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WIC Administration, Benefits, and Certification Branch
Policy Division
Food and Nutrition Service
US Department of Agriculture
P.O. Box 2885
Fairfax, Virginia 22031-0885

Via https://www.regulations.gov/docket/FNS-2022-0007

RE: Docket Number: FNS-2022-0007 – *Special Supplemental Nutrition Program for Women, Infants, and Children (WIC): Revisions in the WIC Food Packages*

On behalf of the more than 32 million Americans who suffer directly from life-threatening food allergies, and the 85 million that are directly and indirectly affected by food allergies and/or intolerances to one of the top nine food allergens, FARE (Food Allergy Research and Education) appreciates the opportunity to submit the following comments to the U.S. Department of Agriculture's (USDA) Food and Nutrition Service (FNS), on its proposed rule, *Special Supplemental Nutrition Program for Women, Infants, and Children (WIC): Revisions in the WIC Food Packages*.

FARE is the nation's leading non-profit engaged in food allergy advocacy as well as the largest private funder of food allergy research. FARE's innovative education, advocacy, and research initiatives transform the future of food allergy through the advancement of new and improved treatments and prevention strategies, effective policies and legislation, and novel approaches to managing the disease.

FARE Comments
The following are FARE's comments on USDA FNS's proposed rule to revise and update food packages in the WIC program. FARE believes many of the proposed revisions benefit our food allergy community. We appreciate the USDA's efforts to increase product offerings and substitutions to better tailor food packages to meet individual participant's needs. Having a wide range of options is particularly important for participants with food allergies.

USDA has taken significant steps in the proposed rule to address health equity and improve nutrition security so that participants have access to foods that promote well-being and prevent disease, including substitutions for those with existing food allergy that meet individual food preferences. Food allergies are a health equity issue that disproportionately impact black and brown Americans. Therefore, it is critical that USDA consider updates to the WIC food package that address the needs of the food allergy community.

FARE urges that USDA further strengthen WIC food packages with the following changes:

- USDA must address the benefits of early introduction of food allergens within the infant food packages, to align with the most recent nutrition science contained in the 2020-2025 Dietary Guidelines for Americans in proposed infant food packages I and II.
- USDA should develop a pathway to add additional food allergens to the infant food package as early introduction science evolves.
- USDA should propose additional substitution routes in children and women food packages to better accommodate substitutions for those with food allergy This includes development of a "mix and match" approach to accommodate nutrition equivalence depending on a WIC participant's specific food allergies.

Early Introduction of Food Allergens in the Diet of Infants and Revision to the Infant Food Package (proposed Food Package I and Food Package II)

Summary of FARE recommendations for early introduction in the WIC program:

- USDA must address the benefits of early introduction of food allergens within infant food packages I and II, to align with the most recent nutrition science beyond that addressed in the 2020-2025 DGA.
- USDA should consider a pathway to add additional products to the infant food package as science evolves.
- USDA should include education about food allergy basics, its management, and early introduction to all WIC participants.

In the proposed rule, USDA notes that updates to the WIC food package were meant to reflect the 2020-2025 Dietary Guidelines for Americans beyond the NASEM report recommendations. In 2020, the DGA historically addressed and included recommendations for complementary foods for the birth to 24-month population. Further precedent setting, the 2020 Dietary Guidelines Advisory Committee reviewed burgeoning research on the role that early introduction of food allergens has in reducing the risk of developing food allergy. The DGAC recommendation is as follows:

- Moderate evidence suggests that there is no relationship between the age at which complementary feeding first begins and risk of developing food allergy, atopic dermatitis/eczema, or asthma during childhood.
- The DGAC found strong evidence that introducing peanut in the first year of life (after 4 months of age) may reduce the risk of food allergy to peanuts, and moderate evidence for introducing egg in the first year of life (after 4 months of age) may reduce risk of food allergy to egg.

Despite these strong recommendations in the 2020 DGAC report and the 2020-2025 DGA, FARE was disappointed to see that the proposed updates to WIC food packages failed to address these recommendations for the infant food packages. During a virtual webinar conducted by USDA's FNS following release of the proposed rule, FNS staff noted that **"All of the recommendations are based on the Dietary Guidelines for Americans."** (Timestamp 8:42-

8:48). We question why USDA determined not to include key recommendations on early introduction to "better align the WIC food packages with the latest nutrition recommendations in the DGA and accordingly will support participants in achieving healthy dietary patterns."

