In July, Food Allergy Research & Education (FARE) and the National Restaurant Association announced the launch of the first comprehensive, interactive national training program for restaurant personnel to help them become more food allergy aware.

The new ServSafe Allergens™ Online Course will help restaurant personnel better understand the needs and safety precautions required when serving guests with food allergies. FARE has partnered with the National Restaurant Association for this program because it has been the leading provider of food safety training to restaurants across the country for nearly 40 years with its ServSafe program.

“The National Restaurant Association has been working diligently over the years to responsibly address the issue of food safety in restaurants, including food allergens,” said William Weichelt, director of ServSafe for the National Restaurant Association. “We are excited to partner with FARE on ServSafe Allergens to educate our restaurants and their employees, helping our members accommodate their guests’ food allergies or other dietary requirements.”

For those who are affected by food allergies and life-threatening anaphylaxis, dining out can be a challenge, and for some families, it can feel impossible. It takes advance planning and research to find a restaurant that can accommodate food allergies, and some restaurants may not be able to make certain accommodations.

Over the years, FARE has heard from many members of the food allergy community who have relayed their experiences—both positive and negative—in dining out with food allergies. Chefs, servers, and even customers, have made mistakes leading to allergic reactions. Positive experiences can lead to loyal customers, while negative experiences can have potentially life-threatening consequences.

FARE and the National Restaurant Association both believe that improving food allergy awareness in restaurants is critical. Research suggests that close to half of fatal food allergy reactions are triggered by food consumed outside the home.

The new allergen awareness training program is designed to educate all restaurant workers—from the hostess in the front of the house, to the manager and executive chef, to the line cook in the back of the house—about the severity of food allergy and the precautions that must be taken.

The program, which was previewed at the National Restaurant Association Show in May, is currently available in English. The Spanish language version will be available in the coming month, and more languages will be added in the future to ensure that critical information about food allergies is available to a broad range of employees.

“We are proud to partner with the National Restaurant Association to launch this critical training program that will help restaurant personnel better understand the needs and safety precautions required when serving guests with food allergies,” said John Lehr, CEO of FARE. “Ultimately, this program will help ensure a safer, more enjoyable dining experience for individuals and families who are managing food allergies.”
It is sometimes hard to believe that it has been less than a year since FARE was formed. Thanks to the dedication and support of members and donors like you, we have already accomplished so much in such a short time.

It is because of your support that we are able to invest in world-class research to advance treatment and understanding of food allergies. FARE’s Research Retreat, which brought together leading scientists in April in Washington, D.C., will inform the development of a research strategy that will shape the course of food allergy research investments over the next decade. With so many new cases of food allergy being diagnosed each year, and without a known cause for this increase, investing in research that can help reduce the risk of life-threatening reactions is paramount.

Your membership and contributions also have an immediate impact in helping us raise awareness in ways large and small. Your support helped FARE launch the most successful public service announcement in its history (and the history of its legacy organizations). “Food Allergy Bullying: It’s Not a Joke” has received more than 25,000 views on YouTube since its May debut and raised awareness about the potentially life-threatening nature of food allergies (read more about our campaign on page 11). FARE also is partnering with the Discovery Channel on a documentary about food allergies that will air in September and be available for download for use in schools across the country.

Your support enables FARE to create new educational webinars, hold our annual Teen Summit, distribute brochures to allergists and newly diagnosed patients, and update materials such as our newly redesigned Food Allergy Action and Anaphylaxis Emergency Care Plan (formerly the Food Allergy Action Plan, page 9).

It also provides FARE with the resources to advocate on your behalf on Capitol Hill, where we are gathering momentum for the School Access to Emergency Epinephrine Act, which has been approved by the U.S. House of Representatives (read more on page 13).

Your donations and support of FARE mean this, and so much more to your family and others who are managing food allergies. Thank you for your continuing commitment to FARE.
The Power of the FARE Walk for Food Allergy

This year, the FARE Walk for Food Allergy will make its mark in more than 60 communities across the country, raising funds for food allergy education, advocacy, awareness and research programs. Without the dollars raised through the FARE Walk for Food Allergy we would be unable to provide the resources that families need every day.

For the past eight years, the FARE Walk for Food Allergy in Charlotte has been a great success because of the wonderful partnership between the Walk and local support group. We’re putting the spotlight on Charlotte to learn more about the great synergy that results in a terrific event that raises much needed funds and also raises awareness of food allergies as a serious public health issue.

From the outset, the Walk committee and PAK (Parents of Allergic Kids) have always banded together for a combined “support group walk meeting.” These meetings offer families the opportunity to get together and share their thoughts and ideas. This year, FARE awarded Charlotte with a community outreach grant. The grant is to help provide workshops/groups aimed at helping members more effectively manage the social, emotional, and psychological impact of living with food allergies.

PAK has been a wonderful partner to the Walk for Food Allergy—informing families, helping form walk teams, attending the walk and assisting with fundraising. Jodi Stokes, PAK Coordinator, explained, “The walk is a wonderful opportunity for all the families to experience fellowship and be in the presence of hundreds of kids, at the same at the walk. My son just beams when we go to the walk and he feels he is not the only kid with food allergies, he is part of this larger community. To see all the families and all kids at one time is priceless.”

The community of Charlotte has truly combined its resources. Randi Eccleston explained, “The PAK and FARE Walk partnership is treasured. Without PAK, the walk would not be as successful as it is. PAK provides support, guidance, and immense support on walk day...as this is beneficial for the community at large.”

Charlotte is a growing community with numerous children and adults with food allergies that has formed a partnership in the medical community, which helps inform parents and individuals with food allergies about FARE and PAK. This year’s goal is to increase funding so that we can continue to fully serve the Charlotte community and all communities across the country.

