

Outgrowing childhood food allergy

As a parent or carer, you may wonder whether the child in your care will outgrow their food allergy or if it will be a lifelong condition. This page gives a general overview, focusing on immediate (IgE-mediated) food allergy, where symptoms usually appear within seconds or minutes of eating the food that triggers the reaction (the allergen).

Food allergies that start in early childhood—especially to cow’s milk, hen’s egg, wheat, and soya—are often outgrown. However, some children will continue to have these allergies as they get older. Allergies to peanuts, tree nuts (such as walnuts, cashews, and Brazil nuts), fish, shellfish, and sesame are more likely to persist into adulthood. We have separate factsheets with more information about managing specific food allergies [here](#).

For children with food allergies that are less likely to be outgrown, oral immunotherapy (OIT) is an emerging treatment that may help them become less sensitive to certain foods (particularly peanuts and tree nuts). However, OIT may not be suitable for everyone. You can find out more about OIT here: [Food Immunotherapy](#).

If you are considering testing or treatment options for your child, a qualified allergist, paediatrician, specialist allergy dietitian, or GP with a specialist interest in allergy care can help assess their likelihood of outgrowing the allergy. They can also discuss treatment strategies such as oral food challenges, milk/egg ladders, or oral immunotherapy where appropriate.

What does the research say?

It’s important to have regular check-ups with a healthcare professional to monitor progress and assess the potential for outgrowing the allergy.

Peanut allergy

Studies show that between 10% and 25% of children with peanut allergy outgrow it by adulthood. The age at which this happens can vary significantly, so regular review with an allergy specialist is important to monitor your child’s progress.

Tree nut allergy

Research indicates that about 9% to 14% of children with tree nut allergies outgrow them, including some who have experienced serious reactions. The age at which this occurs varies widely, so ongoing monitoring is recommended.

Hen's egg allergy

Many children outgrow egg allergy, but the timeline for outgrowing the allergy differs from child to child. Some studies suggest that about half outgrow the allergy within a year of diagnosis, while for others, this process takes longer and can happen at different ages.

Tolerance often develops first to well-cooked egg (such as in baked goods like cakes) before less cooked or raw egg. This stepwise introduction is called the **"egg ladder."** This can help speed up tolerance. It starts with foods containing thoroughly baked egg and moves gradually toward less cooked forms. **Never use the egg ladder at home for a child with immediate (IgE-mediated) egg allergy on your own, without the advice and recommendation of a healthcare professional.**

Cow's milk allergy

Cow's milk is one of the most common food allergies in children and the majority of children will outgrow their allergy by 4 years of age. Like egg, many children can tolerate cow's milk when it is baked (such as in cakes or biscuits) before they can tolerate fresh milk.

The **"milk ladder"** is a stepwise way to reintroduce milk. It begins with highly baked milk products and slowly reintroduces less processed milk. This can help speed up tolerance. **Never use the milk ladder at home for a child with immediate (IgE-mediated) cow's milk allergy on your own, without the advice and recommendation of a healthcare professional.**

Fish and shellfish allergy

Unlike many other food allergies, fish and shellfish allergies are more likely to persist for life. Studies have shown that between 3.4% to 26% of children with fish allergy outgrow it as teenagers, and around 4% of children with shellfish allergy outgrow it within 5-10 years.

Wheat allergy

True wheat allergy occurs when the immune system reacts to one or more wheat proteins. This is different to gluten intolerance or coeliac disease. Research shows that approximately 30% of children outgrow their wheat allergy by age four, and 65% by age twelve.

Sesame allergy

Sesame allergy typically begins early in life. Studies suggest that 20% to 30% of children outgrow sesame allergy, often by age six.

Soya Allergy

Allergy to soya usually starts in early infancy and it's thought that around half of children will outgrow it by the age of 7.

Monitoring and reviewing food allergies

How often should you child have an appointment?

Unfortunately, there are no standardised guidelines for how often a child should have allergy check-ups, as this largely depends on the resources available at the hospital and the level of specialisation of the allergy clinic.

- **Early years (under 5):** allergies can change rapidly in younger years, so annual reviews are generally advised.
- **School age and beyond:** if your child's allergy has been stable, check-ups every **2-3 years** are typically suggested.
- **Clinic policies differ:** some specialist clinics provide ongoing follow-up appointments to monitor progress, while others discharge patients and require a **new GP referral** for further assessment.

