**Guidelines for ongoing surveillance for paediatric patients with Coeliac Disease**

**After Initial Diagnosis and Treatment**

It is generally recommended that children with coeliac disease be followed up long-term, to monitor their disease activity and also compliance to their gluten free diet. This in turn, will prevent complications such as growth failure, iron deficiency anaemia and osteoporosis.

We recommend family screening especially in first degree relatives – ie. siblings and parents of patients with coeliac disease. For such a screening a general coeliac screen which includes total IgA, anti-tTG-IgA, anti-DGP IgG, needs to be done in all family members above the age of 2. It is useful to also do a HLA DQ2, DQ8 status once as part of this screening. If the HLA DQ2 and or HLA DQ8 is positive, it means that the family member will need ongoing screening (coeliac serology) every 2-3 years or sooner if symptomatic, at least till the age of 18. If the HLA DQ2 and DQ8 are negative, then that individual will not need any further blood test looking for coeliac disease, unless symptoms warrants further investigations.

We encourage patients and family to join the Coeliac Society in their state.

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<th>1-2 yearly follow up of paediatric patients with coeliac disease</th>
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Assess symptoms
- Complete physical examination
- Monitor growth
- Dietary review
- Coeliac serology (anti-TTG- IgA, anti-DGP-IgG)
- Other Tests (FBC, U&E, LFT, Iron studies, Vitamin D, TFT) to screen for associated autoimmune conditions such as autoimmune hepatitis, thyroid problems, Addisons disease and also anaemia

Please refer back to the Gastroenterologist for a consultation and consideration of a repeat gastroscopy and biopsy if there are recurrent/unresolving symptoms or persistently elevated serology.

- Those patients found to be non compliant may need more frequent follow up.
- After yearly follow up for the first few years, patients with stable disease may be followed up every 2 years