CAPHI
California Asthma Public Health Initiative

Allergy Testing Guide

WHEN TO ORDER SPECIFIC IgE ASTHMA PROFILE

In asthma or suspected asthma

- Patients with persistent asthma on daily medications[1]
- Patients with asthma at any level, with suspected allergic triggers[1]
- Patients with asthma and concomitant rhinitis[2]

1. National Institutes of Health. NIH publication 97-4051.
2. Bachert C,et al. Immunol Allergy Clin N Am. 2004;24:19-43.

INTERPRETATION OF RESULTS

Specific IgE (kU_A/L)	Class	Level	Clinical Correlation	Management Options*
<0.35	I	absent/ undectable	consider non-allergic causes	consider causes other than allergic disease
0.35-0.69	II	Low	uncertain clinical relevance	Interpret clinical relevance based on specific IgE – patient history correlation (exposure, symptoms in response to exposure, seasonal variation).
0.70-3.49	III	moderate	probably a contributing factor to total allergic load	Consider treatment options: - allergen avoidance - trial of pharmacotherapy - immunotherapy (requires specialist referral)
3.50-17.49	IV	High	clinically relevant	
17.50-49.99	V	very high	highly clinically relevant	
50.0-100	VI	very high	highly clinically	
>100	VII	very high	highly clinically relevant	

* These measures apply to inhalant allergens only. Allergic sensitivity to foods is managed by dietary avoidance of the offending allergen(s).

WHEN TO RETEST

- When symptoms are poorly controlled AND patient history indicates environmental change that may increase exposure to a particular allergen[3]
- If patient was previously tested between ages 0 and 5,
  AND patient has not been tested within the last 18 months
  AND patient has experienced a decline in symptom control[3,4]
- Testing for additional allergens may be indicated if:
- Initial allergy panel is negative, symptoms suggest allergy, and patient history identifies exposure to allergens not included in initial panel.
- Initial allergy test is positive, and environmental control measures are ineffective.
  Consider referral to a specialist for allergy testing beyond basic inhalant panel.

3. Sasai et al. *J Pediatrics* 1996;128:834-840.
4. Ahlstedt et al, *J Allergy of Allergy and Clinical Immunology* 2000 Jun; 105(6 Pt 1):1077-84.

WHEN TO REFER TO A SPECIALIST

- Medication regimen and allergen avoidance are not resulting in well-controlled disease
- Correlation between patient history and allergen sensitivity is unclear
- Candidates for immunotherapy (allergy shots)

*(**Note Regarding "When to Retest" and "When to Refer to a Specialist":** Nationally recognized published guidelines do not specifically address these topics. Recommendations included here are a summary of the best available evidence, and are intended only as a suggested guide.)*

Specific IgE Profiles

INDOOR ALLERGEN PROFILE

- Cat dander
- Dog Dander
- Dust mite (D. Farinae)
- House dust mite (*D. pteronyssinus*)
- Mold (*alternaria alternata*)
- Mold (*aspergillus*)
- Mold (*cladosporium*)
- Cockroach (*Blatella germanica*)

OUTDOOR ALLERGEN PROFILE

- Pigweed (*Amanthus retroflexus*)
- Olive tree (Olea europaea)
- Timothy grass (*phleum pretense*)
- Box elder (*Acer negundo*)
- Ragweed (*Ambrosia psilotachya*)
- Oak tree (*Quercus alba*)
- Walnut tree (*Juglans californica*)
- Juniper (*Juniperus sabinoides*)
- Bermuda grass (*Cynodon dactylon*)

FOOD ALLERGEN PROFILE

- Soybean
- Codfish
- Corn (Maize)
- Egg white
- Milk
- Peanut
- Almond
- Walnut
- Wheat