



Five Steps Forward for Food Allergy

An initiative to address the challenge of food allergy in the lives of millions of Americans



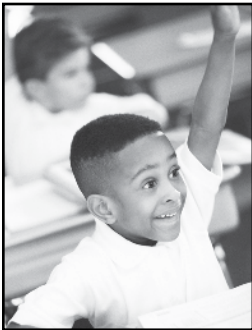
Background

Food allergy is a growing public health and food safety concern in the United States. Twelve million Americans – including 3 million children – suffer from food allergies, and the prevalence is increasing. Because there is no cure, avoidance of the allergen is the only way to prevent reactions. Food allergy is a major cause of anaphylaxis, a severe, potentially life-threatening allergic reaction causing an estimated 50,000 emergency room visits and 150 deaths annually.

The Food Allergy & Anaphylaxis Network (FAAN) was established in 1991 to raise public awareness about food allergy through education, advocacy, and research. FAAN's efforts have benefited millions of families dealing with the challenges of food allergy. FAAN believes that its efforts in the private sector should be complemented by a much more rigorous federal effort to reduce the severe illness and death caused by food allergies.

During the 2008 Food Allergy Awareness Week (May 11-17), FAAN is introducing a "Five Steps Forward for Food Allergy" agenda to inform policymakers and the public about initiatives that should be undertaken to address the challenge of food allergy in the lives of millions of Americans.

1. School Guidelines



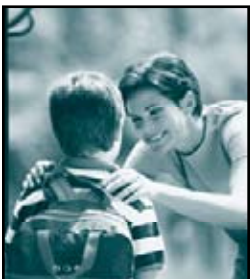
An estimated 2.2 million school-age children suffer from food allergies, for which there is no cure. A recent study published in the *Journal of School Nursing* showed that 94 percent of the nation's schools have students with food allergy. Reactions often occur at school, including severe anaphylaxis, which can kill within minutes unless epinephrine (adrenaline) is administered. Deaths from anaphylaxis are strongly associated with delayed administration of epinephrine.

The importance of managing life-threatening food allergies in the school setting has been recognized by the American Medical Association, the American Academy of Pediatrics, the National Association of Elementary School Principals, the National Association of School Nurses, the National School Boards Association, the American Academy of Allergy, Asthma & Immunology, and the American College of Allergy, Asthma & Immunology. Nevertheless, there are no consistent, standardized guidelines to help schools safely manage students with the disease.

The Food Allergy and Anaphylaxis Management Act (H.R. 2063 / S. 1232) would require the Secretary of Health and Human Services to develop and make available to local educational agencies a voluntary policy to manage the risk of food allergy and anaphylaxis in schools. The House passed H.R. 2063 in early April, and S. 1232 will be the focus of a major Senate hearing on May 14.

Congress should move swiftly to pass the Food Allergy and Anaphylaxis Management Act (H.R. 2063 / S. 1232).

2. Food Allergy Information



There is a critical need for an information clearinghouse to provide guidance to the public and health care professionals about how to avoid products with allergy-causing ingredients and how to respond to potentially life-threatening reactions to food allergens. The Centers for Disease Control and Prevention (CDC) maintains resource centers on a number of diseases that affect a large number of Americans. As the number of Americans with food allergy has exceeded 12 million, the CDC should partner with FAAN, the nation's leading nonprofit organization in food allergy education, and other organizations to create a national information center for the benefit of food-allergic citizens, their families, and health care providers.

The Centers for Disease Control and Prevention should create a National Information Center on Food Allergy and Anaphylaxis.

3. Guidelines for the Diagnosis and Management of Food Allergy

Currently, there is no consistent agreement on how to identify and treat food allergy reactions. Most pediatricians and family physicians do not receive food allergy training as residents; many don't know the signs and symptoms that would lead to a proper and quick diagnosis. Too often, patients go from physician to physician seeking a diagnosis and receive incomplete information and guidance on allergen avoidance, the severity of the disease, and the need to carry epinephrine at all times. Standardized guidelines for the

diagnosis and treatment of food allergy and anaphylaxis would benefit patients and their families as well as physicians.

Guidelines for the diagnosis and treatment of asthma were created in 1991 by the National Asthma Education and Prevention Program of the National Heart, Lung, and Blood Institute. Since that time, important gains have been made in the treatment of asthma, leading to a decline in the number of deaths due to asthma despite the increasing prevalence of the disease.

The National Institute of Allergy and Infectious Diseases (NIAID) of the National Institutes of Health (NIH) is working in tandem with private-sector organizations to coordinate a review of the relevant medical literature and the development of evidence-based guidelines for the diagnosis and management of food allergy. NIAID-“sanctioned” guidelines would be an extremely useful parallel effort to the guidelines for schools outlined in the Food Allergy and Anaphylaxis Management Act.



The National Institute of Allergy and Infectious Diseases should move forward with the development of food allergy diagnosis and management guidelines and work with private-sector organizations to assure broad distribution to health care professionals.

