

Patient information

Fish allergy

Background

- Finned fish can cause severe allergic reactions. This allergy is usually life-long. The protein in the flesh of fish most commonly causes the allergic reaction, however it is possible to have a reaction to fish gelatin made from the skin and bones of fish. Although fish oil does not contain protein from the fish from which it was extracted, it can be contaminated with fish protein and so should also be avoided.
- More than half of people who are allergic to one type of fish are allergic to other fish, and so are advised to avoid all fish. However, many people with fish allergy are able to eat canned tuna or salmon, as the canning process makes the fish less allergenic.
- Finned fish and shellfish (eg prawns) do not come from related families of foods, so being allergic to one does not mean that you will not be able to eat the other.

How to avoid fish

- The European Union has issued a labelling directive that requires producers to make it clear in pre-packed foods when fish is included, so make sure you read product labels carefully. The term fish includes all species of finned fish.
- When eating out, people with fish allergy should be particularly alert to cross-contamination. Always check with the restaurant kitchen that fish is NOT cooked in the same pots / pans or in the same oil as other food.
- Seafood restaurants must be regarded as areas of high risk of cross-contamination even if the allergic person does not order fish.
- Certain restaurants (eg Chinese, African, Indonesian, Thai and Vietnamese) are considered high-risk because they commonly use fish and fish ingredients eg fish sauce or anchovy paste.

- Some sensitive individuals may react to fumes from cooking fish.
- Many omega 3 supplements contain small traces of fish and may cause a reaction. Vertese® supplements are fish free (www.vertese.com)

Diagnosis of fish allergy

- Allergic reactions to fish can be severe and usually occur very soon after contact, usually within two hours. Reactions can be delayed up to 24 hours later, although this is rare.
- Most common symptoms are urticaria (nettle rash) and angioedema (swelling), stomach problems (nausea, vomiting, diarrhoea) or breathing problems.
- Where fish allergy is suspected from a history of symptoms following contact, allergy must be confirmed by allergy tests (skin prick tests or blood tests)

Treatment of fish allergy

- There is no treatment for fish allergy, so careful avoidance is necessary to prevent symptoms. The dietitian can give further information on avoiding these.
- In some children with a specific fish allergy (eg cod), they may be able to eat other types of fish. This will be reviewed by the allergy team and a food challenge may be performed.
- Allergic reactions can be treated with antihistamines (Cetirizine) or an adrenaline injection (EpiPen or Jext), depending on the seriousness of the reaction.
- The need to carry an adrenaline injection (EpiPen or Jext) will depend on the person's age, the seriousness of the reaction and the risk of further exposure.

With thanks to the Children's Allergy Clinic, University Hospitals of Leicester NHS Trust, for permission to reproduce this information.

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