

Dear BSACI Colleague,

We are writing following the extremely sad news that Alistair Watson, a 3 year old boy, suffered a fatal anaphylactic reaction following an oral food challenge to baked milk at a children's hospital in Alabama, United States. Our heartfelt condolences go out to the family. We await further details of the specifics of this case, which of course may have a significant impact into how we can interpret the learning required. In the interim, we felt it was important that you were aware of this case, to better inform conversations you have with patients and parents and also to ensure that you have robust governance processes regarding your own practice.

Oral food challenges are a central part of allergy practice, where diagnosis is uncertain. Oral food challenges remain the gold standard diagnostic test with a proven safety record over the many decades that they have been conducted in the UK and around the world. Home reintroduction of certain allergenic foods (e.g. cow's milk) is also commonplace, to demonstrate resolution, and is supported by [BSACI Standards of Care Committee \(SOCC\) guidelines](#). Despite the growth in food allergy and allergy service provision, we are not aware of any fatal reactions during food challenges or home reintroduction in the UK. Whilst accurate diagnosis is essential for our patients, this recent event brings into sharp focus the need to ensure that the safety of our patients remains of utmost priority.

The BSACI would like to reiterate to all doctors who carry out food challenges, the important points raised by the recent joint statement of the American Academy of Allergy, Asthma & Immunology, American College of Allergy, Asthma & Immunology and the Canadian Society of Allergy and Clinical Immunology. For UK based practice these include the following requirements (described in the [SOCC peanut and tree nut allergy guideline](#)).

- oral food challenges should be conducted by a provider who is
  - trained and experienced with food allergy and anaphylaxis management
  - has experience in performing an oral food challenge
- Food challenges should be conducted in a hospital-based set-up, which includes
  - an established procedure for conducting the challenge
  - a procedure for preparing and administering the food item by trained staff
  - appropriate supervision for the patient, including dedicated nursing and a supervising medical provider close by
  - a plan for treatment of any resulting reaction
  - a post-feeding observation period
  - Intramuscular adrenaline and resuscitation equipment immediately available
- Food challenges should only be performed following written informed consent, which should detail that the risks and benefits of the procedure were explained to the patient or caregiver.

- Food challenges should be followed up with a plan, based on the outcome, advising the patient and other health care professionals.

Challenges should be cancelled or re-arranged if a patient has poor asthma control/recent asthma flare, or has had a recent or concurrent illness. These, as well as other factors, increase the risk of a reaction occurring and can influence how severe a reaction is. We recommend that you review your departmental guidance, with reference to BSACI guidance with regards to the above and all other aspects of the food challenge arrangements within your department.

As described in detail in [the BSACI SOCC milk allergy guidelines](#), home reintroduction of cow's milk protein is appropriate in children who have had only mild symptoms (only cutaneous symptoms) on noteworthy exposure (e.g. a mouthful of fresh milk) and no reaction to milk in the past 6 months and in IgE-mediated disease, a significant reduction in sIgE/SPT weal diameter. A 'milk-ladder' to facilitate reintroduction is described within the [milk allergy guideline](#).

The BSACI will be issuing a joint statement with patient charities in response to these events and this will be published on the BSACI website. We will also aim to update you once more details emerge.

With kind regards,

Dr Shuaib Nasser (President)

Dr Adam Fox (Chair of Paediatric Committee)

Dr Andrew Clark (Chair of BSACI Standards of Care Committee)



BSACI, Studio 16  
Cloisters House  
8 Battersea Park Road  
London  
SW8 4BG

Tel: 0207 501 3910

Fax: 0207 627 2599