For more information, or to register for any of these events, visit www.foodallergywalk.org.
FARE Launches New Educational Webinar Series

FARE is launching a new series of monthly educational webinars, all designed to help you live well with food allergies. Our first webinar, “Supporting Children, Adolescents and Parents in the Daily Management of Food Allergies,” was held Aug. 14 at 1 p.m. EDT.

Featured speaker Dr. Linda Herbert, a clinical psychologist at Children’s National Medical Center in Washington, D.C., recently joined the Department of Allergy and Immunology, where she is building a clinical practice and research team designed to address the mental health needs of children with food allergies and their families. Dr. Herbert’s presentation will be posted on our website. Funding for FARE’s August webinar was made possible through a generous grant from Lineage Therapeutics.

Save the date for our next webinar on Sept. 11, and stay tuned for more details. Space for each webinar is limited, and FARE members receive the opportunity to register early.

For more information, visit our website www.foodallergy.org.

Ask the Expert

What concerns should I have about genetically modified foods and food allergies?

Scott H. Sicherer, M.D., responds:

Genetically modified (“GM”) foods are those produced from GM organisms (“GMOs”), which are typically crops, including fruits, vegetables and grains. Prior to modern biologic techniques, farmers might have selected and bred better tasting or more hearty strains of their crops, a form of genetic engineering. In the past decades, it has become possible to insert genes that can, for example, make a plant resistant to specific diseases or insects, make a plant easier to grow with less chemical weed killers, or improve how it ripens.

Arguments for pursuing GM foods include the need to keep up with worldwide food production needs; to reduce costs, pollution, and use of chemicals to manage crops; and to develop foods with better nutrients. About 85 to 90 percent of corn and soy produced in the United States is GM.

The general safety of GM foods is a topic of strong interest in the international public health community. There is broad scientific consensus that GM foods on the market pose no greater risk than their normal counterparts, although there are skeptics and critics. Nonetheless, there are no documented ill effects. Regulatory and scientific agencies have developed international guidelines to address safety, with attention to nutrition, toxicity and a variety of concerns in addition to allergy.

With regard to allergy, the potential concerns include: transfer of a known allergen, creation of a new allergen, or having a plant produce more of a protein that is or may be an allergen. The Codex Alimentarius Commission of the World Health Organization has recommended a “weight-of-evidence” approach to evaluate GM foods for allergy risks, meaning that multiple forms of safety assessment are undertaken and considered. These include studies to address: Has the protein introduced caused allergy or illness when previously eaten? Does the protein resemble the many well-characterized allergenic proteins? Does it behave like typical allergens, for example with resistance to digestion? Does it alter the amount of proteins, including any allergens, the plant was making?

Although there is currently no evidence that GM foods are more allergenic or have somehow contributed to the apparent increase in food allergies, there are no comprehensive studies on this topic. Most experts do not include GM foods high on their “working list” of reasons for the increase in food allergy because there is little scientific reason to suspect a connection, and many other theories are more compelling. However, attention to the risk of allergy is an ongoing concern. Additional crops and also GM animals are under study. Experiments are also underway to use genetic engineering to develop less allergenic forms of common food allergens. It remains a key focus to ensure the safety of these foods from an allergic point of view in the future, but the products currently on the market have been widely studied and appear to be safe.

Scott H. Sicherer, M.D., is a professor of pediatrics, Jaffe Food Allergy Institute, Mount Sinai School of Medicine, NY, and is a member of FARE’s Medical Advisory Board.
What to Expect at an Oral Food Challenge: A Food Allergy Specialty Nurse Shares Insights
By Anne F. Russell BSN, RN, AE-C

In this article, Anne Russell interviews Elisabeth Scannell Stieb for FARE’s Food Allergy News.

Elisabeth Scannell Stieb, RN, BSN, AE-C is a food allergy specialty nurse with a passion for assisting families. An essential member of the Massachusetts General Hospital Food Allergy Center (MGH-FAC) team, she participates in leadership, clinical care, advocacy, research and education. Lisa has nearly 30 years of pediatric experience with 20 years specializing in allergy/pulmonary. Since asthma often co-exists with food allergy, families also benefit from her credentials as board certified asthma educator. She’s been a school nurse and manages food allergies as mother of two children with this diagnosis. She has extensive experience performing oral food challenges.

There are several types of oral food challenges (OFCs). In an open OFC, the patient and clinic team know the allergen being challenged. One reason to provide an open OFC is to determine if the patient can tolerate the food allergen without a reaction. What factors are considered when deciding if a patient is a candidate for this test?

Criteria include skin prick test results, blood IgE levels and a clinical history of allergic reactions. We consider age, child/parent anxiety level, the child’s readiness and the family’s willingness to routinely include the food in the child’s diet after a successful OFC.

We challenge toddlers especially when it is nutritionally vital to include a certain protein. For example, a successful OFC in a toddler who cannot have milk can relieve a family’s limitation, offer expanded diet options and lift some financial burdens.

You prepare, evaluate and monitor OFC patients in collaboration with allergists. How do you proceed?

Before the appointment, families are informed that OFCs take 4 to 5 hours. I ask parents not to schedule OFCs around special occasions because it then involves emotional high stakes. Children feel burdened that an unsuccessful OFC means avoidance measures and that emergency treatment plans must continue for a trip or party.

We start OFCs with a baseline physical exam of the child. We review medical history and consent. Then we begin dosing the food. Typically there are several doses in increasing amounts adding up to a total goal based on grams of protein or portion size. Medications are available to quickly treat any allergic reaction. Between dosing, we evaluate the child. If the child is reaction free, we advance to the next larger food dose.

Consistent with others’ experience, about 35 of 100 of our OFC patients have allergic reactions. About 6 of 100 have symptoms requiring epinephrine.

Do you prefer that patients bring the OFC food?

