

Dental treatment and cow's milk (dairy) allergy

Allergy New Zealand has received recent reports from families whose cow's milk-allergic children had been given treatment using products containing Casein-Phospho- Peptide (CPP). This is derived from the casein protein in milk. The data sheets for the products concerned (MI Varnish and Fuji VII EP) indicate they should not be used in people with milk allergy. One of the children had an anaphylactic reaction as a result.

It is understood that cow's milk protein-derived (CPP) products are increasingly being used in oral healthcare to help reverse decay and/or provide additional protection in patients who are at risk of developing caries. This includes toothpastes, varnishes, and cleaners. Some products can also be purchased over the counter, such as Tooth Mousse.

Given many of those at risk of developing caries are children, it is assumed CPP products will be (if not already) a standard part of dentistry treatment provided them. However, children with cow's milk (dairy) allergy are at risk of an allergic reaction if treated with CPPs, including a potentially life-threatening reaction known as anaphylaxis. Cow's milk (dairy) allergy is one of the more common food allergies in childhood, and it is estimated around 3% of children will be affected.

Oral health services in New Zealand are publicly funded and provided through DHBs for children and adolescents from birth and up to their 18th birthday. Services include the Community Oral Health Service for pre-schoolers and primary school students, and a dentist service for older children. The service specification states these include a range of oral health services within the scope of dental therapy practice, and are provided by registered dental therapists and other registered oral health practitioners (e.g. hygienists).

In the cases described to Allergy New Zealand, it seems the dental therapist / hygienists concerned failed to notice that the products MI Varnish and Fuji VII EP should not have been used for these particular children. Either they were not aware of cow's milk allergy being a contraindication to their use, or the patient's history of cow's milk allergy was not noted and understood prior to using the product.

Many products used in dentistry are deemed not to be medicines under the Medicines Act so they do not need to be registered with Medsafe. This may influence the dental practitioner's assessment of safety in respect to those products. Dental Council standards about informed consent suggest 'Some treatments need more information, detailed and written, others, which are routine and regular, require only verbal discussions and consent'. The oral health practitioner or hygienist needs to specifically check whether a child has cow's milk allergy and seek consent to use a product containing cow's milk to ensure safe use of these products.

In the cases described to Allergy New Zealand those affected felt the milk allergy was not recognised as potentially severe by the therapists involved. Importantly the data sheets for these products state they are 'contraindicated for people with milk allergy'. If the child / young person / care giver reports cow's milk allergy then these products cannot be used.

Allergy New Zealand would like to recommend the following:

- i) That there be a specific question asked about allergies when medical information is being collected. Patients who have been prescribed or recommended to have an EpiPen should also be asked for a copy of their current ASCIA Anaphylaxis Action Plan to be held on file.

- ii) That a verbal check about allergies be made prior to every procedure (as is standard practice in hospital settings) regardless of whether these are routine and regular, or conducted by a dental surgeon, therapist or hygienist.
- iii) That a sign be placed in the waiting room or clinic along lines of “Please advise us if you have any allergies such as to food, latex or medications”.

Yours sincerely



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