

Table S1. The description and the results of the single knowledge items related to infant nutrition, food allergy, and atopic dermatitis among primary health care professionals. The type of question is shown in parenthesis and correct answer indicated with bold font. Data represent the percentage of correct answers among the participants. (PHNs, public health nurses; T/F, True/False; OFC, oral food challenge).

	All (n=80)	PHNs (n=58)	Doctors (n=22)
Epidemiology, risk factors and natural history			
Which proportion of parents think that their 0-3 year old child has food allergy? (multiple choice; 30%)	45	47	41
What is the prevalence of proven food allergies among 0-3 year old children? (multiple choice; 5-10%)	45	41	55
Food allergy resolves usually spontaneously before school-age (T/F)	96	97	96
If mother avoids certain foods (i.e. milk and egg) during pregnancy, the child is less likely to get food allergy or atopic eczema (T/F)	99	98	100
If mother avoids certain foods (i.e. milk and egg) during lactation, the child is less likely to get food allergy or atopic eczema (T/F)	99	100	96
Exclusive breastfeeding does not prevent or reduce the child's probability to get food allergy or atopic eczema (T/F)	36	36	36
Late introduction of solid foods (after the age of 6 months) does not prevent or reduce the child's probability to get food allergy or atopic eczema (T/F)	80	85	68
Children in allergy risk families (parents or siblings have physician-diagnosed allergic disease) should avoid so called generally allergenic foods to reduce risk to get food allergy and atopic eczema (T/F)	94	95	91
Food allergy does not cause atopic eczema but can be one of factors worsening the eczema (T/F)	98	97	100
Atopic eczema is rare among children without food allergy (T/F)	95	93	100
Food allergy is more common among children with atopic eczema (T/F)	78	76	82
Symptoms			
The symptoms of food allergy appear always immediately after ingestion of allergy-causing food (T/F)	81	76	96
<i>Which of the following symptoms can result from food allergy: (T/F; all of the symptoms are true)</i>			
Vomiting	84	83	86
Acute diarrhea	54	48	68
Chronic diarrhea	78	76	82
Constipation	56	52	68
Abdominal pain	96	97	96
Tearfulness	86	85	91
Difficulties in inhalation	36	38	32
Difficulties in exhalation and/or acute asthma attack	38	28	64
Acute urticarial	88	86	91
Exacerbation of atopic dermatitis	89	85	100
Retardation of growth	76	76	77
Sudden drop in blood pressure and/or unconsciousness	50	40	77
Sudden pallor and/or nausea	53	43	77
Swelling of lips and/or face	90	88	96

Stuffy nose	48	48	46
Sneezing	28	21	46
Itching of mouth and throat	93	91	96
Itching, redness and watering of eyes	51	50	55
Symptoms of food allergy are always similar despite child's age (T/F)	96	95	100
The reason of infant's tearfulness is usually food allergy (T/F)	100	100	100
The symptoms of food allergy appear the first time usually when the food in question has been in use for several weeks (T/F)	70	66	82
The symptoms of food allergy may continue for several weeks although that food is eliminated from diet (T/F)	51	52	50
Atopic eczema of an infant usually results from food allergy (T/F)	89	90	86
Food allergy is a common worsening factor of infant's severe or moderate atopic eczema (T/F)	80	74	96
Atopic eczema manifests often before the age of 1 year (T/F)	74	79	59
Food allergy is usually the cause of atopic eczema which manifests before the age of 6 months (T/F)	76	79	68
Atopic eczema in a child over one year of age is not usually a sign of food allergy (T/F)	74	69	86
Urticaria is always a sign of severe allergic reaction (T/F)	84	79	96
Mucosal swelling of mouth or lips is always a sign of severe allergic reaction (T/F)	11	7	18
Change or alteration in the odour, colour and consistency of stool is usually a sign of food allergy (T/F)	83	78	96
The rumination and reflux are usually signs of food allergy (T/F)	93	93	91
Abdominal and bowel symptoms caused by a new food are not usually a sign of food allergy (T/F)	66	62	77
Food allergy is a common reason of infantile colic (T/F)	99	98	100
If a child has had an anaphylaxis, the causative substance should always be found out (T/F)	100	100	100
Anaphylaxis caused by food allergy is rare among children under the age of 1 year (T/F)	84	81	91

