is not safe to try giving your child even small amounts of those foods to which your child is allergic. Oral immunotherapy is an emerging treatment that is done under medical supervision - please speak to your allergist about a referral to our Food Allergy Immunotherapy Clinic to discuss desensitization to peanut or possibly other foods.
- In terms of trying new foods that should be safe for your child, a referral to a Dietitian can give you tools to use at mealtime and address nutritional concerns. A referral to Occupational Therapy (OT) for feeding therapy can also be useful for extremely picky children or those with aversions to taste and texture. Anxiety around eating is not uncommon in children with food allergies. If you believe that your child has anxiety related to their food allergies that is interfering with nutrition or daily activities, behavioral health therapy can be very helpful. Ask your primary doctor or allergist for a referral to a behavioral health specialist.

20. Any suggestions for getting stubborn children with allergies to eat a variety of foods?

- Food-allergic children can be wary about new foods because they may have had bad experiences in the past. Please refer to the answer for Question 19 and see accompanying handout from our Clinical Nutrition Department.

21. Does having food allergies with anaphylaxis put you in the immune compromised category with COVID? Or do we know yet?

- People with food allergies (even with a history of anaphylaxis) are not considered immunocompromised. The part of the immune system responsible for causing allergies is separate and different from the part of the immune system that fights off infection. There is no evidence that having a food allergy increases your risk for getting COVID-19 infection nor that allergies or asthma affects the severity of a COVID-19 infection.

22. Does that new therapy apply to FPIES?

- Oral immunotherapy (OIT) has not been studied for Food Protein-Induced Enterocolitis (FPIES).

23. Is there a waiting list that you can add the child's name to the oral immunotherapy at Rady Children's? What age will they start taking kids?
- There is an interest list. The FDA approved peanut OIT is approved for age 4 and older. We recommend discussing with your allergist if your child is younger or has other food allergies and you are interested in OIT. In order to determine if your child is a candidate for OIT treatment, your child needs to be evaluated by one of the allergists at Rady Children's Hospital. If your child already has an allergist at Rady Children's Hospital, please contact them and let them know that you are interested or would like more information, and they can refer your child to the Food Allergy Immunotherapy Clinic. Otherwise, please make an appointment for your child with one of our allergists for an initial consultation by calling Central Scheduling at 858-966-5999, ext. 2; you may need a referral to Allergy from your primary care physician, depending on your insurance coverage.
24. When giving epi for bee stings, I was taught that it is best if possible to give on the same side as the sting. Is this true?
- We are unaware of data to support this. As long as epinephrine is given in the thigh on either side it is quickly absorbed into the body and treats all parts of the body.
25. I know you mentioned about kids with asthma and allergies not being more at risk for COVID but what are your thoughts about returning to school safely for kids with these respiratory conditions?
- It may depend on the individual child and their medical history as well as the health and risk category of other household members. It is important that asthma and allergies be treated and kept under control. Viruses of any kind can trigger asthma symptoms and keeping asthma under control at baseline can help reduce the severity of those symptoms. Controlling allergic rhinitis leads to better asthma control, and keeping nasal allergies controlled will make it easier to tell that new symptoms may be caused by a virus. Speak to your child's allergist or pediatrician if you have specific concerns. The COVID-19 situation continues to evolve, therefore we recommend following the CDC, State, and County recommendations for returning back to school.
26. Just to be clear, this new immunotherapy treatment is for peanut allergy, correct?
- Correct, the FDA approved oral immunotherapy product is for peanut allergy. We hope to expand therapy to include other food allergies when available. In the meantime, please visit the Food Allergy Immunotherapy Clinic website for more information <https://www.rchsd.org/programs-services/allergy-immunology/food-allergy-center/>
27. What other things would factor in for a child to qualify for OIT?
- Your child would need to be evaluated by one of the Rady Children's allergists to determine if they are a candidate for OIT. Please refer to the FAQs on the Food Allergy Immunotherapy Clinic webpage for more information <https://www.rchsd.org/programs-services/allergy-immunology/food-allergy-center/food-allergy-immunotherapy-clinic/>