4. Research

Food allergy is a growing public health issue, affecting one in 25 Americans and one in 17 children under the age of 3. However, we do not understand why the disease is becoming so prevalent, how to stop this upward trend, or how to prevent food allergy from developing.

In March 2006, a congressionally mandated NIH Expert Panel on Food Allergy Research published recommendations for basic and clinical research needed for the prevention and treatment of food allergies. However, many of these initiatives remain unfunded. The NIAID, in collaboration with other NIH institutes and other federal agencies, should spearhead a multifaceted program of research aimed at the discovery of new methods for preventing and treating food allergy and anaphylaxis.



Congress should increase funding for food allergy research by \$50 million over the next five years. Annual increases of \$10 million each year for five years should be invested in basic and clinical research on food allergy and anaphylaxis, as recommended by the NIH Expert Panel on Food Allergy Research.

5. Improved Allergen Labeling

Since strict avoidance of food allergens is the only way to prevent a reaction, food-allergic consumers are heavily reliant on the information presented to them on food labels. However, there are no federal regulations governing the use of precautionary allergen statements, which food companies use as a way to warn consumers about the possibility of low levels of undeclared allergens in food products.

The Food Allergen Labeling and Consumer Protection Act of 2004 improved some facets of allergen labeling, but the new law did not regulate the use of precautionary statements, ranging from “May Contain” to “Processed in a Facility” to “Made on Shared Equipment.” In recent years, there has been increased and inconsistent use of these statements. This practice has eroded consumer confidence in the accuracy of food labels and has placed individuals unnecessarily at risk.



Studies show that consumers do not understand how to interpret precautionary allergen statements and often must contact food company representatives, some of whom are unable to offer sufficient explanations. Studies also show that consumers – especially teens – are beginning to ignore precautionary statements and are taking potentially large risks regarding the food they choose to eat. Those who do not ignore these statements are finding their food choices increasingly limited, perhaps needlessly so.

The U.S. Food and Drug Administration (FDA) should move forward and regulate the use of precautionary allergen statements. A significant step toward this objective would involve FDA-supported research to determine allowable threshold levels for various allergens, below which consumers will not react.

The U.S. Food and Drug Administration should move to regulate the wording, use, and definition of precautionary allergen statements.

The Food Allergy & Anaphylaxis Network



Mission

Founded in 1991, the Food Allergy & Anaphylaxis Network (FAAN) is the world leader in information about food allergy, a potentially fatal condition that afflicts approximately 12 million Americans, or one out of every 25, and is rapidly increasing in prevalence. A 501(c)(3) nonprofit organization based in Fairfax, Va., FAAN is dedicated to increasing public awareness, providing advocacy and education, and advancing research on behalf of all those affected by food allergy and anaphylaxis (a severe allergic reaction).

Did You Know?

- ◆ Food allergy is a growing public health concern in the U.S.
- ◆ Though reasons for this are poorly understood, the prevalence of food allergies and associated anaphylaxis appears to be on the rise.
 - ◆ Peanut allergy doubled in children over a five-year period (1997-2002).
 - ◆ Research suggests that food-related anaphylaxis might be underdiagnosed.
 - ◆ An increasing number of school students and staff have diagnosed life-threatening allergies.
 - ◆ A 2007 study has shown that milk allergy may persist longer in life than previously thought. Of 800 children with milk allergy, only 19 percent had outgrown their allergy by age 4, and only 79 percent had outgrown it by age 16.
- ◆ More than 12 million Americans have food allergies. That's one in 25, or 4 percent of the population.
- ◆ The incidence of food allergy is highest in young children – one in 17 among those under age 3.
- ◆ About 3 million children in the U.S. have food allergies.
- ◆ In the U.S., food allergy is the leading cause of anaphylaxis (a severe allergic reaction) outside the hospital setting. A recent analysis of data from U.S. hospital emergency departments (EDs) estimated a total of 20,821 hospital ED visits, 2,333 visits for anaphylaxis, and 520 hospitalizations caused by food allergy in just a 2-month period.
- ◆ Each year in the U.S., it is estimated that anaphylaxis caused by food results in 150 to 200 deaths. Death can be sudden, sometimes occurring within minutes.
- ◆ Eight foods account for 90 percent of all food-allergic reactions in the U.S.: milk, eggs, peanuts, tree nuts (e.g., walnuts, almonds, cashews, pistachios, pecans), wheat, soy, fish, and shellfish.
- ◆ There is no cure for food allergies. Strict avoidance of food allergens and early recognition and management of allergic reactions to food are important measures to prevent serious health consequences.
- ◆ Even trace amounts of a food allergen can cause a reaction.
- ◆ Most people who've had an allergic reaction to something they ate thought that it was safe.
- ◆ Food allergies are life-altering for everyone involved and require constant vigilance.
- ◆ Early administration of epinephrine (adrenaline) is crucial to successfully treating anaphylactic reactions. Epinephrine is available by prescription in a self-injectable device (EpiPen® or Twinject®).