At MGH-FAC, we expect families to bring the challenge food. For example, baked milk or baked egg OFCs include a cupcake recipe to bake beforehand. Successful baked milk and baked egg OFCs are intermediate steps which are often followed in 6–12 months with OFCs to unbaked milk or egg.

Parents often worry their child will refuse challenge food. Some children take longer to eat but eventually do so. We have several ways to mask the taste. Green beans with chocolate syrup anyone?

After a successful OFC, we want the challenge food eaten daily for a 4-5 day probationary period to check for delayed reactions (e.g., eczema flare). It’s psychologically beneficial because the food is intentionally given and not just given during the OFC. After this period, the food should be regularly included in the diet and shouldn’t be omitted without speaking with us first.

How do you assist patients/families with anxiety?

Parents should be calm and open when discussing upcoming OFCs with children. They should reinforce that they’re done in the clinic because it’s a safest place with trained nurses and doctors. Children should report symptoms directly to our team and not try to interpret them. We trust their symptom description and won’t doubt them. To prepare for the OFC, we provide written instructions and they can access educational videos produced here at the Food Allergy Center. Upon arrival we review the process again. We monitor patients by conducting assessments every 15 minutes. Frequent monitoring reassures patients.

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New CDC Report: Dramatic Rise in Food Allergy

The number of U.S. children with food allergies rose by an alarming 50 percent over 14 years, according to a May 2013 report from the federal Centers for Disease Control and Prevention (CDC). Based on a national health survey, the report noted that the rate of food allergies increased from 3.4 percent in 1997–99 to 5.1 percent in 2009–11. During this period, the prevalence of skin allergies, such as eczema, also increased, while the rate of respiratory allergy did not change.

The survey also found that the prevalence of allergies varied by race and ethnicity, with Hispanic children having the lowest rates of all three types of allergies. Interestingly, the higher a family’s income level, the more likely a child was to have a food or respiratory allergy.

While rates vary according to a particular study’s methodology, these findings confirm the results of other recent prevalence studies conducted in the U.S. and overseas. Millions of children have food allergies, and this disease is a serious and growing public health concern. The CDC report reinforces the need for more research—and for greater education and awareness to help protect children with food allergies each day. FARE continues to use statistics from the largest study of childhood food allergy prevalence in the U.S. This national survey showed that approximately 8 percent of U.S. children have at least one food allergy.

New European Food Allergy Clinical Guidelines Coming

The European Association of Allergy and Clinical Immunology (EAACI) presented the first European food allergy clinical guidelines, a comprehensive guide for the prevention and treatment of food allergy and anaphylaxis, during the World Allergy & Asthma Congress in Milan earlier this summer. These guidelines are relevant to healthcare workers dealing with people with food allergy, scientists engaging in food allergy research, and policy makers involved in regulatory aspects of food allergy and safety.

As in the U.S., food allergy is a major public health problem in Europe. The disease affects 17 million Europeans, including one in four schoolchildren. According to EAACI task forces, hospital admissions for anaphylaxis have risen seven-fold over the past decade. In June, EAACI released a seven-page booklet that set forth the basic guidelines. In addition, a comprehensive document, similar to the U.S. food allergy guidelines released by the National Institutes of Health in 2010, is currently under final review. These guidelines provide evidence-based recommendations from some 100 authors and expert panel members who represent a range of countries and disciplinary and clinical backgrounds, including medical and nursing, hospital and primary care. Among the authors are representatives from patient groups, including Mary Jane Marchisotto, FARE’s senior vice president of research and operations. The expert panel includes members of FARE’s medical and research advisory boards—Drs. Wesley Burks, Stacie Jones, Hugh Sampson, Scott Sicherer, Estelle Simons, and Robert Wood—as well as several FARE-funded researchers, past and present.
Who is Likely to Outgrow a Food Allergy? New Studies Seek Answers

“Will my child outgrow the allergy—and when?” This is typically one of the first questions parents ask when a child is diagnosed with a food allergy. Two recent studies shed light on this important issue.

National Survey of U.S. Children
Few large studies have explored which factors could help predict whether or not a child will achieve tolerance—that is, outgrow an allergy. Between June 2009 and February 2010, Dr. Ruchi Gupta and colleagues (Ann & Robert H. Lurie Children’s Hospital, Chicago) surveyed the families of 40,104 children nationwide—the largest study of this kind to date. The researchers analyzed data for nine common food allergies: milk, peanut, shellfish, tree nuts, egg, fin fish, wheat, soy, and sesame.

The study, published online in the Annals of Allergy, Asthma and Clinical Immunology in July 2013, found that 3,188 children surveyed currently had a food allergy, while 1,245 had outgrown one. Key findings of this FARE-funded study include:

- A little more than a quarter of the children—26.6%—outgrew their allergies, at an average age of 5.4 years old.
- Children who were allergic to milk, egg, or soy were most likely to outgrow their allergies. The likelihood of outgrowing shellfish, tree nut, and peanut allergies was significantly lower.
- The earlier a child’s first reaction, the more likely that child was to outgrow the allergy.
- Other factors that contributed to outgrowing an allergy included having a history of only mild to moderate reactions, being allergic to only one food, and having eczema as the only symptom. Conversely, children with severe symptoms (trouble breathing, swelling, and anaphylaxis) and multiple food allergies were less likely to achieve tolerance.
- Black children were less likely to outgrow their allergy than white children.
- Boys were more likely to outgrow their allergy than girls.

Dr. Gupta and her team conclude that, while more studies over longer periods of time are needed to confirm these findings, this data can improve the management of food allergies and aid in counseling food allergy families.