Diagnostics

The diagnosis of food allergy can be set based on a positive result in a skin prick test (T/F)	51	45	68
Reaction of over 5 mm in a skin prick test means almost always certain allergy (T/F)	49	47	55
Likelihood of a severe immediate allergic reaction is very low if skin prick test or food-specific IgE is negative (T/F)	73	67	86
The diagnosis of food allergy can be set based on a positive food-specific-IgE result (T/F)	61	50	91
If the level of food-specific-IgE in the blood sample is over 30 kU/L, it means almost always certain allergy (T/F)	53	47	68
Skin prick test cannot be used in a child less than 1 year of age (T/F)	35	31	46
Skin prick test or serum IgE assays are not generally needed to set the allergy diagnosis in an infant (T/F)	69	66	77
Allergy tests can be used in the screening for manifest food allergies (T/F)	31	22	55
Skin prick test and serum IgE assay measure the same thing, thus those should not be used simultaneously (T/F)	19	14	32
Interpretation of an allergy test result depends on the allergen (T/F)	71	64	91
Each food allergy should be confirmed using OFC (oral food challenge test) (T/F)	59	52	77
The diagnosis of food allergy can only be set based on OFC (T/F)	76	72	86
OFC can be instructed to be carried out at home if symptoms are not severe (T/F)	96	95	100
The use of symptom-diary has to be always included in the OFC (T/F)	95	93	100
If the symptoms disappear during avoidance, it suffices for the diagnosis of food allergy and challenge is no more needed (T/F)	63	57	77
A child should be referred to secondary/tertiary health care if he/she is suspected to have allergy to milk, egg or grain (T/F)	36	29	55

OFC test is interpreted to be negative if symptoms don't appear in seven days (T/F)	73	71	77
The food causing the symptoms in infancy should be re-challenged at intervals of 6-12 months (T/F)	86	83	100

Treatment

If a child is diagnosed with food allergy, avoiding also other common allergenic foods is of benefit (T/F)	93	92	96
If breastfeeding mother avoids common allergens in her diet (i.e. egg, milk), atopic dermatitis in the child will recover faster (T/F)	76	69	96
Avoidance diet speeds up the final resolution of atopic dermatitis (T/F)	64	62	68
Avoidance diet speeds up the final resolution of food allergy (T/F)	85	83	91
If a child is diagnosed with food allergy, but the symptoms are mild, that food needs usually not to be completely excluded from diet (T/F)	96	95	100
The only treatment for food allergy is avoidance diet (T/F)	74	76	68
Food allergy in most children gets worse and recovers slower if the symptom-causing food is given to the child (T/F)	85	81	96
The food eliciting severe symptoms should not be given to a food allergic child at home (T/F)	86	81	100
A child with milk allergy can usually drink lactose-free milk (T/F)	93	93	91
Some of the milk allergic children tolerate milk in well-baked form (i.e. in pastries) (T/F)	60	57	68
Antihistamine reduces significantly itching related to atopic dermatitis (T/F)	21	16	36
Antihistamine usually reliefs urticaria and mucosal symptoms (T/F)	94	93	96
Emergency medicine for anaphylactic reaction is always adrenaline (T/F)	88	86	91
Antihistamine and oral or intravenous cortisone are usually sufficient first-line treatments for an anaphylactic reaction (T/F)	71	67	82
Topical corticosteroids should not be used as a treatment for infant's atopic dermatitis (T/F)	94	92	100
Basic emollients and moisturizers are usually sufficient treatment for atopic dermatitis (T/F)	44	43	46
Egg allergic children can generally be vaccinated with MPR vaccine (T/F)	86	85	91
Egg allergic children without generalized allergic reaction can usually be vaccinated with influenza vaccine (T/F)	94	95	91
A child should be referred to nutritionist if he/she is diagnosed with wheat allergy (T/F)	48	38	73
Treatment and follow-up of all food allergic children belongs to secondary/tertiary health care (T/F)	90	88	96

Infant nutrition

Breast milk usually suffices to ensure the normal growth and development of a child until the age of 1 year (T/F)	86	91	73
How long is exclusive breastfeeding recommended according to Finnish Nutrition Recommendation? (multiple-choice; 4-6 months)	81	85	73
How long is total breastfeeding recommended according to Finnish Nutrition Recommendation? (multiple-choice; 12 months)	91	95	82
Common milk formulas are cow's milk based (T/F)	93	91	96
At which age are fermented milk and common milk products recommended to be introduced to the diet (multiple-choice; 10 months)	75	88	41
At which age are solid foods recommended to be introduced to the diet (multiple-choice; 4-6 months)	74	78	64