28. Are low steroids like Qvar cause any issues or complications when infected with a respiratory virus like Covid-19 ?
- There is no evidence that inhaled steroids like Qvar or Flovent increase the risk of getting COVID-19 nor affect the severity of a COVID-19 infection. Inhaled steroids are used to maintain control of asthma and we recommend treating persistent or underlying asthma to help reduce the risk and severity of asthma symptoms if a patient with asthma were to get COVID-19 or any other respiratory infection.
29. Just wanted to clarify that it seems that kids with food allergies and anaphylaxis are not more likely to get Covid. Are kids with food allergies considered immune compromised?
- Please see answer to Question 21.
30. What are your thoughts about kids going to camp this summer with asthma, food allergies, etc. among COVID?
- Deciding whether to send children to summer camp this year may depend on the individual child and their history as well as the health and risk category of other household members. We recommend making sure your child's asthma and allergies are under control, and that the camp has all of their daily medications and emergency medications, including at least 2 epinephrine auto-injectors if they have food allergies. Speak to your child's allergist or pediatrician if you have specific concerns. The COVID-19 situation continues to evolve, therefore we recommend following the CDC, State, and County recommendations on summer camps.
31. If the child has multiple food allergies (dairy, peanuts, shellfish, wheat) would they be more susceptible to having reaction/anaphylaxis to a bee sting?
- It does not appear that children with food allergies are at higher risk of having an allergic reaction / anaphylaxis to a bee sting.
32. Is a child with Thermal Urticaria at greater risk for contacting COVID? Are there any special precautions that need to be taken?
- We are not aware of any data that patients with thermal urticaria are at higher risk for COVID-19 infection.
33. What about the cdc recommendation that a solution for cafeteria eating would be for students to eat in classrooms?
- In early May, the CDC posted interim guidance on COVID-19 planning for K-12 school administrators. This included suggesting that schools avoid having students “mixing in common areas.” To help prevent that, the CDC recommends that schools in most cases: “allow students to eat lunch and breakfast in their classrooms rather than mixing in the cafeteria.” Two non-profit food allergy organizations, FARE and FAACT, have contacted the CDC with concerns regarding these recommendations and we encourage you to follow these developments. In addition, we recommend that you contact your child's school and ask them if they plan to implement this change.

- If schools choose to adopt the recommendation of having students eat in the classroom, there should be strict handwashing after food contact, cleaning of surfaces after eating, and enforcement of “do not share food” policies. Washing with soap and water or using commercial hand wipes are effective for removing food allergens from hands and surfaces. Alcohol-based hand sanitizer alone does not remove food allergens (although it is effective for removing viruses!). Surfaces should be cleaned and sanitized with soap and water or all-purpose cleaning agents that meet state and local food safety regulations.
- For the food-allergic students, we recommend that they wash their hands for 20 seconds before and after eating, and that their eating surfaces should be cleaned before and after eating. Having a placemat or eating out of the lunchbox or container also helps protect their food from cross-contact. Younger students, especially, need close supervision during meal and snack times to prevent food sharing or food-based bullying, and to promptly recognize any signs or symptoms of an allergic reaction or accidental ingestion.

34. Do you believe children with asthma should take more precautions during the COVID crisis?

- Please see answers to Question 25 and 28.

35. Does any of the "typical" allergic remedies and treatments mask any of the multivariate symptoms in MIS-C (I think I have the new syndrome correct?)

- There is no evidence that allergy or asthma medications mask symptoms of Covid-19 induced multisystem inflammatory syndrome in children. Allergy medications help alleviate symptoms that are caused by allergies and help control inflammation in the lungs in asthma - they are not expected to affect other parts of the immune system. The one exception is the use of long-term oral steroids, which are rarely used for asthma in children. Please contact your child's healthcare provider with specific concerns.

36. Is wearing facial covering a problem for kids with asthma during this time?

- No, there is no evidence that wearing a cloth facial covering or surgical mask causes issues for patients with asthma. To help prevent the spread of COVID-19, guidelines recommend that a facial covering be worn while in public.

37. Does the kid with Hashimoto disease have high risk on food allergy?

- We are unaware of any data reporting Hashimoto's Disease as a risk factor for food allergy.

38. If my child is hospitalized for covid or something else how does the hospital handle feeding my child with allergies? Especially for covid if parents aren't allowed to visit?

- If your child is hospitalized, be sure to report any food allergies your child has at admission and at every meal. If the hospital and healthcare providers are aware of the allergy, they should take every precaution to be sure that foods fed to the patient exclude the allergen and any possible cross contact. You can also bring or provide food for your child. At Rady Children's Hospital, hospitalized children are allowed one parent/caregiver with them, as long as the

parent/caregiver is free of any signs of illness. Please refer to <https://www.rchsd.org/patients-visitors/> for visiting guidelines.

39. For kids who have a history of poor antibody response to vaccines would you recommend updated bloodwork to ensure that these issues continue to be resolved after intervention (ie pnemovax/boosters)?

- This will depend on the individual patient and their history. Please contact your child's immunologist with specific concerns. It is important not to delay vaccinations during the Covid-19 pandemic, so please contact your child's pediatrician to make sure your child is up-to-date. We recommend that all children and family members over the age of 6 months get the seasonal flu shot, when available.

Thank you.