Outgrowing Peanut Allergy
Peanut allergy is one of the most common food allergies among children. In the United States, the number of children with peanut allergy more than tripled between 1997 and 2008. This allergy tends to be lifelong; only about 20 percent of children are fortunate enough to outgrow it. A Canadian research team reports that children are most likely to outgrow their peanut allergy by age six. After age 10, the chance of spontaneous resolution (i.e., of outgrowing the allergy) is much lower, according to this study, which was published online in the Journal of Allergy and Clinical Immunology: In Practice on June 27.

Between 1998 and 2011, the researchers, led by Dr. Anne Des Roches (Centre Hospitalier Universitaire Sainte-Justine, Montreal), followed 202 children with peanut allergy from early childhood (18 months or younger) to adolescence. To confirm their diagnosis and monitor their allergies, the children periodically received skin prick tests, along with blood tests, which measured the amount of peanut IgE in their blood. (IgE is the antibody that triggers the symptoms of a food allergy.) Starting at age five, children whose blood tests showed a comparatively low level of peanut IgE also had the opportunity to undergo food challenges, the most accurate test available.

At the end of the study, 51 of the original 202 participants—just over 25 percent—had outgrown their allergy. Further, 80 percent of the children in this group were allergy-free before age eight. Tests also showed that these children had low levels of peanut IgE in their blood. In children who remained allergic, the amount of peanut IgE in the blood increased over the years.

The Canadian team concluded that their findings are consistent with a previous study by researchers in Australia, which followed 267 children over five years. They recommend additional studies to examine “whether spontaneous resolution may still occur in this population in late adolescence or early adulthood.”

The studies discussed here help us understand the nature and progression of food allergies. For more information about progress in the field of food allergy, please visit www.foodallergy.org/research.
A food allergy may be considered a disability under federal laws, such as Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA).

FARE recommends that parents of children with a food allergy create, in collaboration with their school, a written food allergy management plan. One type of plan is called a 504 Plan.

What is a 504 plan?
Section 504 is part of the Rehabilitation Act of 1973 that was designed to protect the rights of individuals with physical or mental impairments in programs that receive federal assistance. This includes public or private schools that receive federal funding. Parents of children with food allergies may refer to a “504 Plan” as the accommodation plan that allows safe and inclusive access to activities at school.

What are some examples of accommodations?

Examples of common accommodations include:

• Allergens are restricted from the classroom
• Teacher and bus driver are trained to recognize and treat a severe allergic reaction (anaphylaxis)
• Food is not used for rewards, crafts or in treat bags
• Birthdays are celebrated with non-edible treats
• Hands are washed (or hand wipes are used) before and after meals and snacks

Does a 504 plan mean my child is disabled? I don’t want my child to be labeled.
“Disability” is a loaded term. Remember, it is only a word. Dis-able means unable and the truth is that many of our children are unable to eat or, in some cases, come into contact with food or food residue without risk of a life-threatening reaction.

Is an Individual Health Care Plan (IHCP or IHP) a substitute for a 504 plan?
No. If a student has a health or mental health impairment that is considered a disability and needs aids or services (for example: special seating at lunch, a teacher who is trained to recognize anaphylaxis), then the child should be evaluated for a 504 Plan.

What about extracurricular activities at school? Does Section 504 apply?
Yes. Section 504 (Subpart D) ensures that students with disabilities have an equal opportunity to participate in extracurricular activities. Section 504 regulations (34 CFR 104.37(a)(1)) require access to extracurricular activities in “such a manner as is necessary to afford students with a disability an equal opportunity for participation in such services and activities.”

My son’s school celebrates with food almost every week. They asked me to send in a “safe treat box” so I did. My son came home many times this year upset about being excluded from all of the fun ice cream, pizza parties and cupcakes. By the end of the year, he would not eat from his ‘safe treat box’ at all. So he sat there eating nothing while the other kids celebrated. What can help?

In a private setting, it’s appropriate to take on most of the responsibility for your child. For example, at your neighbor’s barbeque, you may need to bring your child’s entire meal. However, at school, your child should not be excluded from activities because of his food allergies. Your child is entitled to a free appropriate public education (FAPE).

The best way to handle these issues is before they arise by agreeing upon what is needed for your child to participate and documenting it in a 504 Plan. When negotiating these plans, the team will decide on how birthdays, holidays and other occasions will be celebrated and how your son can access these activities safely in the least restrictive environment. Many schools (due to wellness, obesity, food allergies, etc.) are moving to food-free celebrations using games and rewards such as extra recess or no-homework passes.

We are all hoping for a cure for food allergies, but until that day comes, our children need accommodations at schools, at restaurants, on airplanes and beyond. Each time we take the time to learn and educate others, we make our dream of a safe and accessible world closer to reality.
**New Action Plan for Food Allergy and Anaphylaxis Now Available**

FARE has released the new Food Allergy & Anaphylaxis Emergency Care Plan, formerly the Food Allergy Action Plan. This written document outlines recommended treatment in case of an allergic reaction, signed by a child’s physician and includes emergency contact information. It should be on file for every student with food allergies.

The updated plan was revised by FARE’s new Education Working Group, a multi-disciplinary group of food allergy experts that includes support group leaders, two members of FARE’s Medical Advisory Board, experienced parents of children with food allergies, an adult with food allergies, a dietitian, psychologist and a school nurse. The plan was approved by FARE’s Medical Advisory Board.

The document presents critical information including allergen(s), symptoms and treatment instructions in an easy-to-follow format—critical in an anaphylactic emergency.

Parents, school nurses and physicians may **download the write-able PDF** from the “Most Popular Resources” section of our website.

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**Educate Las Vegas: A Community’s Road to Success**

A small grant proposal in 2011 from Duane and Dana Gordin, the dedicated volunteer chairs of the FARE Walk for Food Allergy in Las Vegas, has grown into a full-scale movement in the Las Vegas area to help keep children with food allergies safe.