The information to support the inclusion of early introduction within WIC, outlined below, is a follow up to FARE's previous submissions to USDA FNS WIC staff in 2021, 2022, and what was submitted and presented to the Office of Management and Budget (OMB) and the USDA team in advance of the rule's publication (see Appendices A & B). The content of Appendix A covers health equity issues related to WIC participants, the need for early introduction, education by WIC CPAs about food allergy, and WIC online considerations. Appendix B provides additional information about health equity needs related to the burden of food allergy among Hispanics.

Food allergy is a health equity issue experienced disproportionally by black and brown Americans:

- With almost half of infants born annually in the United States participating in the WIC program, addressing health equity needs is paramount. Given Medicaid eligibility and WIC participation captures a similar population, FARE notes the following: while food allergies are on the rise nationally, a 2020 study found that children on Medicaid were less than one-tenth as likely as children on private health insurance to be diagnosed with a food allergy. (See Appendix A, ref. 8).
- This study of food allergic children on Medicaid also demonstrated that Asian, Black, and Pacific Islander/Native Hawaiian children had 24%, 7%, and 26% higher odds respectively of having food allergies compared with white children on Medicaid (See Appendix A, ref. 8).
- Appendix A contains additional information related to health equity issues and the burden of food allergy in under-resourced populations.

USDA can take the critical first steps of addressing early introduction by adding creamy peanut butter to the infant food packages I and II:

- The landmark results of the LEAP study (Learning Early About Peanut Allergy) on early introduction of peanut in infant diets to reduce the risk of peanut allergy is supported by the National Institutes of Health's National Institute of Allergy and Infectious Disease (NIAID), more broadly by the American Academy of Pediatrics , American Academy of Allergy, Asthma and Immunology, American College of Allergy, Asthma and Immunology, and codified as Federal nutrition policy in the *2020-2025 Dietary Guidelines for Americans* (DGA).
- Current DGA recommendations show that early introduction of peanut can be an effective tool to reduce the risk of developing food allergy among high-risk infants. USDA can begin by including early introduction of peanut within the WIC program I complementary feeding of infants beginning around 4months of age. Given that early introduction should begin around 4 months of age and continue through 12 months of age, FARE requests that both infant Food package I and Food Package II be modified to include food allergens, at minimum peanut (creamy peanut butter).

Research continues to emerge on the benefits of the early introduction of other major allergens beyond peanut. FARE urges USDA to develop a pathway to add additional food allergens to the infant food package as scientific evidence evolves in the final rule:

- Research is promising that the early introduction of other food allergens may help reduce incidence of food allergy. The 2020-2025 DGA recommendations clearly state that early introduction of other allergens is not harmful during complimentary feeding in the first year and should not be withheld. As the research evolves in this space, USDA should consider a pathway to add additional food allergens to the WIC infant food packages I and II.
  - The DGA states on page 58, *Potentially allergenic foods (e.g., peanuts, egg, cow milk products, tree nuts, wheat, crustacean shellfish, fish, and soy* [plus sesame given the FASTER Act requirements that adds sesame as the ninth food allergen required to be labeled] *should be introduced when other complementary foods are introduced to an infant's diet. Introducing peanut-containing foods in the first year reduces the risk that an infant will develop a food allergy to peanuts….* ***There is no evidence that delaying introduction of allergenic foods, beyond when other complementary foods are introduced, helps to prevent food allergy….*** [Emphasis added]
- FARE supports WIC's goal for infants to be fully breastfed during the first year of life. However, to achieve success with early introduction of food allergens, small amounts of milk should be introduced along with other food allergens beginning around 4 to 6 months of age, then through 12 months of age. Plain yogurt is an excellent vehicle to deliver cow's milk and only requires up to 4 tablespoons per week. This is not meant to undermine recommendations for exclusive breastfeeding during the first year, or recommendations to avoid cow's milk as a beverage until 12 months of age.

