



**Hazel Gowland**

**Food Adviser**

**Anaphylaxis Campaign**

**Hazel Gowland**

**Allergy Action**

**[www.allergyaction.org](http://www.allergyaction.org)**

**Food Adviser**

**Anaphylaxis  
Campaign**

# Resolving disputes in food allergy cases

Where are the  
cracks?

Site Map

Search

Adv

## Worcestershire News

<<Back to index

### Curry house apology to nut allergy customer

**April 11<sup>th</sup> 2008**

[Comment](#) | [Read Comments \(2\)](#)

A WORCESTER curry house has apologised to a man with a nut allergy who spent six hours in hospital after eating a chicken jalfrezi.

The Massalla Lounge, on Broad Street, promised Neil Coombes, 28, that his order contained no traces of almond powder or cashews.

But when the tool-maker tucked into his takeaway on Monday night he was horrified to find his lips and throat swelling up in an allergic reaction.

Mr Coombes, of St Johns, was put on a saline drip and injected with adrenaline to stabilise his condition and had to take the next day off work.

The curry house has offered him a replacement meal but said it did not accept any nuts had got into the food.

Mr Coombes said: "My girlfriend placed the order on the phone - I wanted a tikka masala.



ACCUSATIONS: The Massala Lounge

Mr Coombes said: "My girlfriend placed the order on the phone - I wanted a tikka masala.

"She asked if it contained nuts and they said it did, so she asked about a chicken jalfrezi. They said, 'There's no nuts in that', and I believed them.

"To start with it was quite tasty, but two or three mouthfuls in I knew there was something wrong.

"My mouth started to go tingly, my lips and throat swelled up.

"I've had the reaction before so I knew straight away it had to be nuts.

"My girlfriend went out to get some antihistamines, because we didn't have any in the house.

"But after a while it seemed to be getting worse so I thought I'd better go straight to hospital.

"That was the right decision because they kept me there for six hours. I was injected with hydrocortisone and adrenaline, and they put me on oxygen and a saline drip.

"I'm OK now, but I'm angry that the curry house didn't even offer an apology. When I spoke to the manager he insisted the Jalfrezi didn't contain nuts.

"I said there may not have been nuts in the recipe, but they must have got into the dish somehow.

3:54pm Friday 11th April 2008

Main sections

News

News

News headlines

World news

City news

Mail comment

Benedict Brogan

Peter Hitchens

Photos & video

Mac cartoons

Joe Martin

News alerts

E-editions

Message boards

## Teenage girl suffering from allergies may have been killed by brushing her teeth with Aquafresh

Last updated at 19:01pm on 17th January 2008

Comments (8)

A young woman found dying by her parents was plagued by allergies and may have been killed by brushing her teeth, said her family.

Francesca Sanna, 19, who suffered from severe allergies, died of a massive anaphylactic shock, an inquest heard.

In the days before her death, Francesca had complained her gums were sore after using a newly repackaged Aquafresh toothpaste.

Minutes before she died, she had brushed her teeth for a night out with friends.

Her parents found her lying in the hallway of their home and attempts by a neighbour to resuscitate her failed.

Her mother issued a warning for allergy sufferers and manufacturers to take more care.

On August 6 last year, Francesca - who was known affectionately by friends and family as Mim - was in a car with friends heading for a night out when she suddenly lurched forward and turned white.

She was rushed back to her home in Oswaldtwistle, Lancashire, and collapsed in the



© NNP  
Francesca Sanna suffered from allergies and complained her gums were sore before collapsing and dying

### TODAY'S POLL



Is the Diana inquest a waste of time?

### Partners

- ▶ Cut your bills
- ▶ Diet centre
- ▶ Mail wine club
- ▶ Dating
- ▶ Money shop
- ▶ DVD rental
- ▶ Free online games

19.42 17/1/08

**June 1978**

## **Leading Food Industry Analyst**

**“I wish I had an analytical method to test for nuts in chocolate which was as exquisitely sensitive as you are.”**

**Ingredients on the box / jar**

**No ‘may contain’ labelling**

# Food allergy thresholds

## Co-factors

- Age
- Metabolism
- Stress
- Exertion
- Illness
- Hormonal eg PMT
- Food matrix

**Have we got analytical methods which match human thresholds?**

**What can we do when human thresholds are a moving target?**

**Do the most sensitive people have the same consumption patterns as everybody else?**

# Allergy is on the increase

House of Lords  
Report

January 2008

*“Allergies are an ever-growing problem in the west and are now reaching epidemic proportions.”*

**They affect life choices,  
economic output and quality of  
life**

**3 years after the House of  
Commons report, “services for  
allergy patients in the UK lag far  
behind those of many other  
Western European countries.”**

**September 2007**

# Consumer allergen avoidance

## Letter to the Editor

### Further fatal allergic reactions to food in the United Kingdom, 1999-2006

#### *To the Editor:*

Since the original report on United Kingdom (UK) fatal anaphylaxis 1992-1998,<sup>1</sup> we have attempted to investigate every food-related anaphylactic death in the UK. In addition to the previously described methods, all UK asthma deaths up to the age of 32 years were studied prospectively for a 12-month period during 2003-2004 to determine whether the fatal attack had been triggered by food allergy. Not all such cases were reported to the study prospectively, and retrospective analysis has not yet been completed; however, it now seems unlikely that many food-allergy-triggered asthma fatalities had been missed.