Parents to two children with life-threatening food allergies, the Gordins know firsthand about the hard work and constant vigilance, both inside and outside of the home, needed to prevent an allergic reaction. The grant proposal, which the Gordins submitted through the Walk for Food Allergy community outreach grant program, has now resulted in the initiative “Educate Las Vegas,” focusing on Clark County School District (CCSD), the fifth largest district in the nation with more than 350 public schools, and home to over 300,000 students. CCSD has been at the forefront of developing and improving food allergy management plans and practices for schools throughout their district.

In the beginning of 2012, Duane and Dana Gordin, their son, Scott, and Principal Paula Naegle of Del Webb Middle School, met with former CCSD Superintendent Dwight Jones and his Executive Cabinet to discuss a partnership that would bring food allergies into the spotlight as a critical issue in their district. It didn’t take much convincing, and with Superintendent Jones on board, and support from FARE, CCSD began to evaluate their current policies and procedures for managing students with food allergies. It was quickly determined that a district-wide plan was needed.

In March 2012, Sally Jost, director of Related Services for CCSD, began moving forward to develop both a district-wide plan and food allergy training that would be administered to all district staff the following school year. With FARE providing technical assistance, resources, and support, Duane and Dana Gordin, along with a team of enthusiastic and committed CCSD staff, have kept the momentum flowing over the past year and a half to bring numerous successes to the Clark County community.

Annual training for Clark County’s 15,000+ school staff members has been implemented, including the first mandatory CCSD staff training video. Principal Naegle and the Gordins have personally delivered food allergy training to hundreds of CCSD staff members including first aid safety assistants (FASA), school nurses, principals, and maintenance and custodial workers. They have also presented on behalf of CCSD’s Equity & Diversity Department on food allergies and bullying, a growing problem in schools across the nation, and one that FARE is working diligently to bring attention to.

In addition to staff training, Clark County has created CCSD Food Allergy Management Guidelines, the first of their kind, set to be released in Fall 2013. CCSD has also reviewed and updated regulations, policies, and procedures for principals, staff, teachers, substitute teachers, bus drivers, coaches, counselors, school nurses, FASA, custodians, food services and cafeteria workers, Safe Key program members, and the Parent Teacher Association (PTA). These revisions will compliment updated CCSD forms that will be used to implement the upcoming food allergy guidelines.

FARE would like to take this opportunity to thank Duane and Dana Gordin, CCSD, and the “Educate Las Vegas” initiative, for making schools in their community safer and more inclusive for children with food allergies.
**My First Week at College**

By Carlo Steinman

The first week of college can be stressful for everyone—new people, new places and new responsibilities. But, for teens with food allergies, it can be even more challenging.

As college approached, I knew that I’d have my hands full making new friends and getting settled, so I tried to take care of as much related to my allergies before school started. As soon as I found out my housing assignment, I called the Housing and Dining Office and spoke to them about my allergies.

During my first week, I had meetings with administrators and discussed typical menus and safe options at the dining halls. It seemed that everything would be great.

Actually eating in the dining halls, though, was a different story. I found out quickly that what administrators say may not resemble what actually goes on. Things that seemed safe on paper ended up not existing or being unsafe because of cross-contact. My eating prospects were worse than I had been led to believe.

So, I scheduled a new round of meetings. This time, though, I didn’t meet just with administrators. I met with the people actually responsible for my food: the chefs, the servers and the dining hall managers, as well as the campus nutritionist.

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**Tori’s Tips for Parents**

- Give your child a goal to work toward while transitioning responsibility from you to him or her. It can be a rough process, but motivation makes it easier to persevere.

- Have your child practice advocating for himself or herself while you are there to help. That way, you can offer gentle reminders and pointers.

- Remember that some adults are less likely to pay serious attention to a child saying they have food allergies than to an adult saying the same thing. Teach your child to be assertive when explaining their allergies to adults.

**CONTINUES ON PAGE 12 >**
On May 13, 2013, Food Allergy Research & Education (FARE) launched a new online public service announcement and public awareness campaign about food allergy bullying called “It’s Not a Joke.” The goal of the “It’s Not a Joke” campaign is to reach adults and teens who are not managing food allergies to help them understand that food allergies can be life-threatening, and increase their awareness of the dangers of food allergy bullying.

Bullying is a social issue that many people can identify with on an emotional level because they have either seen their children experience it or remember being bullied themselves. Food allergy bullying can have serious emotional and physical consequences, and it’s something that families often relay to FARE. With this PSA, FARE hopes to spark discussion, increase awareness and understanding of the serious nature of the disease, and begin to change the way the public views food allergies. We also hope to curb food allergy bullying.

Since the launch of the PSA, dozens of media outlets and blogs have written about food allergy bullying, bringing to light the serious and potentially life-threatening nature of food allergies, including The New York Times, U.S. News & World Report and TODAY Moms, to name a few.

Thanks to the PSA’s exposure during Food Allergy Awareness Week, traffic to FARE’s website and Facebook page spiked, enabling us to connect more people seeking help with the resources they need. On YouTube, the full-length PSA (90-second version) has received more than 25,000 views to date. The full version of the video has also been watched by people in more than 70 countries around the world.

FARE also worked with CBS Television Stations to secure air time for the PSA on their stations (which include CW Network stations). The PSA aired in conjunction with the end of the school year (mid-May through mid-June), and will begin to air again this fall as school is back in session. Since May 17, the 30-second PSA has aired 40 times nationally. The PSA was also featured on CTV, a Canadian news outlet. On Twitter, almost 500,000 accounts had at least one tweet or retweet about the PSA post to their Twitter feed.

The “It’s Not a Joke” Campaign received a tremendous positive response from our online communities, resulting in our highest rated social media content of all time. We’d like to share just a few of the comments we received via social media and emails:

- Thank you FARE for this inspirational and informative PSA. More parents, media enablers and school administrators need to be aware of this crisis. ~Nancy S.

