

Skin prick testing outpatient service: Guidelines for referring doctors

Our unit is a sub-specialist Allergology unit with associated diagnostic laboratory offering a comprehensive testing service and immunotherapy. We have both adult and paediatric specialists available for advice. We also have specialist nursing staff trained in allergy testing. If you would like to refer a patient for an assessment, detailed testing or possible immunotherapy please contact:

We have recently started offering skin prick testing to aeroallergens without the need for review by an ADCRU doctor. This service is run by our specialist allergy nursing staff and referring doctors and patients will be issued a report after testing (see attached sample).

Skin prick testing is the most convenient method of allergy testing. As results are available within 20 minutes. Skin prick testing has been shown in clinical studies to improve the accuracy of diagnosis. Skin prick testing is most commonly performed on the forearm or the back. The skin may be marked with numbers corresponding to the allergens. Using a sterile lancet, a small prick is made into the skin through a drop of allergen extract. This allows a small amount of allergen to enter the skin.

The skin prick test introduces a tiny amount of allergen into the skin, eliciting a small, localised allergic response, in the form of a wheal (bump) and flare (redness) at the site of testing. These tests can be carried out on all age groups, including babies.

- SPT is usually carried out on the inner forearm, but in some circumstances may be carried out on another part of the body, such as back or thigh. For example, there is a larger area on the back or thigh to perform testing on a baby, similarly, for those with troublesome eczema the test can be performed on any clear patch of skin
- The test allergens are selected following a discussion with your clinician and based on your history
- As few as 3 or 4 or up to about 25 allergens can be tested
- The skin is coded with a marker pen to identify the allergens to be tested
- A drop of the allergen (extract) solution is placed on the skin
- The skin is then pricked through the drop using the tip of a lancet this can feel a little sharp but should not be painful and should not bleed.

If you are allergic to the tested allergen, a small itchy lump (wheal) surrounded by a red flare will appear within 15-20 minutes. Skin prick tests are slightly uncomfortable (itchy) but are usually well tolerated, even by small children. Local itch and swelling normally subside within 1-2 hours. More prolonged or severe swelling may be treated with a non-sedating antihistamine, a painkiller tablet and/or a cool compress. Occasionally people will feel dizzy or light-headed and need to lie down. Severe allergic reactions from allergy testing for asthma or allergic rhinitis (hay fever) are very rare.

No reaction to the SPT (a negative response) may indicate that the patient is not sensitive to that allergen. Negative reactions may occur for other reasons, for example; if the patient is taking anti-histamines or medications that block the effect of histamine. Which is why it is important the results are interpreted by a healthcare professional experienced in allergy. In some cases, the doctor may request a blood test to help clarify the results.

Many cough mixtures contain an antihistamine, therefore please tell the healthcare professional who is performing the test any medication you have taken. The results will not be reliable if anti-histamines are still in the body when the test is performed as antihistamines can prevent the body from reacting

to the SPT. If the patient has not stopped taking anti-histamines before their appointment they may not be able to have the skin prick test.

Skin prick testing should only be performed by a health professional who has been trained in the procedure and who knows how to interpret the results.

Antihistamine tablets/syrups or medications with antihistamine-like actions (such as some cold remedies and antidepressants) should **not be taken for 3-7 days before testing** as these will interfere with the results of antihistamine tablets/syrups or medications with antihistamine-like actions (such as some cold remedies and antidepressants) should **not be taken for 3-7 days before testing** as these will interfere with the results of testing. You may also be advised to avoid creams and moisturisers on your forearms on the day of the test to reduce the likelihood that allergen extracts will run into each other. Also, please notify us if you are taking ACE-inhibitors or beta blockers.

Scratch testing

Scratch testing was used in the past but it is less reliable than skin prick testing, and causes much greater discomfort. Intradermal skin testing may be used to test for allergies to antibiotic drugs or stinging insect venom, when greater sensitivity is needed. Intradermal testing should not be used to test for allergy to inhalants or foods.

Patch testing

Patch testing is useful for testing for allergic contact dermatitis, such as that triggered by metal, cosmetic preservatives or various plants. Using hypoallergenic tape, commercial standardised allergen paste is applied to a rash-free area of skin, most commonly the individual's back. The tapes are left in place for 48 hours and kept dry for the entire time. The test site is then read at different time intervals. An eczema-like rash can indicate sensitivity to a particular allergen.

Testing is available for the following common allergens:

AEROALLERGENS (Environmental inhalants)	
Alternaria alternata	Rye Grass
Aspergillus fumigatus	Timothy grass
Bermuda grass	Pine pollen
Blomia tropicalis (storage mite)	Plane pollen
Cat	Penicillium notatum
Cladosporium herbarium	Rabbit
Cockroach mix	Rye Grass
Dog	Timothy grass
Dermatophyoides farinae	
Dermatophyoides pteronissinus (house dust mite)	

Due to the complex nature of management and treatment of food and drug allergies as well as risks associated with testing, patients with suspected allergies (both children and adults) will need to be seen by one of our Allergy Specialist prior to any skin prick or intradermal testing.

Testing in under 2 year olds

We do not offer SPT to children under 6 months for safety reasons, and these patients should be referred to a Paediatric Allergy Specialist (Allergologist).

To book appointments, please contact the Receptionist, **Jade Poggenpoel**, at **(021) 406-6889** or **(021) 406-6850** or via email: Jade.Poggenpoel@uct.ac.za