For each death, the probability that it was caused by anaphylaxis and the probability that the cause had been correctly identified were assessed. Despite detailed study of the medical history, results of allergy tests, events on the day of the reaction, microscopic examination of the stomach contents, and immunochemical analysis of remaining food, in one third of cases, it was not possible to be certain

some, pens may have failed to deliver an intramuscular injection because of the depth of the subcutaneous adipose tissue, but this was not the case for at least 3. Pens not used correctly were used too late in the reaction (5), had not been carried on that occasion (4), or were misused (1). Recently, a 16-year-old girl with a nut allergy took the risk of eating a chocolate because she trusted her pen would save her. She used it immediately when she saw nuts in the chocolate but nonetheless died from her reaction.

The food blamed for fatal reactions was catered (18), domestically prepared (6), packaged/labeled (16), sold loose/unlabeled (2), whole nuts (3), and unknown (3). Fourteen patients were thought not to have been avoiding the culprit food; avoidance was graded as casual for 16, careful for 7, extremely careful for 6, and unknown for 5. Even with the most diligent avoidance, lapses occurred during festive eating, foreign travel, or when distracted by disruption to routine. Just as much as they need to recognize foods that will cause them to react, patients should be made aware of these potentially dangerous circumstances and be supported in assessing them and in developing appropriate

**Pumphrey, Gowland JACI March 2007**

- **Half the people who die from food allergy were not actively avoiding the allergen which seemed to have been responsible for their death**
- **Few food allergic consumers have the luxury of access to specialist allergy clinics**
- **This in turn means that they will be forced to self-diagnose or resort to less scientific diagnostic tools and avoidance by trial and error**

# Cracks in avoidance

## Consumer

- Not avoiding
- Not sure what to avoid
- Not trained in how to avoid it
- Poor food knowledge?
- Barriers eg legibility / shy / language

## Food business operator

- Not aware of problem
- Not sure where to get information
- Not trained in how to control allergens
- Poor food knowledge?
- Barriers eg legibility / shy / language

# Food allergen labelling

**1978**

- Deliberate ingredients in the chocolates labelled
- No additional checks to ensure that low level allergens identified
- No 'may contain' labelling

**2008**

- Pre packed foods UK mandatory regulations
- Pre packed foods voluntary best practice guidance

The chocolate manufacturing process has not changed

**BUT**

Voluntary warnings (if heeded) can save lives and prevent 'near misses'

**What can we do to address the fact that it is usually ingredients in non pre-packed foods which trigger deaths and 'near misses'?**

# Case Study

- **Kate Obertelli 21 died July 2003**
- **Inquest September 2003**
- **A witness heard her ask for a meal with no nuts – because of her nut allergy**
- **Was her meal peanut free?**
- **EHO – ‘a communication problem’**
- **TSOs sampling 8/20 ‘peanut free’ meals contained peanut**

# Cracks in making the law work

Many people who die from food allergy have eaten catered or non pre-packed foods with minimal or no information about ingredients

The most severe reactions are usually caused by unrecognised ingredients

About half the people who die were not actively avoiding the likely trigger food allergen

**Local authority food officers need to be equipped and supported to protect the allergic public**

**Analysts need to be ready to support and guide them**

# Cracks in making the law work

This depends on them being both **Proactive** and **Reactive**

- Instructed
- Trained
- Provided with materials and guidance
- Resourced - eg inspection and business advice time
- Analysis available, affordable, credible and easy to understand
- Supported locally and nationally

# Cracks in the nature of the contract between the food supplier and the customer

## Where might arbitration be needed?

- **Criminal Law – Food Safety and Labelling**
- **Health and Safety cases**
- **Civil claims – consumer or business to business**
- **Following a reaction – perhaps death or ‘near miss’**
- **Possibly to prove / disprove sensitisation**
- **To decide whether ‘best practice’ was in place**
- **To assess / validate controls**

# Cracks in investigation

## Reactions not always thoroughly investigated

- No food sample retained
- Food sample integrity not preserved
- No medical evidence to indicate what to test for
- No available kit / No accredited kit
- PM Blood – whether / when collected – antibody levels
- Stomach contents – plant / animal identification
- 6-10 ICD food anaphylaxis deaths per annum
- 1500 asthma deaths – ‘natural causes’ – may limit investigation

The allergic person wants to know what was in the food to avoid it in the future.

It may not be in the food business' capability or interest to tell them.

The allergic person / their family then wants to prevent this happening to anybody else.

# Evidence-based best practice



allergen cleaning project

**Peanut & Hazelnut proteins highly tenacious even following rigorous chemical / mechanical treatments**

**Milk proteins slightly easier to remove**

**Automatic washing generally better than manual bowl washing for nut proteins**

**Wooden and used chopping boards extremely difficult get clean**

**High levels of contamination picked up / transferred by sponges cloths used**

**Detergents 'mildly' better than hot water alone at removing allergens bound in high fat matrices**

**Nut and milk proteins well removed from hands by soap / alcohol based sanitizers**

# Food allergen controls – Best Practice

What next....?

**Training, research, consultancy**

**Hazel Gowland** BA Hons PGCE MSoFHT

**Tel: +44 (0) 1727 855294**

**Email: [hazel@allergyaction.org](mailto:hazel@allergyaction.org)**

**[www.allergytraining.com](http://www.allergytraining.com)**