- This video definitely hits a nerve with me since we have dealt with this issue, especially when the kids were younger. The more informed and educated peers become, the less it seemed to be a problem. Thank you FARE, for this important PSA. ~Amy M.

- Thanks FARE for this powerful and much needed video...this video is exactly what the general public needs, as most are unaware this is happening. I’m grateful we as a community have a video tool to share with the world and start a much needed conversation about food allergy bullying. ~Olyvia J.

- Wow, I saw this on a friend’s Facebook wall and I couldn’t believe what I saw/heard. Kids being bullied because of their food allergies. The part with the kid outside the classroom made me tear up. I never knew this type of bullying existed. Thank you FARE for releasing this PSA, it definitely opened my eyes to the problem. I will spread the word and raise awareness! ~Paolo A.

The PSA, along with other materials, remain available on our website for sharing with school staff, coaches, and other members of your community. For more information and resources for addressing food allergy bullying, visit www.foodallergy.org/its-not-a-joke.
FARE Launches New Online Community for Teens

Our teens have spoken, and we’re here to listen! With the input of our teens all over the country, FARE recently launched a new Facebook page for teens with food allergies. If you are a with food allergies, please join FARE’s teen community online by visiting www.facebook.com/groups/FARETeenFoodAllergySupportGroup/.

And be sure to visit FARE’s new teen blog, www.foodallergyteens.tumblr.com. Members of FARE’s Teen Advisory Group will be fielding questions and writing blog posts on a variety of topics. Visit www.foodallergy.org/resources/teens.

Join Us for Teen Summit in D.C.!

Registration will open this month for FARE’s Eighth Annual Teen Summit, Nov. 15–17. The Teen Summit is a three-day, two-night conference for teens with food allergies and their siblings, ages 11–22. This year’s Teen Summit is at a new and exciting location—the Hyatt Regency Washington on Capitol Hill—walking distance from the U.S. Capitol and close to D.C.’s most popular historic, cultural and entertainment venues.

This year’s agenda will soon be available on our website. There will be fun social activities and specialized topic talks for middle school teens with food allergies, high school teens with food allergies, siblings and friends of teens with food allergies, and parents. Registration will be open soon—stay tuned to www.foodallergy.org for details.

My First Week, cont.

While it was a rocky start, I ultimately learned a good lesson: communication is key. Everyone I met with wanted to help, but I had to find the people who were directly responsible for my food. When dealing with food allergies in college, it’s critical to find the right people and meet with them. Come to think about it, that’s good advice for college in general.

Carlo Steinman is a rising third-year at the University of Chicago. He is allergic to milk, wheat, eggs, peanuts, tree nuts, soy, sesame, fish, shellfish, most fruits and some vegetables. He is a founding Teen Advisory Group Member and has spoken at many Teen Summits and regional conferences.
Federal Stock Epinephrine in Schools – Become an Advocate

The slower pace of summer usually means a break from school and work, and a time for family vacations. It’s also a break for the U.S. Congress—during the month of August they’re back home visiting with their constituents.

This means August is a perfect time for you and other food allergy advocates in your community to schedule a visit. Their district offices are easier for you to reach and they have more time to focus on what you have to say. And, with federal legislation related to food allergies currently being considered on the Hill, it is a great time for them to hear that you want them to support the cause! U.S. Reps. Phil Roe (TN) and Steny Hoyer (MD) have sponsored the School Access to Emergency Epinephrine Act (H.R. 2094).

The bills provide an incentive for states to require “stock” epinephrine in their schools by giving those states priority standing in the award of asthma grants.

Offering that incentive is critical to making sure schools are equipped to combat an anaphylactic emergency. Over the past year there’s been an enormous recognition by state legislatures of the need to improve schools’ ability to keep allergic students safe and respond to anaphylactic emergencies. At the start of this year, 13 states allowed schools to stock undesignated epinephrine. By mid-summer, when most states had concluded their legislative sessions, more than 30 states allowed for “stock” epi supplies and training for its administration in their schools. But that doesn’t mean schools in those states will actually have the supplies and training. Only four states require those measures (Maryland, Nebraska, Nevada and Virginia). The others allow local school boards and districts to take those steps—as they are willing and able.

That’s where the federal bill comes in. Without being coercive, it offers a financial incentive for states that require epinephrine in the schools. To make that incentive a reality, the food allergy community needs to build a critical mass of support behind this legislation. Remember—your representatives want to hear from their constituents. Their job is to represent your interests.

We encourage you and your friends, family members and fellow advocates to flood U.S. senators’ offices with emails and phone calls—and visits to their offices have even greater impact. A personal meeting offers the opportunity to build a relationship, to tell your personal story and to help them better understand the needs of the food allergy community.

Materials to help you request a meeting, discuss the issue and follow-up will soon be available on the FARE website. So gather some family and friends and schedule a group visit before the summer winds down and the harried routines pick up again. You’ll help build awareness and support for the food allergy cause…and maybe win a new ally in the process. •

FARE Board Member Rob Nichols and FARE CEO John Lehr met with Rep. Phil Roe (R-TN, pictured center in photo at left) and Democratic Whip Steny Hoyer (MD, pictured center in photo at right) in recent months to discuss the School Access to Emergency Epinephrine Act.
MedicAlert and Me

By Sloane Miller, MSW, LMSW

I was born with food allergies and developed allergies, asthma and eczema in my early childhood. Growing up as an allergic girl, I learned very early on how to verbally advocate for my health needs in a variety of social situations like school, camp and play dates. However, it wasn’t until I was heading off to my senior year abroad at Oxford University, that I approached my then allergist about getting a MedicAlert bracelet. I was moving overseas for the year, knowing no one, and it seemed like a good idea, some extra insurance, to have a very visible bracelet with the international symbol for medicine on one side and my medical needs spelled out on the underside.