Early introduction is a low-cost prevention option that can save money long term:

- With almost half of infants born in the US each year eligible to participate in the WIC program, preventing food allergy is estimated to prevent onset of food allergy in approximately 34,000 infants served annually by WIC, based on food allergy prevention rates seen in the LEAP study that serve as the basis of the NIAID feeding guidelines.
- The cost to include early introduction food allergens is small, and the benefit of reducing food allergy and its burdens to infants in the WIC program will be transformative and enduring. The Southern Peanut Farmers Federation has calculated the cost of adding creamy peanut butter to WIC Food Package II at $4.88 per infant during the second six months of life based on IRI retail scan data. FARE acknowledges that the amount would be slightly higher to begin introduction of peanut (via creamy peanut butter) at 4 months of age with modification of Food Package I and Food Package II—approximately $6.10 or less. The offset of reductions to infant cereal, fruits, vegetables, and meat products can further accommodate the inclusion of food allergens, peanut at minimum, for early introduction in Food Package I and Food Package II.
- Further, FARE firmly believes reducing the risk of developing food allergy during infancy over time will reduce the burden of food allergy management cost and reduce costs for the WIC program by eliminating the need for more expensive food substitutions in WIC food packages for children and women. With food allergy often being a life-long burden, annual

costs for food allergen management (epinephrine and other medications, and inpatient and outpatient costs) on average is over $7,000 per person per year, not including cost of alternate foods. A one-time investment of $6.10 for creamy peanut butter in Food Package I and Food Package II per infant produces an incredible lifetime reduced health care burden and cost savings, particularly in under-resourced populations whose burden is greater, basically taking cost to zero (less than $0.10 per year) over a lifetime (estimated at 75 years) without food allergy compared to one with food allergy.

Given the recommendations from the 2020-2025 DGA, USDA must address the introduction of food allergens in the diet of infants to reduce the risk of developing food allergy. USDA should take the first step by including, at minimum, creamy peanut butter, in the WIC food package for infants between 4 and 12 months (revision to Food Package I and Food Package II). USDA should also establish an easy pathway for other foods to be added to address early introduction of food allergies. This work should be accompanied by WIC participant education. The stakes for the future health of American infants and children that should eliminate the majority of food allergies in a generation warrants nothing else, and the time is now.

USDA should include food allergy and early introduction education for WIC participants:
FARE believes that WIC Competent Professional Authorities (CPAs) should have knowledge, skills, and tools to educate about food allergy, referrals to other health care providers, management, and infant early introduction to reduce the risk of developing food allergy. To this end, FARE is finalizing development of a food allergy education module that can be used by CPAs to educate WIC participants about food allergy, management, and early introduction among infants. In addition, support for this measure was demonstrated in the 117th Congress in 2022, as the House Education and Labor Committee passed out of Committee its version of the Child Nutrition Reauthorization Act, H.R. 8450, called the *Healthy Meals, Healthy Kids Act* that included this provision.

Finally, FARE notes the numerous comments from physicians and other health professionals who work with those with food allergy that have been submitted in response to the USDA proposed rule that echo support of early introduction of food allergens to reduce the risk of developing food allergy and inclusion of food allergens in infant food packages consistent with FARE's more detailed comments in this section.

<u>Food Allergy Substitutions in Food Packages for Children and Women</u>

FARE recognizes and appreciates the attention that USDA FNS has given in the proposed rule for food substitutions to accommodate the needs of children and women with food allergy. FARE believes that additional updates to the WIC food package will provide even greater options of foods that meet participants with a wide range of food allergy needs. Across each food category, USDA should ensure that more options are offered to participants, and that options are widely available in the marketplace. As a partial guide, please see FARE's comments to USDA FNS prior to issuance of the proposed rule in Appendix A to our comments.

FARE notes that the sesame allergen labeling requirement of the Food Allergy Safety, Treatment, Education, and Research Act (FASTER Act) effective January 1, 2023, that USDA FNS should address sesame as a food allergen requiring substitution across all WIC foods.

For example, FARE believes that USDA should:

- Maximize options included in the children and women food packages.
- Support a variety of package sizes in food packages.
- Options in the basic package should be as broad as possible to account for food allergies.
- Provide additional flexibility for nutritional tailoring.
- Consider a mix and match approach and options for innovative foods to meet specific criteria when it comes to nutritional equivalency.

