

Kiwi fruit allergy

Background

Allergy to kiwi fruit is becoming increasingly common and severe reactions are occasionally reported, especially among children.

Kiwi fruit is a native plant of the Yangtze River Valley region of China. In 1904 one male and two female plants were taken to New Zealand. Almost all of the fruit cultivated outside China is descended from those three plants. Kiwi fruit started to be grown commercially in New Zealand in the 1930s and 1940s but it was not until the 1960s that it was exported to America. It has since been cultivated in North America, and in the past 30 years has become a common food throughout the world.

Kiwi fruit became a part of the UK diet in the early 1970s. Reports of allergy became increasingly common in the 1980s, predominantly among adults, and then among children in the 1990s.

Symptoms of kiwi allergy

A study of kiwi allergy by researchers at the University of Southampton has shed some light on the problem. The research team was contacted by nearly 400 people who reported symptoms to kiwi fruit and 276 people completed a questionnaire.

The symptoms that people reported were varied. They included reactions in the mouth (tingling, sore mouth, swelling of lips etc) and more severe symptoms including wheeze, blue lips and even collapse.

The study found that severe symptoms were more likely to occur in young children than people over 15.

The researchers conclude that people who suffer severe reactions the first time they eat kiwi fruit are likely to continue to have severe symptoms on subsequent reactions, but if the first reaction is mild, future reactions may be mild. However, a few people in the study went from having mild to severe reactions.

Nearly three quarters of children of five or under had reacted on their first known exposure to the fruit in comparison with only a fifth of adults.

Treatment

People with suspected kiwi allergy need good medical advice, initially from a GP and subsequently at an NHS allergy clinic. Blood tests and/or skin prick tests may be used to confirm diagnosis. If there is the possibility of severe reactions occurring, the patient should be prescribed injectable adrenaline (also called epinephrine).

As with any food allergy, if you react to kiwi and also have asthma it is vital that the asthma is well controlled. A severe reaction to food is more likely if co-existing asthma is poorly managed. People can get advice from their local surgery.

Allergies to other foods and substances

Some people with kiwi allergy may also react to natural rubber (latex), avocado, banana, apple and carrot. A significant proportion may be tree pollen allergic. This is because of a phenomenon known as "cross-reactivity" – where proteins in one food or substance are similar to those in another.

Some people in the Southampton study reported allergies to other foods and substances that have no relationship to kiwi. These included peanut, tree nut, milk and egg.

The Anaphylaxis Campaign

Vigilance is needed

People allergic to kiwi fruit should be careful of Smoothies and tropical fruit juices. Check the ingredients.

They should also be careful of cross-contamination. The Journal of Allergy and Clinical Immunology reported a case where anaphylaxis was triggered by minute amounts of kiwi left on a knife that was subsequently used to prepare a strawberry dessert served in a restaurant.

Kiwi can be used to glaze pâté and, in New Zealand at least, to tenderise meat.

It is probable that a large proportion of people with kiwi allergy are also allergic to Zespri gold – a different but similar species. Zespri gold is easily identifiable by its gold colour and similarity to kiwi fruit. But in a fruit salad, it might be mistaken for melon or some other tropical fruit.

This fact sheet is based on information available at the time of going to press but may be subject to change. Remember too that all of us are different and individual cases require individual medical attention. Please be guided by your GP or consultant.

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