I had heard about MedicAlert bracelets for people with penicillin allergies or diabetes but it had never been suggested to me, someone with severe food allergies and asthma. Started in the 1950s by a doctor for her anaphylactic daughter, MedicAlert jewelry’s function is to alert emergency medical personnel and others to medical needs of the wearer. The top of the medallion has the international symbol of the Rod Of Asclepius, used by many health organizations like the American Medical Association and the World Health Organization, and on the underside, the medallion states your needs, in my case: “Asthma, allergic to salmon, all nuts, animal dander. Carries EpiPen.” In addition, there is a toll-free number (for the U.S.) that has a database of information about you that you have provided: a full list of medical needs, current medications, emergency contacts and personal medical contacts. This makes the MedicAlert bracelet an invaluable piece of jewelry, one that can speak for you in case of emergency.

When I asked my then allergist if he thought getting a MedicAlert bracelet was a good idea, he was emphatic. “Absolutely,” he said. And I’ve been wearing the same one ever since. What I couldn’t anticipate was how this inconspicuous piece of jewelry provided just the right amount of added confidence as I advocated for my needs in a completely new country, and ever since: with new friends, it helps to explain that my medical needs are real and serious; with romantic partners, it opens up a dialogue about what they can do to help should an emergency arise; and in restaurants, the international symbol of medicine helps to underscore the validity of my food allergy requests.

I highly recommend MedicAlert jewelry to my food allergy counseling clients often as I know firsthand what this added bit of assurance can do to assist in the management of food allergies and to empower individuals with food allergies and their families to engage in the world safely, effectively and joyously.

Sloane Miller, MSW, LMSW, food allergy counselor and author, is founder and president of Allergic Girl Resources, Inc. In 2006 she started “Please Don’t Pass the Nuts,” an award-winning blog for and about people affected by food allergies. She is the author of Allergic Girl: Adventures in Living Well With Food Allergies. For more information, visit www.allergicgirl.com.
Date Night—Veggie Risotto
Free of the Top Eight Allergens!

INGREDIENTS
2 T. olive oil
1 zucchini, cubed
1 cup sliced mushrooms
½ onion, diced
2 cloves garlic, minced
1 cup sliced tomato
½ cup frozen peas
1 tsp. oregano
3 cups chicken broth*
¾ cup Arborio rice
1 cup diced cooked chicken (optional)
Salt and pepper to taste

*Be sure to check the label—many broths contain wheat and soy.

DIRECTIONS
Heat 1 T. olive oil in a large saucepan over medium heat. Add zucchini, mushrooms, onion, and garlic to saucepan. Cook 5 minutes or until tender. Add tomatoes, peas, and oregano. Reduce heat to simmer, stirring occasionally.

Meanwhile, bring broth to a boil in a small saucepan. Reduce heat to medium-low to keep broth hot but not boiling.

Heat remaining 1 T. oil in a large saucepan over medium heat until hot. Add rice and cook 2 minutes. Add ¾ cup broth to rice. Reduce heat to medium low, maintaining a simmer. Cook and stir until rice has absorbed the broth. Repeat 3 more times until all broth has been used. Mix vegetables and chicken (optional) into rice. Season to taste with salt and pepper.

Wild Blueberry Brunch Cake
Gluten, Milk, Egg, Nut-Free and Vegan!

INGREDIENTS
Blueberry Cake
1 cup sorghum flour
½ cup millet flour or quinoa flour
½ cup tapioca flour
2 teaspoons baking powder
2 teaspoons finely grated lemon zest
1 teaspoon xanthan gum
½ teaspoon fine sea salt
¾ cup unrefined cane sugar
¾ cup coconut oil, softened or melted*
¾ cup plus 2 tablespoons canned lite or full-fat coconut milk
2 teaspoons vanilla extract
2 teaspoons cider vinegar
2 cups fresh or frozen wild blueberries

Cinnamon-Sugar Topping
⅓ cup sorghum flour
⅓ cup unrefined cane sugar
½ teaspoon ground cinnamon
⅛ teaspoon fine sea salt
3 tablespoons coconut oil, softened*

DIRECTIONS
To make the cake, preheat the oven to 375 degrees. Lightly oil an 8-inch square glass baking dish.

Put the sorghum flour, millet flour, tapioca flour, baking powder, lemon zest, xanthan gum, and salt in a medium bowl. Stir with a dry whisk until combined. Put the sugar and coconut oil in the bowl of a stand mixer, with the paddle attachment, or a large bowl. Using the stand mixer or a hand mixer, beat on medium speed until creamy and well combined. Add ¼ cup of the coconut milk, the vanilla extract, and vinegar. Beat until well combined. Turn the mixer to low speed. Alternately add the flour mixture (in three additions) and the remaining coconut milk (in two additions), beginning and ending with the flour mixture, beating well after each addition. Turn off the mixer. Stir in the blueberries using a spoon. The batter will be very thick. Scrape the batter into the prepared dish using a rubber spatula. Smooth the top with the spatula.

To make the topping, put the sorghum flour, sugar, cinnamon, and salt in a small bowl.

Add the coconut oil and stir until well combined. Stir in up to 1 tablespoon additional coconut oil, 1 teaspoon at a time, as needed to achieve a crumbly but not dry consistency.

Sprinkle evenly with the topping. Bake in the center of the oven for 40 to 55 minutes, until golden brown and a toothpick inserted in the center of the cake comes out clean.

If using fresh blueberries, check the cake after it has baked for 40 minutes. Frozen and very juicy blueberries will require a longer baking time, 50 to 55 minutes.

*Most people who are allergic to tree nuts can safely eat coconut. If you are allergic to tree nuts, talk to your allergist before adding coconut to your diet.

Helping Restaurants, cont.
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Leading industry experts, including food safety trainers, food allergy professionals, chefs, physicians and former regulatory officials, helped develop the program.

