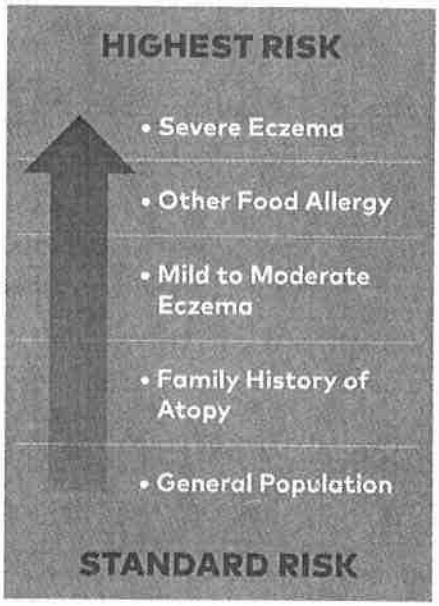
NEW CONSENSUS RECOMMENDATIONS

North American Allergy Societies Provide Guidance On Food Allergy Prevention Through Nutrition[1]

In 2021, the North American Allergy Societies (AAAAI, ACAAI, and CSACI*) released a consensus statement[1] based on recently published data indicating, "the strong potential of strategies to prevent the development of food allergy."

KEY RECOMMENDATIONS INCLUDE:

1. **Consider infants with severe eczema at highest risk for developing food allergy.** Even without identifiable risk factors, infants can develop a food allergy. It is important to discuss an infant's possible risk factors with families and create a plan to ensure common food allergens are introduced into the diet around 4-6 months.



2. **Regularly feed peanut and cooked egg starting at 4-6 months.** Introduction can occur at home using age-appropriate forms of these foods.

3. **Do not deliberately delay the introduction of other common food allergens (cow's milk, soy, wheat, tree nuts, sesame, fish, and shellfish).** Observational studies indicate there may be potential harm in delaying the introduction of these foods.

4. **Feed a diverse diet.** Once solids have been introduced around 4-6 months, infants should be fed a broad variety of food, including potentially allergenic foods. Observational evidence suggests this may help prevent food allergy from developing.

5. **Hypoallergenic formulas are not recommended for preventing food allergy.** For the purpose of preventing food allergy, there is no conclusive data that demonstrates a protective benefit from hypoallergenic formulas.

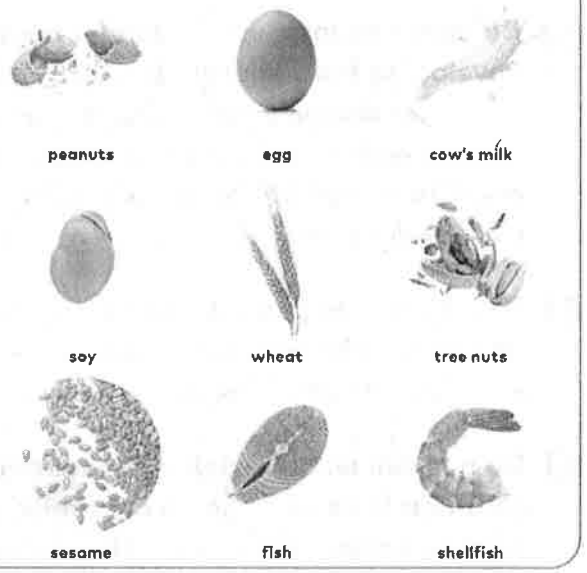
6. **Maternal exclusion diets are not recommended.** There is no evidence that mothers should avoid common food allergens during pregnancy or while breastfeeding as a means to prevent food allergy.

Once allergenic foods have been introduced around 4-6 months, families should continue feeding them regularly.

Early allergen introduction followed by regular allergen feeding is currently the most effective strategy to help prevent food allergy from developing.

IMPLEMENTATION CONSIDERATIONS FOR PEDIATRICIANS

Primary care providers have the greatest opportunity to engage all families in discussion about food allergy prevention. Talking points surrounding early allergen introduction should be integrated into well-child visits, beginning at birth and repeated at age 2, 4, 6, and 9 months[1].

WHO	WHEN	WHAT
All infants, especially those with eczema	• Begin early allergen feeding around 4-6 months of age, based on developmental readiness, when solid foods are introduced • Continue feeding allergens routinely after they have been introduced	

How To Introduce Food Allergens

- Screening infants prior to introduction is not required.
  - If families prefer screening, minimize delay of when allergens are introduced.
- Parents can introduce a single allergen at a time but should avoid prolonging the introduction of new foods.
  - There is no data to critically assess the necessity of spacing introduction of single allergens by 3 days.
- Regular allergen exposure for several years is felt to be more important than a fixed interval or amount.
- If an allergic reaction is suspected, ensure children are seen quickly. Fear about a potential reaction may delay continued allergen introduction while waiting for an office visit.

It is important for families to understand that the benefits of early allergen exposure outweigh potential risks and that allergen avoidance can be detrimental.

*AAAAI: American Academy of Allergy, Asthma, and Immunology; ACAAI: American College of Allergy, Asthma, and Immunology; CSACI: Canadian Society of Allergy and Clinical Immunology.

1. Fleischer DM, Chan ES, Venter C, et al. A Consensus Approach to the Primary Prevention of Food Allergy Through Nutrition: Guidance from the American Academy of Allergy, Asthma, and Immunology; American College of Allergy, Asthma, and Immunology; and the Canadian Society for Allergy and Clinical Immunology. J Allergy Clin Immunol Pract. 2021;9(1):22-43.e4. doi:10.1016/j.jaip.2020.11.002