Ask for reassessment if you notice changes in your child's allergies—such as outgrowing an allergy, developing a new one, or changes in reaction severity. This helps ensure foods aren't avoided unnecessarily and that management is up-to-date.

Allergy testing

Healthcare professionals can monitor the development of tolerance through **allergy testing**. A big drop in allergy-related markers (IgE antibodies) in the blood can be a sign that the allergy is getting better or going away. However, blood tests don't always tell the whole story and can't always predict how someone will react in real life.

Additionally, healthcare professionals need to know whether there have been any accidental exposures with or without a reaction, as this can help them decide whether there has been a change in allergy status.

The gold standard for confirming if an allergy has been outgrown is an **oral food challenge**, done under medical supervision. This involves gradually introducing the food someone is allergic to in a controlled setting.

Please note an oral food challenge is **not** the same as "**home introduction**." In some **low-risk** cases, an allergy specialist may advise you to try small amounts of a food at home—but only when the chance of a reaction is judged to be very small. This is different to an oral food challenge which should **always** be supervised by qualified healthcare professionals.

Please do not try a home introduction, unless you have been advised to do so.

What happens if my child outgrows their allergy?

Keep it in their diet

Once your child passes a supervised food challenge, it is recommended that the food is eaten regularly. This helps their body remember that the food is safe to eat and keeps the allergy from coming back. Your allergy specialist should guide you on how often the food needs to be eaten.

Why regular eating matters

Avoiding the food after a negative challenge makes it more likely the allergy will come back. Eating the food often may also help keep your child's diet balanced and supports their overall quality of life.

Getting help if you're worried

If your child doesn't like the taste or finds the usual form hard to eat, a dietitian can suggest other ways to include the food safely—such as in smoothies, baked goods, or mixed into dishes they enjoy. Healthcare professionals should discuss these options with patients following a successful oral food challenge.

Adrenaline

If your child was prescribed adrenaline in the form of adrenaline auto-injectors (EpiPen or Jext), or intranasal adrenaline (EURneffy), talk to your healthcare professional about whether they should keep carrying them for a little while longer after outgrowing the allergy.

Summary of key points

- Many children outgrow food allergies, especially to milk, egg, wheat, and soya. Allergies to peanuts, tree nuts, fish, shellfish, and sesame are less likely to resolve.
- Regular follow-ups with a healthcare professional are important, especially in early childhood.
- If you suspect your child's allergy has changed, ask for a review to ensure management is up-to-date.
- Food challenges under medical supervision are the gold standard for confirming if an allergy has been outgrown.
- After outgrowing an allergy, eating the food regularly can help stop the allergy from coming back.

- A dietitian can help if your child has difficulty eating the food after reintroduction.
- Always seek advice from a healthcare professional before starting milk/egg ladders, oral food challenges, or home introduction of foods.

Feedback

Please help us to improve our information resources by sending us your feedback at: -

<https://www.anaphylaxis.org.uk/information-resources-feedback/>

Sources

All the information we produce is evidence-based or follows expert opinion and is checked by our clinical and research reviewers. If you wish to know the sources we used in producing any of our information products, please contact info@anaphylaxis.org.uk and we will gladly supply details.

Reviewer

The content of this Factsheet has been peer reviewed by Prof. Rosan Meyer, Paediatric Allergy Dietitian, KU Leuven, Belgium.

Disclosures

We are not aware of any conflicts of interest in relation to the review of this factsheet.

Disclaimer

The information provided in this article is given in good faith. Every effort is taken to ensure accuracy. All patients are different, and specific cases need specific advice. There is no substitute for good medical advice provided by a medical professional.

About Anaphylaxis UK

Anaphylaxis UK is the only UK-wide charity solely focused on supporting people at risk of serious, life-threatening allergic reactions. We provide information and support to people living with allergies through our free national helpline and local support groups. We also campaign and fundraise to achieve our ultimate aim, to create a safer environment for all people at risk of serious allergies. Visit our website www.anaphylaxis.org.uk and follow us to keep up-to-date with our latest news.



A brighter future for people with serious allergies

We're on Facebook @anaphylaxisUK, LinkedIn, Instagram @anaphylaxisUK, Twitter @AnaphylaxisUK, and you can find our podcast [here](#).