



Referrer Update: Changes to Serum Specific IgE

Canterbury Health Laboratories, Te Whatu Ora Waitaha, wishes to advise that changes to serum specific IgE will be introduced on 1st December 2023, post a routine review of testing repertoire and algorithms within Immunology.

Withdrawal of multiple allergens that are contained in one test (mixed allergen cap)

Following feedback from paediatricians who manage childhood allergy and from external immunopathologists, we are rationalising the use of EAST allergy testing, to reduce harm that may occur if evidence of sensitisation is mistaken for evidence of allergy, and the food is withdrawn from the diet when it was previously tolerated. This can be physical (loss of tolerance, nutritional deficiencies), psychological (anxiety, bullying), financial (health care and food cost). Sensitivity and specificity of multiple allergen mixes is inferior to single allergen EAST test.

The following mixes will be withdrawn from use from 1st December 2023: FX5 (egg white, milk, fish, wheat, peanut, soybean), FX1 (peanut, hazelnut, brazil nut, almond, coconut), FX22 (pecan nut, cashew nut, pistachio, walnut), FX2 (fish, shrimp, blue mussel, tuna, salmon), HX2 (All dust mites).

Tests with extracts from single allergens e.g. egg, milk, peanut, shrimp, mussel, salmon house dust mite will be available for use. These will be applied appropriately where specific clinical details are provided.

Choosing Wisely (International evidence-based approach to testing)

To ensure we align with the principles of appropriate testing, we will no longer proceed with EAST testing if:

- (a) no specific allergens are requested or there are no clinical details, or
- (b) if details on lab request form are not supportive of an allergy, or
- (c) multiple >5 unrelated allergens are requested, and

In addition, total IgE will be restricted to hospital clinicians managing patients with Allergic Aspergillosis.

Abdominal pain, headaches, IBS, asthma, urticaria, rhinitis, and eczema are unlikely to be IgE mediated allergy and allergy testing will be declined. This in line with the current recommendations on community health pathways on Allergy. <u>https://canterbury.communityhealthpathways.org/30857.htm</u>

Cessation of Community Skin Prick Testing

Skin prick testing is no longer available through the lab, whose role is to provide a diagnostic service and not a clinical service. Due to the labour-intensive nature of skin prick test, there is inadequate resources to sustain the service and hence its withdrawal. We will continue to provide support for skin prick testing through the paediatric department at Christchurch hospital for those requiring further investigation.

If you have any feedback please contact: Dr Ignatius Chua, Immunopathologist ignatius.chua@cdhb.health.nz