Food Allergy Canada

**Frequently Asked Questions**

1. What is anaphylaxis?

Anaphylaxis (pronounced anna-fill-axis) is a serious allergic reaction that is rapid in onset and may cause death. Individuals with food allergies at risk of anaphylaxis carry an epinephrine auto-injector (such as EpiPen®) which contains life-saving medication in case of an allergic reaction.

2. What are the signs of an anaphylactic reaction?

An anaphylactic reaction can involve any of the following symptoms, which may appear alone or in any combination, regardless of the triggering allergen:

Skin system: hives, swelling (face, lips, tongue), itching, warmth, redness, rash

Respiratory system (breathing): coughing, wheezing, shortness of breath, chest pain/tightness, throat tightness, hoarse voice, nasal congestion or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing), trouble swallowing

Gastrointestinal system (stomach): nausea, pain/cramps, vomiting, diarrhea

Cardiovascular system (heart): pale/blue colour, weak pulse, passing out, dizzy/lightheaded, shock

Other: anxiety, feeling of “impending doom”, headache, uterine cramps, metallic taste

3. What causes an anaphylactic reaction?

Food is one of the most common causes of anaphylaxis, but insect stings, medications, latex, and exercise can also cause reactions.

4. What are the most common food allergens in Canada?

The Government of Canada recognizes the most common food allergens as: peanuts, tree nuts, seafood (fish, shellfish, crustaceans), egg, milk, sesame, soy, mustard, and wheat. Sulphite, an additive, is also recognized by the Government of Canada. A person can be allergic to any food, but since these are the most common, the government deems them “priority” allergens for labelling purposes.

5. How much of a food allergen does it take to cause a reaction?

Even a very small amount ‘hidden’ in a food or a trace amount of an allergen transferred to a serving utensil has the potential to cause a severe allergic reaction.

6. Can someone have a reaction without ingesting their allergen?

Inhalation of airborne peanut protein can cause allergic reactions, though usually not systemic anaphylaxis. Steam from fish, while cooking, has been shown to cause severe reactions in some people. Direct ingestion of an allergy-causing food poses the greatest risk for most people with food allergies. The odour alone has not been known to cause an anaphylactic reaction as the smell does not contain the protein.

7. Can someone who is allergic to a food have an allergic reaction after kissing someone who has eaten that food?

Yes. People at risk need to tell their friends and partners about their food allergies to avoid accidental exposure, as small amounts of food can be transferred from one person to another through kissing.

8. How are allergic reactions avoided?

Reading ingredient labels on foods, taking special precautions in food preparation and ensuring proper hand washing and cleaning go a long way toward reducing the risk of an accidental exposure.

9. How are allergic reactions treated?

An allergic reaction can usually be treated effectively with a prompt injection of epinephrine/adrenaline (e.g., EpiPen®). Other medications, such as antihistamines are not useful in treating anaphylaxis. After injecting epinephrine, the person is normally taken to hospital for observation and/or further treatment.

10. Why do so many people seem to have food allergies these days?

No one really knows why food allergies are on the rise, but they are. One theory, known as the “hygiene hypothesis”, suggests that people living in western countries are living in cleaner and more sanitized environments. The immune system – exposed to fewer germs than our bodies are used to dealing with- mistakenly identifies certain foods as harmful. Genetics also play a role in the development of food allergies; for example, if one parent has allergies, their child has a greater risk of developing allergies as well. Much research is being done into the cause, and the potential treatment, of food allergies.

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