

Food Allergy Testing Frequently Asked Questions

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Q 1: Why is food allergy testing important?

Food allergen avoidance is important in the management of food allergy. When individual foods are identified and confirmed through allergy tests, this prevents unnecessary food avoidance.

For people who are at risk of anaphylaxis (the most severe type of allergic reaction) due to food allergy, it is very important that individual foods are identified and confirmed through allergy tests.

People who have been diagnosed at risk of anaphylaxis will be prescribed an adrenaline (epinephrine) injector in case there is accidental exposure to confirmed food allergens. Anaphylaxis is the most severe type of allergic reaction and should always be treated as a medical emergency.

Q 2: What is needed for an accurate diagnosis of food allergies?

Allergy is an evidence-based medical specialty which relies on the science and understanding of allergic disorders. Accurate diagnosis of food allergies requires a clinical history (including symptoms), combined with proven, evidence-based, and reliable allergy testing by a qualified medical practitioner.

A diagnosis of food allergy or severe allergic reaction (anaphylaxis) based only on test results cannot be confirmed without a medical and physical review by a qualified doctor. When food allergy is suspected, it is important to understand the following:

- Allergic reactions to foods usually occur within a short time of eating the food containing the allergen. Reactions may happen immediately, or within an hour or two. Symptoms range from mild to moderate swelling of the face, eyes, and lips, hives, abdominal pain and vomiting, to the most severe allergic reaction known as anaphylaxis.
- Symptoms such as stomach bloating or pain are rarely due to allergy. Allergy testing is not usually performed in this situation.
- Allergy test results alone are usually not enough to make an accurate diagnosis. For example, a positive allergy test result does not always mean a person will develop an allergic reaction when the food is eaten.
- When considering food allergy tests, it is important for them to be 'evidence-based'. This means that there needs to be evidence that a particular test is reliable, based on the study results of people with similar conditions.

Q 3: Which food allergy tests are recommended by ASCIA?

Skin prick tests that measure allergen specific immunoglobulin E (IgE) antibodies for individual foods that are suspected to have caused an allergic reaction.

- **Blood tests that measure allergen specific IgE antibodies** for individual foods that are suspected to have caused an allergic reaction.
- **Food allergen challenges** to confirm or exclude food allergies, when performed for individual foods that have caused previous allergic reactions or are suspected to have caused an allergic reaction.

These must always be performed under medical supervision using published, consistent protocols, in a medical clinic where emergency equipment is available.

Test results should always be considered with a detailed medical and physical review by your doctor.

To assist with the medical history, the ASCIA Allergic Reactions Event Record form or Clinical History form can be used to record symptoms, features of reactions and factors that affect severity of reactions.

These forms are available on the ASCIA website:

www.allergy.org.au/hp/anaphylaxis/anaphylaxis-event-record

www.allergy.org.au/hp/anaphylaxis/clinical-history-form-allergic-reactions

Q 4: Why are multiple food allergen blood tests not recommended by ASCIA?

Allergen specific IgE tests to multiple food allergens in a single test (food allergen mix) are not recommended, as a positive test cannot identify the relevant allergen. Testing should only be performed when there is a history that suggests an immediate allergic reaction to a food, and testing should only be for the suspected food allergen. If there is no history of an allergic reaction, testing should not be performed as a screening test, as positive test results to foods can occur even when there is no food allergy. This can lead to unnecessary food restrictions.

Q 5: Which tests are not recommended by ASCIA?

ASCIA does not recommend tests that are unproven and not evidence-based. This is because they often provide results that are not clinically useful and not relevant to the allergic condition. These tests can also be very costly and can lead to adverse outcomes including unnecessary and potentially harmful dietary restrictions. ASCIA does not recommend:

- Tests for multiple food allergens, such as blood tests for food allergen mixes.
- Any tests that claim to 'screen' for food allergy, including genetic tests.
- Food allergy tests that are ordered online.
- Tests for Immunoglobulin G (IgG) to foods.
- Unproven, non-evidence-based allergy 'tests' provided by some unorthodox/alternative practitioners which include cytotoxic food testing, kinesiology, hair analysis, vega testing, electrodermal testing, pulse testing, reflexology, bioresonance, Bryan's or Alcat tests, VoiceBio, allergy elimination techniques and immunoglobulin G (IgG) to foods.

Q 6: What are some adverse outcomes of allergy tests not recommended by ASCIA?

- Impact on employment and social functioning, due to unnecessary avoidance of foods.
- Impaired growth, food anxieties and malnutrition, due to unnecessary avoidance or restriction of foods.
- Delayed access to more effective diagnostic tests and treatments for allergic disorders.
- Lost productivity and income from poorly controlled symptoms of allergic disorders.
- Significant costs due to unnecessary tests and treatments not only for people incorrectly diagnosed as having an allergic disorder, but also for those with allergic disorders who are poorly managed.

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For more information go to www.allergy.org.au/patients/allergy-testing

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