Additional details are included in this section of our comments on specifics to the proposed rule.

FARE believes that the increased flexibility USDA provides will also help address health equity and improve nutrition security so that participants have access to foods that promote well-being and prevent disease, including substitutions for those with existing food allergy that meet individual food preferences. If a food is required but is not congruent with dietary restrictions, cultural, ethnic, and personal food preferences, foods in WIC food packages may not be consumed to receive intended nutrients. Flexibility is critical for women and children with existing food allergy for equivalency to meet nutrient deliver goals. FARE acknowledges that marketplace availability nationwide in underserved communities, and in states, territories, and tribal organizations can be a barrier with the proposed substitution options described in the proposed rule. USDA must consider barriers of market availability within WIC food package substitutions.

Variety of package sizes:
The USDA FNS proposal for greater variety of package sizes can help meet FARE's comments related to early introduction of food allergens in the infant Food Package I and Food Package II related to limited quantities needed, as well as our "mix and match" proposal to provide substitutions that deliver target nutrients outside of stated food categories. USDA authorizing a greater variety of package sizes could also further promote product innovation.

Nutrition tailoring and future product innovation:
FARE believes the goal for WIC food package substitutions to accommodate the needs of those with food allergy through food package tailoring must not be a burden to reduce the risk of WIC participant drop out or not being able to choose from a set of food alternates and substitutions that meet their needs.

Therefore, FARE urges USDA FNS to "think out of the box" related to substitutions that are not immediately logical outside the same food category but deliver equivalent target nutrients and to accommodate this in the final rule. Further, substitution allowances do not go far enough in

many categories. The requirement for substitution for legumes and peanut butter as a substitute for eggs is an excellent example of this, along with choice by WIC agencies to allow tofu as a substitute for eggs. FARE does raise the question if generic "legumes" are an appropriate substitute for eggs, why is tofu a choice but not equally required to be authorized? Examples to achieve this include – if a participant with peanut allergy does not trust substitute tree nut butters, and a seed butter as a substitution may not deliver equivalent target protein as peanut butter, consider increased allotment of eggs (if not egg allergic) or fish (if not fish allergic) to match supplemental nutrition within the overall food package. FARE urges FNS to consider "mix and match" outside of food categories for those with food allergy to achieve WIC supplemental nutrient delivery and intake goals. We would be willing to work with USDA FNS on a "mix and match" framework to maximize nutrient delivery and equivalency in WIC food package *and* meet food allergy substitution needs and embrace food product innovation over time.

<u>FARE's food category specific comments</u>

Related to specific changes and substitution allowances in WIC food packages for children and women, FARE provides the following additional comments on the proposed rule beyond our forethinking recommendations detailed in Appendix A to this submission provided to the agency in 2022.

Milk and milk substitutes:
FARE agrees with the proposed requirement for lactose-free milk in child and women food packages, as well as vitamin D specifications for yogurt, tofu, and increased substitution of yogurt for fluid milk This will allow for increase substitution possibilities for those with lactose intolerance. FARE has no objection to reduced total sugars allowed in yogurt or soy-based beverages, but we question why this is characterized as total sugar, since nutrition labeling now requires disclosure of added sugars in all food products. Naturally occurring sugars, especially in yogurt products, should not be limited. FARE urges USDA FNS to focus on added sugars versus naturally occurring sugars in yogurt and fluid milk alternatives in WIC food packages. Since the proposed rule now requires lactose-free fluid milk, the focus for all dairy products and milk alternates should be added sugar, not total sugar. Focus on added sugar versus total sugar will assist in formulation of appropriate products to be allowed in WIC food packages.

FARE agrees that while plant-based milk alternates are useful alternatives for those with milk allergy, they do not provide the nutrition equivalency usually to fluid cow's milk, particularly for protein content and no requirement for fortification to achieve nutrient equivalency to fluid cow's milk. FARE agrees that standards for nutrient equivalency should be set to be equivalent to fluid cow's milk.

FARE expresses no opposition to allowance for soy yogurt or cheese as fluid milk options in WIC food packages. However, FARE urges USDA FNS to develop food package options that accommodate children and women that are both milk and soy allergic and provide nutrient

deliver equivalence, either via substitutions or a “mix and match” food package tailoring described earlier in this section.

