

Fact Sheet

Fish Allergy (includes all fish and seafood)



Fish allergy is more common in adults than in children; however some children do have allergies to these foods. Fish allergy tends to be life long.

A child who is allergic to only one or two types of fish may sometimes be able eat other types of fish without an allergic reaction. Steam formed by cooking fish may cause allergic reactions in very sensitive children. This means the whole family may need to avoid eating fish or the fish may need to be cooked outside.

Allergy skin prick tests are helpful in the investigation of fish allergy however some patients with a positive allergy test will not necessarily have an allergic reaction after eating the fish. In some cases it will be necessary to perform a challenge with fish in hospital to prove a child will not react before giving fish at home. If a fish allergy is suspected you should not give your child fish unless advised to do so by your doctor.

There are 2 main types of fish which can trigger allergic reactions:

- fish with backbones
- fish without a backbone often called seafood

Fish with backbones

From an allergy point of view, these fish may be divided into 6 groups:

Group 1 shark, flake and sweet william

Group 2 sardines, pilchards and anchovies

Group 3 salmon, pike and trout

Group 4 cod, hake and haddock

Group 5 tuna, mackerel, snapper, pink snapper, perch, barramundi, bream, flathead and whiting

Group 6 sole, flounder, halibut

The further away one group is from another group the less likely there will be an overlap of allergic reactivity.

There are many thousands of different types of fish. The names given to fish can vary from place to place so make sure that the fish you buy is correctly named.

If your child is allergic to a fish in one of the groups it may be possible to find a fish in another group which does not cause an allergic reaction .Your doctor can sort this out with allergy skin tests using small pieces of the fresh fish followed by an oral challenge.

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Fish without backbones (or Invertebrates)

- Crustaceans eg prawns, shrimps, lobster, crayfish, crab, yabbies, bugs
- Molluscs eg snails, abalone, mussels, clams, oysters, pipis, cockles
- Cephalopods eg octopus, cuttlefish, squid, calamari
- Gastropods eg sea slugs, garden slugs and snails

The allergens in invertebrates are not destroyed by cooking. In general, if your child is allergic to any of these invertebrates, all invertebrates should be avoided. Children who are allergic to invertebrates may not be allergic to fish with backbones.

Check these foods for fish:

Fish is used in processed fish fingers, calamari rings, fish burgers and fish nuggets. It may be difficult to find out what type of fish is in a specific product and the fish used may vary from time to time.

Fish is processed into a variety of commonly eaten foods. It is part of many dishes, sauces, salad dressings, pastes and cracker biscuits.

Glucosamine supplements (used for arthritis) may be derived from crustaceans and should be avoided by people with allergies to crustaceans, unless it has been tested and proven otherwise.

Possible sources of fish are:

Frozen fish fingers	Oyster sauce
Crab sticks	Fish sauce
Prawn chips/crackers	Salads eg Caesar salad
Calamari rings	Fish oils
Seafood dips	Worcester sauce
Asian foods	Fish stock
Chinese dim sims	Sushi
Marinara dishes	Tapenade

Avoiding fish and seafood:

Check the following for unintentional exposure to fish and seafood;

- BBQ surfaces which haven't been cleaned after cooking fish

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- Cooking oil in which fish has been previously cooked
- Batter which has had fish dipped into it
- Seafood platters which contain a mixture of fish and seafood
- Pet food that you child may access

Contacts for more information

- www.chw.edu.au/parents/factsheets/allergy
- Australian Society of Clinical Immunology and Allergy (ASCIA) www.allergy.org.au
- FSANZ - Food Standards Australia and New Zealand for information on food labelling www.foodstandards.gov.au

Dietitian: _____

Telephone: _____

This fact sheet is for education purposes only.
Please consult with your doctor or other health professional
to make sure this information is right for your child.

This document was reviewed on 24th September 2009.

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