

Supplementary materials

Table S1. Detailed EATERS-X history: Focus on different categories of CMA.

EATERS History	IgE-mediated CMA	Non-IgE-mediated CMA			Mixed IgE-mediated CMA
		Breast fed	Formula fed	FPIES	
Environment	<ul style="list-style-type: none"> Infants under the age of 12 months, breastfed infants at the time of complementary introduction of direct cow's milk 	<ul style="list-style-type: none"> Infants under 6 months old are often in the first 6 weeks of life 	<ul style="list-style-type: none"> Infants under 6 months old are often in the first 6 weeks of life 	<ul style="list-style-type: none"> Typically presents in infancy, usually under 12 months old. 	<ul style="list-style-type: none"> Infant with atopic dermatitis, positive IgE/SPT to cow's milk
Allergen	<ul style="list-style-type: none"> Proteins in cow's milk formula or solid foods 	<ul style="list-style-type: none"> Milk in the maternal diet whilst breastfeeding 	<ul style="list-style-type: none"> Milk proteins in cow's milk formula 	<ul style="list-style-type: none"> Proteins in cow's milk formula or solid foods 	<ul style="list-style-type: none"> Proteins in cow's milk formula or solid foods

					<ul style="list-style-type: none"> • Milk in the maternal diet whilst breastfeeding
Timing	<ul style="list-style-type: none"> • Immediate (< 2 hours) 	<ul style="list-style-type: none"> • Delayed Up to 48 hours after exposure 	<ul style="list-style-type: none"> • Delayed Up to 48 hours after exposure 	<ul style="list-style-type: none"> • Symptoms generally appear 1-4 hours after ingestion but can range from as early as 30 minutes to as late as 6 hours. 	<ul style="list-style-type: none"> • Immediate (< 2 hours) • Delayed Up to 48 hours after exposure
Exposure	<ul style="list-style-type: none"> • Direct ingestion of cow's milk protein 	<ul style="list-style-type: none"> • Indirect ingestion of cow's milk protein through breast milk 	<ul style="list-style-type: none"> • Direct ingestion of cow's milk protein 	<ul style="list-style-type: none"> • Direct ingestion of cow's milk protein 	<ul style="list-style-type: none"> • Direct ingestion of cow's milk protein causes immediate symptoms • Delayed symptoms occur from indirect ingestion of cow's milk protein through breast milk
Reproducibility	<ul style="list-style-type: none"> • After the first immediate reaction child 	<ul style="list-style-type: none"> • Symptoms clear when dairy is excluded from 	<ul style="list-style-type: none"> • Symptoms clear when dairy is excluded from the 	<ul style="list-style-type: none"> • Symptoms clear when dairy is excluded from 	<ul style="list-style-type: none"> • After the first immediate reaction child will have

	<p>will have symptoms on subsequent exposure</p> <ul style="list-style-type: none"> • Symptoms clear when cow's milk is excluded from the infant's diet 	<p>the infant's diet and return on re-exposure</p> <ul style="list-style-type: none"> • Symptoms may initially be absent or mild, gradually worsening with repeated exposure. They typically begin with acute reactions and can progress to chronic symptoms, affecting growth over time. 	<p>the infant's diet and return on re-exposure</p> <ul style="list-style-type: none"> • Symptoms may initially be absent or mild, gradually worsening with repeated exposure. They typically begin with acute reactions and can progress to chronic symptoms, affecting growth over time. 	<p>the infant's diet and return on re-exposure</p> <ul style="list-style-type: none"> • If FPIES is suspected and a challenge is required, re-exposure should be done under controlled food challenge conditions by an experienced clinician 	<p>symptoms on subsequent exposure</p> <ul style="list-style-type: none"> • Delayed Symptoms clear when dairy is excluded from the infant's diet and return on re-exposure
Symptoms	<ul style="list-style-type: none"> • Urticaria, angioedema, • Vomiting, diarrhoea 	<ul style="list-style-type: none"> • Unsettled infant • Vomiting, reflux • Colic and bloating 	<ul style="list-style-type: none"> • Unsettled infant • Vomiting, reflux • Colic and bloating 	<ul style="list-style-type: none"> • Prolonged vomiting, pallor, lethargy, diarrhoea, dehydration, and shock (FPIES). 	<ul style="list-style-type: none"> • Immediate Urticaria, angioedema, vomiting, diarrhoea,

	<ul style="list-style-type: none"> • Wheezing, rhinitis, cough, • Anaphylaxis 	<ul style="list-style-type: none"> • Strains to pass soft stool • Diarrhoea, constipation • Blood in stool • Atopic dermatitis 	<ul style="list-style-type: none"> • Strains to pass soft stool • Diarrhoea, constipation • Atopic dermatitis 	<p>Other potential symptoms include abdominal distension, hypotension, and hypothermia.</p> <ul style="list-style-type: none"> • Chronic: Poor weight gain, failure to thrive, chronic diarrhoea, and intermittent vomiting. 	<p>wheezing, rhinitis, cough, anaphylaxis</p> <ul style="list-style-type: none"> • Delayed: Dermatitis, vomiting, constipation, diarrhoea
Extra (Treatment)	<p>How did carers and healthcare professionals respond to the reaction?</p> <p>What treatments were given?</p> <p>How did the child respond to treatment?</p>				

This table provides a detailed discussion of clinical presentations of CMA using the EATERS-X framework while taking an allergy-focused clinical history of suspected CMA.