Breakfast cereals and whole grain requirement:
While FARE has no opposition to the whole grain requirement for WIC food packages in theory, we remain concerned that the marketplace reality does not adequately accommodate individual, cultural, and ethnic food choices for breakfast cereals. At present, the marketplace reality is limited for cultural- and ethnic-appropriate substitutions for those with wheat allergy. Many cultural and ethnic groups with wheat allergy will not accept the whole grain alternatives included in this proposed rule. They do not embrace whole grain oatmeal, whole grain grits, or limited whole grain corn or rice cereal options. As FARE has noted previously to USDA FNS, corn flakes and crisped rice are highly ethnically acceptable wheat alternatives that while not being whole grain, deliver substantial nutrition via fortified ready-to-eat options. Also, they are lower added sugar options. Since whole grain is not a nutrient, FARE encourages USDA FNS to retain these options to accommodate food preferences of those with wheat allergy or celiac disease that are appropriate substitutions to deliver the benefits of nutrients in fortified ready-to-eat cereal.

Whole wheat bread and whole grain requirement:
For those with wheat allergy and celiac disease, FARE is concerned about the marketplace availability of non-wheat whole grain bread options, as well as functionality and palatability of such products that are needed alternates. Also, given the sesame allergen labeling requirement of the FASTER Act, FARE notes and alerts USDA FNS that with the US baking industry adding sesame flour to plain, non-seeded products, both whole wheat and whole grain breads may no longer be safe for those with sesame allergy. FARE urges USDA to prohibit any whole wheat or whole grain breads in WIC program food packages that contain intentional addition of sesame flour or sesame seeds to circumvent both the spirit and intent of the FASTER Act.

Canned fish:
While varieties of fin fish are a concern for our food allergy community, FARE supports additional varieties of “canned” shelf-stable fish options for WIC participants. This will accommodate substitutions for those with allergy to specific fin fish. FARE agrees that in general dietary practices of Americans, canned fin fish is an under-consumed and economical nutritious food. The NASEM recommendation for a three-month rotation alternating between canned fish and peanut butter and legumes is not acceptable for WIC participants who have food allergy to any of the three options. FARE does support other substitutions beyond the three options related to allowing for appropriate “mix and match” nutrient equivalent substitutions.

Canned and dried legumes:
FARE supports the proposed rule that requires State agencies to require canned and dried legumes as well as peanut butter and legumes, as well as tofu as a substitute for eggs. In addition to substitutions for those with egg allergy, USDA FNS should consider canned fish as a substitute. FARE agrees with the considerations related to alternates related to heme iron.

Again, beyond the options included in the proposal, FARE urges consideration of egg and fish as appropriate substitutions.

Aggregation of Food Amounts:
To accommodate the critical need for early introduction of food allergens in the diets of infants requested in Food Package I and Food Package II, FARE urges USDA FNS to expand aggregate food amounts to include early introduction foods that will result in lowered overall cost to the WIC program.

Section IV. Miscellaneous Related Revisions and Editorial Corrections

FARE reminds USDA FNS that individuals with disabilities covered by the requirements of the Americans with Disabilities Act fully cover and accommodate individuals with food allergy. This is specifically important to ensure that nutrition tailoring provisions of the proposed rule fully accommodate those with food allergy, without restriction.

Finally, as it will take time for USDA FNS to finalize the proposed rule to final regulations for WIC food packages, FARE urges USDA FNS to carefully follow the work of the 2025-2030 DGAC and development of the 2025-2030 DGA and incorporate new science, particularly related to new evidence to support early introduction of food allergens broadly.

Conclusion
FARE thanks USDA FNS for the opportunity to provide comments on its proposed revision to WIC food packages. To summarize, the following highlight FARE's recommendations to USDA FNS in moving toward a final rule for revised WIC food packages:

- Healthy dietary patterns to reduce the risk of chronic disease which is a goal of the DGA—food allergy is a life-long chronic disease with substantial disease burden—underscores the need to include early introduction of food allergens in the infant Food Package I and Food Package II (at minimum peanut as creamy peanut butter) to address the recommendations for federal nutrition policy in the 2020-2025 DGA.
- Carefully consider the life savings of early introduction of food allergens in the diet of infants to reduce the risk of developing food allergy and the life burden and cost of food allergy management versus the insignificant cost of including early introduction foods.
- FARE requests consideration of additional flexibility for food allergen substitutions described herein.
- Food technology and product development advances need to be accommodated in a forward-thinking fashion to address both innovation for food allergy substitutions that deliver nutrient equivalency, but also maximize choice that fit with final WIC food package regulations.

