

Oral Immunotherapy for Food Allergy

Frequently Asked Questions

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Q 1: What is oral immunotherapy for food allergy?

Oral immunotherapy (OIT) is a potential treatment for food allergy, which involves gradually increasing amounts of food allergen given under medical supervision. Following this, the food needs to be consumed each day, by eating or drinking the food allergen.

Q 2: Is OIT for food allergy routinely offered in Australia or New Zealand?

For most people with food allergy, avoidance of their known food allergen(s) remains the standard of care. Oral immunotherapy for food allergy (food OIT) may be offered in some centres under the supervision of a clinical immunology/allergy specialist who is registered in Australia or New Zealand.

If food OIT is offered it should be supported by a multidisciplinary team led by a doctor registered as a clinical immunology/allergy specialist in Australia or New Zealand, and should follow evidence-based, peer-reviewed treatment protocols.

There are currently no commercial food OIT products registered by the Therapeutic Goods Administration (TGA) in Australia or Medsafe in New Zealand. Most food OIT methods used globally involve food products and have not been reviewed or approved by any regulatory bodies.

Q 3: Are there any clinical research trials underway for OIT and other food allergy treatments?

There are several clinical research trials for food OIT and other treatments for food allergy underway in Australia and other countries. The trials aim to develop proven methods to maximise benefit and reduce the risk of potential harm in people with severe food allergy. More information needs to be collected about safety, benefits, cost-effectiveness, impact on quality of life and long-term outcomes.

Q 4: What are the results from published trials for food OIT?

Published trials for food OIT show that:

- Many people achieve desensitisation, which is a temporary state that allows them to consume more of the food allergen than they could before OIT, but they still have food allergy. If desensitisation is achieved, benefits are limited to protection against consuming small amounts of food allergen.
- Some people achieve sustained unresponsiveness (remission), which means they can consume a larger amount of food allergen than they could before OIT, without having an allergic reaction. If sustained unresponsiveness (remission) is achieved, benefits may outweigh other issues.

Oral tolerance has not been shown in published trials for food OIT. Oral tolerance means that a person can consume usual serves of the food allergen after a long period of avoiding it or stopping OIT, even after years, without having an allergic reaction.

Q 5: Is OIT a cure for food allergy?

Current food OIT methods are not a cure for food allergy. Any potential benefits of food OIT need to be considered against the potential side effects (including allergic reactions and anaphylaxis) and the

burden of treatment (such as the time commitment required and cost of OIT) to decide whether there is likely to be an overall benefit for a patient considering food OIT.

Q 6: Are there any safety concerns about OIT for food allergy?

Safety concerns about food OIT include:

- People on food OIT tend to have more allergic reactions overall than people who are avoiding their allergen, due to allergic reactions caused by the OIT itself.
- People on food OIT can still have allergic reactions due to accidental exposure to food allergens.
- Food OIT may make eosinophilic oesophagitis (EoE) worse, or EoE can develop in patients who did not have EoE prior to food OIT.

Q 7: Are there other issues that need to be considered before commencing food OIT?

Food OIT should be given in a consistent way, to improve the chance of it working and to minimise the risk of side effects. Therefore, being on food OIT may present difficulties for people who plan to go on holidays, overnight excursions, camps, or board overnight at school.

There may also be potential costs (such as travel and time off work, in addition to any direct costs for the treatment itself), disruptions and restrictions to normal routines that need to be considered, which will vary for different age groups.

All participants in clinical trials on food OIT should remain under the regular care of a clinical immunology/allergy specialist.

Q 8: Is OIT for food allergy available after a clinical research trial is finished?

Treatments offered in clinical research trials may not be available for participants when the trial finishes, so it is also important for patients and their families to discuss plans for management of food allergy after the trial with their regular clinical immunology/allergy specialist.

Q 9: What are the ASCIA recommendations for management of food allergy?

Patients with food allergy should be managed by or in consultation with a clinical immunology/allergy specialist. For most people with food allergy, avoidance of confirmed food allergens is recommended.

Where food OIT and other treatments for food allergy are proven to be effective, safe and standardised for routine use, these treatments may be offered in some centres under the supervision of a clinical immunology/allergy specialist who is registered in Australia or New Zealand.

All patients receiving food OIT (including as part of a clinical research trial) should be advised of the increased likelihood of allergic reactions (including anaphylaxis) and be prepared for these events. They should continue to be managed in conjunction with their clinical immunology/allergy specialist.

It is important for people with food allergy and their families to:

- Know the signs and symptoms of mild to moderate allergic reactions and anaphylaxis.
- Know what to do when an allergic reaction occurs.
- Read and understand food labels for food allergy.
- Inform wait staff that they have food allergy when eating out.
- Be aware of cross contamination and contact with food allergens when preparing food.
- Carry their adrenaline (epinephrine) injector (if prescribed), and ASCIA Action Plan for Anaphylaxis.

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