“This program is long overdue. Food allergies are on the rise and the food service industry needs to learn how to safely serve their guests with food allergies and special diets,” said Chef Joel Schaefer, president of Allergy Chefs, Inc., who serves as a subject matter expert on the program. “This program will build food allergy awareness for many food service professionals and provide more safe dining experiences for food allergy customers.”

Employees who successfully complete the training and knowledge tests, which are taken online, will receive a certificate of achievement demonstrating their knowledge of food allergy issues. This certificate, good for three years, will be carried over with the employee if the employee leaves the establishment for another restaurant.

In 2014, FARE will be launching new resources on its website to help families identify restaurants where employees have undergone the new training. In coming weeks, FARE’s website will also feature sample policies for restaurants and resources to help diners more effectively communicate their needs to restaurants.

“As always, we strongly encourage guests to talk to restaurant staff about their food allergies, and discuss concerns and alternatives to make their dining experience safe and enjoyable,” Weichelt said.

Approximately 135 million individuals eat out annually, and this trend is only increasing. Couple this with the well-documented rise in the number of individuals affected by food allergies, and it’s clear that there is a critical need for increased education and awareness for the restaurant industry.

For more information and resources about dining out and the new training program, visit www.foodallergy.org/managing-food-allergies/dining-out.

Head Over the Edge for FARE

FARE is offering the once in a lifetime opportunity to go Over the Edge to make an extreme impact!

This thrilling event sends participants rappelling down the side of a building in your city center. No special skills or training are needed—you’ll be working with certified rappelling experts who will ensure that you have a totally safe and unforgettable experience! The minimum fundraising goal for FARE Over the Edge participants is $1,250 and there are great prizes when you exceed your goal, including a personalized helmet-cam video of your rappel.

Right now, you can sign up to go Over the Edge in Atlanta, Tampa and Houston, and we’re finalizing locations in other cities for 2013–2014. (Please note: You must be at least 18 years old to participate in this event.) For more details or to register, visit www.overtheedgefare.org.
Epinephrine Auto-injector News

A new generic version of Adrenaclick® (Lineage Therapeutics, Inc.) under the name epinephrine injection, USP auto-injector has become available. This product is an “authorized generic” of the Adrenaclick auto-injector only. It is important to know that, just like with other generic medications, the availability of this product may result in substitution at the pharmacy.

Epinephrine auto-injectors look and function differently from one another, and they have different instructions for use and require different training. You may be familiar with the administration of one type of injector, and the pharmacy may provide another type on which you have not been trained. During the stress of an anaphylactic reaction, this may be confusing and could result in the delay or perhaps an error in the administration of the drug.

FARE believes that patients should have a choice in the selection of an epinephrine auto-injector that suits their unique needs. Discuss your options with your doctor and ensure the patient and caregivers are fully trained in the administration of whatever medication you and the doctor decide on. When having a prescription filled, patients or caregivers should reinforce with the pharmacist the importance of getting the specific epinephrine auto-injector prescribed by the doctor.

Visit www.foodallergy.org/treating-an-allergic-reaction/epinephrine for instructions on using all of the auto-injector devices currently on the market, and for tips to get the auto-injector you want.
What to Expect at an OFC, cont.

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When parents worry about a child’s anxiety, I describe the OFC steps so they know what to expect. Viewing our videos has reduced anxiety. Additionally, we can consult with our pediatric psychologist, who may meet patients for sessions before an OFC and be available during it to help manage anxiety.

Sometimes we notice fathers attending OFCs who haven’t been at other appointments. Some mothers reveal they don’t attend because they think the father is less anxious and less likely to unintentionally influence OFCs with symptom observations or suggestions. I respect parental insight to know this would be counterproductive.

What if a reaction occurs?
Consistent with others’ experience, about 35 of 100 of our OFC patients have allergic reactions. About 6 of 100 have symptoms requiring epinephrine. Rarely, a second dose of epinephrine may be administered and very rarely we may advise additional observation.

We use the term “pass,” but not the word “fail” to describe results. Years ago I learned how negative the word fail can be from a teen who felt she “did not fail, but earned a C-.” Her symptoms were mild, not severe. This experience changed my use of the word fail. Children link failure to lack of trying and may believe they can control reactions. We explain they can’t control reactions. Their body wasn’t ready to safely consume the food.

Emotional reactions vary. Some are sure they were still allergic with no change to daily life. Others are very disappointed.

Do you enjoy celebrating when patients pass?
We’re thrilled for children who pass OFCs! Some remain cautious about eating the food. It’s an adjustment, like learning to avoid the food. If other food allergies remain, they learn to read ingredient labels differently. Children entirely cleared of food allergies may feel they’ve lost part of their identity, but quickly adapt!

MGH-FAC videos are excellent! How can readers view them?
Videos are available free at www.foodallergycenter.org.

Anne F. Russell, BSN, RN, AE-C is a Nursing faculty member at Spring Arbor University and has specialized in food allergy/anaphylaxis for 20 years. She gratefully acknowledges Wayne Shreffler, M.D., Ph.D., for article review.

Join Us!

Stand with us! Join FARE and stand with the 15 million people in the U.S. with food allergies. FARE member benefits include:

• a personalized online toolbar that will provide instant news and updates from FARE, including recall alerts and ingredient notices, as well as exclusive coupons at thousands of popular stores, with a portion of proceeds supporting FARE

• priority access to a live spot for FARE’s upcoming educational webinars

• members-only registration rates for FARE’s conferences

• FARE member wristband and membership card

• $10 off a 2-year subscription or $5 off a 1-year subscription to Allergic Living magazine

• Special members-only 10% discount on all FARE book and video purchases

FARE membership is available at the individual, family and research advocate levels. For more information, please visit www.foodallergy.org/member-benefits.