If you have any questions, please contact Robert Earl, Vice President of Regulatory Affairs, at rearl@foodallergy.org or 571-771-8582. FARE looks forward to our ongoing dialogue with USDA on all food allergy issues.

Respectfully submitted,

Sung Poblete, PhD, RN
Chief Executive Officer
FARE (Food Allergy Research & Education)

Appendix A

FARE Follow Up with USDA FNS WIC Staff on Importance of Addressing Food Allergy in the WIC Program and Revision to WIC Food Packages to Adequately Address Food Allergy Management and Prevention (May 2022)

Part 1: Food Allergy and Equality Statistics: Underscoring the Importance of WIC to Thoroughly Address Food Allergy with Participants

Statistics:

- *General Food Allergy Statistics*
  - Food allergy is a potentially life-threatening disease affecting 32 million Americans—including 8% of all children and 10% of all adults in the US.[1-3]
  - Food allergies result in an emergency room visit every three minutes, and 40% of children with food allergies have experienced a severe allergic reaction .[1-7]

- *Racial disparities in prevalence*
  - A recent study published in the Journal of Pediatrics found that non-Hispanic Black children were more likely to have a food allergy and more likely to have multiple food allergies compared with their White and non-white counterparts.[1,4] This disparity in food allergy makes health equity difficult for Black food allergy patients given the expensive and time-consuming nature of food allergy.
  - While food allergies are on the rise nationally, a 2020 study found that children on Medicaid were less than one-tenth as likely as children on private health insurance to be diagnosed with a food allergy.[8]
  - This study of food allergic children on Medicaid also demonstrated that Asian, Black, and Pacific Islander/Native Hawaiian children had 24%, 7%, and 26% higher odds respectively of having food allergies compared with white children on Medicaid.[8]

- *Racial disparities in outcomes*
  - Black and Hispanic children have been found to have significantly higher rates of food-induced anaphylaxis and Black children have a two-to-threefold higher risk of fatal anaphylaxis than white children.[9, 10]
  - Food allergic children that live in low-income communities often have limited access to healthcare specialists, allergy-friendly foods, and medications — increasing their number of visits to the emergency room for treatment.[11]

- *Racial and economic disparities in epinephrine access*
  - FARE launched a needs assessment among 724 food allergic adults and caregivers in the underserved, under-representative community in Newark, NJ, through its Community Access Program (CAP).[12]
  - We found that while most had physician-diagnosed food allergy, 40% reported they had never been prescribed epinephrine, and 16% reported having a prescription, but never filling it.[12]
  - Cost, convenience, and knowledge gaps were the top reasons prescriptions were never filled. Additionally, only 12.2% had quick access "all of the time" to epinephrine, compared to 51% of food allergy patients in a nationally representative sample.[12]

- *Racial and economic disparities broaden with food insecurity*
  - Our Newark CAP survey found that in a 12-month period, 71% worried at least sometimes that they would not have enough money for food and would run out of food and 76% utilized food pantries; often facing limited substitution options due to FA.[12]
  - Psychosocial burden compounds the health equity issue, with 1 in 5 food allergic children in Newark expressing a fear of eating due to food allergy.[12]
  - Approximately 21% of food allergic children with FA in the United States experienced low food security.[13]

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Part 2: FARE Position on Food Allergen Substitutions in WIC Food Packages, Inclusion of Foods in the Infant Food Package to Address Early Introduction of Food Allergens to Reduce the Risk of Developing Food Allergy, and Competency in Food Allergy Education, Management, and Prevention for WIC Staff

WIC Food Package Substitutions for Participants with Existing Food Allergy (Women and Children)

FARE firmly believes in and supports the NASEM recommendation for substitutions for those with food allergy, but we believe that FNS must go further. Revision to WIC food packages must allow and provide substitutions for all food allergens where possible in WIC food packages (women and children). Examples include:

- For those with wheat allergy, retaining non-wheat cereals like corn flakes, puffed rice, and oats.
- Allowing gluten free bread to address wheat allergy and Celiac disease in addition to brown rice, oat, and corn options.
- Sun butter (sunflower) or others versus peanut butter because beans as an alternate to peanut butter is not always desired by WIC participants. Tree nut butters also could be included, but many with peanut allergy also choose not to consume tree nuts.
- Retain dairy alternative options. However, alternatives to soy "milk" and tofu are needed for WIC participants with both milk and soy allergy.
- Although there are several fish options that may meet the needs of those with fish allergy, options beyond tuna, salmon, sardines, and mackerel would be beneficial. Canned crustacean shellfish and mollusks such as canned shrimp, mussels, or oysters could be an alternative to fish species for those with fish allergy. Similarly, some with fish allergy choose to avoid all finned fish.
- Substitution for eggs in WIC food packages will be a challenge in delivering equivalent nutrients. However, FARE urges FNS to consider whether a group of non-egg foods can meet nutrient equivalence.
- Tree nuts and crustacean shellfish currently are not included in WIC food packages. However, tree nut butters could be an acceptable substitution to many with peanut allergy, as long as they are labeled without "May Contain peanuts" or other precautionary allergen labeling statement (PAL) that notes peanuts. Further, many with fish allergy could substitute canned crustacean shellfish and find it acceptable.
- FARE urges FNS to consider sesame and alternatives as it plans revisions to WIC food packages, as sesame is often found in whole grain breads that include other seeds. The WIC food package revision proposal likely will not likely be finalized until after sesame labeling as a major food allergen is required by January 1, 2023, per the Food Allergy Safety, Treatment, Education, and Research Act (FASTER Act).

Citations:

National Academies of Sciences, Engineering, and Medicine 2017. *Review of WIC Food Packages: Improving Balance and Choice: Final Report*. Washington, DC: The National Academies Press. https://doi.org/10.17226/23655. Table 3-15, p. 143; Table 3-16, p. 149-150

Public Law 117-11: Food Allergy Safety, Treatment, Education, and Research (FASTER) Act of 2021.

Urgency to Revise the WIC Infant Food Package to Deliver Benefits Toward Reducing the Risk of Developing Food Allergy

- FARE firmly believes that the infant food package must be revised to address early introduction of food allergens to reduce the risk of developing food allergy, given the recommendation in the *2020-2025 Dietary Guidelines for Americans*. FARE believe it is incumbent that the WIC program must include the early introduction food allergens in the WIC food package for infants between 4 and 12 months, regardless of the WIC program's focus only on supplemental nutrient delivery. The stakes for the future health of American infants and children that should eliminate the majority of food allergies in a generation warrants nothing else, and the time is now.
- The landmark results of the LEAP study (Learning Early About Peanut Allergy) on early introduction of peanut in infant diets to reduce the risk of peanut allergy is supported by the National Institutes of Health's National Institute of Allergy and Infectious Disease (NIAID), more broadly by the American Academy of Pediatrics , American Academy of Allergy, Asthma and Immunology, American College of Allergy, Asthma and Immunology, and codified as Federal nutrition policy in the *2020-2025 Dietary Guidelines for Americans* (DGA). The DGA states on page 58, *Potentially allergenic foods (e.g., peanuts, egg, cow milk products, tree nuts, wheat, crustacean shellfish, fish, and soy* [plus sesame given the FASTER Act requirements that adds sesame as the ninth food allergen required to be labeled] *should be introduced when other complementary foods are introduced to an infant's diet. Introducing peanut-containing foods in the first year reduces the risk that an infant will develop a food allergy to peanuts….* ***There is no evidence that delaying introduction of allergenic foods, beyond when other complementary foods are introduced, helps to prevent food allergy….*** [Emphasis added]
- One additional note related to early introduction in the diet of infants of cow's milk to reduce the risk of developing milk allergy. FARE supports WIC's goal for infants to be fully breastfed during the first year of life. However, to achieve success with early introduction of food allergens, small amounts of milk should be introduced along with egg and peanut beginning around 4 to 6 months of age, then proceeding to include other top food allergens. Plain yogurt is an excellent vehicle to deliver cow's milk and only requires up to 4 tablespoons per week. This is not meant to undermine recommendations for exclusive breastfeeding during the first year, or recommendations to avoid cow's milk as a beverage until 12 months of age.

Citation:

U.S. Department of Agriculture and U.S. Department of Health and Human Services. *Dietary Guidelines for Americans, 2020-2025. 9th Edition.* December 2020. Available at DietaryGuidelines.gov. Page 58.

Food Allergy Education for WIC Competent Professional Authorities (CPAs) on Food Allergy Basics, Referrals, management, and Early Introduction to Reduce the Risk of Developing Food Allergy

- FARE believes that all WIC personnel (CPAs) should have knowledge, skills, and tools to educate about food allergy, referrals to other health care providers, management, and infant early introduction to reduce the risk of developing food allergy. To this end, FARE is developing a food allergy education module that can be used by CPAs to educate WIC participants about food allergy, management, and early introduction among infants.
- See PDF presentation deck attached to this e-mail that summarizes the FARE WIC Food Allergy Training & Resource Development Advisory Committee, goals, module content, and timeline.

Part 3: FARE Position on Complete Food Allergen Information for Online Redemption of WIC Foods

Note: FARE did not raise this issue during our brief meeting, but we believe it is worth outlining our position on e-commerce and food allergy, given USDA FNS's support of WIC Online.

- FARE firmly believes that individuals with food allergy and their families and caregivers must have complete food allergen information – food allergen labeling required by the Food Allergen Labeling and Consumer Protection Act of 2004 in ingredient declarations and "Contains: [X]", as well as including precautionary allergen labeling (PAL) statements such as "May Contain [X]" – when purchasing foods online. As USDA FNS works via its grant to the Gretchen Swanson Center for Nutrition on developing requirements, conducting a pilot and then taking the program nationally, we urge consideration of the critical information needs for those with food allergy.
- To this end, FARE participated orally and submitted formal comments to the U.S. Food and Drug Administration's (FDA) 2021 New Era of Smarter Food Safety Summit on E-Commerce. Also, we encourage USDA and FNS to collaborate with FDA on guidelines for online food purchases to ensure complete food allergen information is always provided.

Appendix B

FARE Addendum on Additional Data on the Burden of Food Allergy Among Hispanics (Provided to USDA FNS and OMB OIRA, September 27, 2022)

- Compared to non-Hispanic white children, Hispanic children were more likely to have allergy to corn, fish, and shellfish, as well as higher odds of eczema, but similar rates of asthma.[1]
- Compared with whites, AA and Hispanic children had a shorter duration of follow-up for FA with an allergy specialist and higher rates of FA-related anaphylaxis and emergency department visits.[1]
- Both African American and Hispanic children are at higher risk of experiencing negative outcomes following anaphylaxis and Emergency Room visits.[1]
- Black and Hispanic children have been found to have significantly higher rates of food-induced anaphylaxis and black children have a two-to-threefold higher risk of fatal anaphylaxis than white children. [2-3]

1. Mahdavinia M, Fox SR, Smith BM, James C, Palmisano EL, Mohammed A, et al. Racial Differences in Food Allergy Phenotype and Health Care Utilization Among US Children. J Allergy Clin Immunol Pract 2017 Nov 23; 5(2): 352-357.
2. Jerschow E, Lin RY, Scaperotti MM, McGinn AP. Fatal anaphylaxis in the United States, 1999-2010: temporal patterns and demographic associations. J Allergy Clin Immunol 2014;134:1318-1328.e7
3. Mahdavinia M, Tobin MC, Fierstein JL, Andy-Nweye AB, Bilaver LA, Fox S, Pappalardo AA, Jiang J, Catlin PA, Chura A, Robinson A, Abdikarim I, Coleman A, Warren CM, Newmark PJ, Bozen A, Negris OR, Pongracic JA, Sharma HP, Assa'ad AH, Gupta RS. African American Children Are More Likely to Be Allergic to Shellfish and Finfish: Findings from FORWARD, a Multisite Cohort Study. J Allergy Clin Immunol Pract. 2021 Jul;9(7):2867-2873.e1. doi: 10.1016/j.jaip.2020.12.026. Epub 2021 Jan 19. PMID: 33359586; PMCID: PMC8277659