



Food Allergy Q & A for Reporters

Q. What is a food allergy?

A. A food allergy is a condition in which the immune system incorrectly identifies a food protein as a threat and attempts to protect the body against it by releasing chemicals into the blood. The release of these chemicals results in the symptoms of an allergic reaction.

Q. What are the symptoms of an allergic reaction to food?

A. An allergic reaction to food may begin with a tingling sensation, itching, or a metallic taste in the mouth. Other symptoms can include hives, a sensation of warmth, wheezing or other difficulty breathing, coughing, swelling of the mouth and throat area, vomiting, diarrhea, cramping, a drop in blood pressure, and loss of consciousness. These symptoms may begin anywhere from several minutes to two hours after exposure to the allergen, but life-threatening reactions may get worse over a period of several hours.

Q. What is anaphylaxis?

A. Anaphylaxis is a serious allergic reaction that is rapid in onset and may cause death. It can be caused not only by food, but also by such things as bee stings, drugs, and latex. In the U.S., food allergy is the leading cause of anaphylaxis outside the hospital setting and is responsible for an estimated 150 to 200 deaths and 30,000 emergency room visits annually. The symptoms of anaphylaxis can include any of those associated with an allergic reaction to food. Studies have shown that early administration of epinephrine (adrenaline) is crucial to successfully treating anaphylactic reactions. Epinephrine is available by prescription in a self-injectable device (EpiPen® or Twinject®).

Q. Are any segments of the population at especially high risk for severe allergic reactions to food?

A. Research suggests that having asthma in addition to a food allergy increases the risk of a severe reaction, and teens and young adults who have peanut or tree nut allergies in addition to asthma are at the highest risk.

Q. How many Americans have food allergies?

A. More than 12 million. That's one in 25, or 4 percent of the population. Approximately 6.9 million Americans are allergic to seafood, and about 3.3 million are allergic to peanuts or tree nuts (reliable figures aren't available for the other common food allergens).

Q. How common are food allergies in young children?

A. Very common. About 2.2 million school-age children in the U.S. have food allergies, and the incidence in those under the age of 3 is one in 17. The good news is that many of these children will outgrow their food allergies.

Q. Are food allergies on the rise?

A. The incidence of food allergies in the U.S. has doubled over the last 10 years. This conclusion is based on reports from allergists across the country, as well as on studies of allergies to peanuts and tree nuts. For example, a FAAN study that was conducted in 1997 and repeated in 2002 showed that peanut allergy had doubled in children during that five-year time span.

Q. Why are food allergies increasing?

A. Scientists don't know, but they're trying to find out. One theory holds that because children in our culture are exposed to fewer germs than our bodies are used to dealing with, the immune system, deprived of its customary full-time germ-fighting job, misidentifies certain foods as harmful.

Q. How much of a food allergen does it take to cause a reaction?

A. Even trace amounts can cause a reaction in someone who is allergic. The allergen doesn't even have to be ingested to cause a reaction; skin contact or inhalation can sometimes trigger it.

Q. Is there a cure for food allergy?

A. There is presently no known cure for food allergy. Strict avoidance of the food allergen is the only way to prevent a reaction.

Q. What are the most common food allergens?

A. The following eight foods are responsible for 90 percent of all food-allergic reactions in the U.S.: milk, eggs, wheat, soy, peanuts, tree nuts (e.g., almonds, cashews, pecans, pistachios, walnuts), shellfish (e.g., shrimp, crab, lobster), and fish (e.g., tuna, salmon, catfish).

Q. Can the severity of a person's allergic reactions to food be predicted from his or her previous reactions?

A. No. Someone whose reactions have been mild in the past may suddenly start reacting more severely. For example, a FAAN review of food allergy fatalities found that most of the people had never had a severe allergic reaction until the one that caused their death. Thus, all food allergies must be taken seriously.

Q. How does a child's food allergy affect the family or caretakers?

A. Food allergies are often life-altering. In most cases, the entire family avoids the food that causes a reaction in the loved one who has the allergy. The allergy's impact therefore extends well beyond the number of patients, affecting three to four times as many people.

Q. What is FALCPA?

A. FALCPA is the Food Allergen Labeling and Consumer Protection Act, which went into effect in January 2006. It mandates that food manufacturers declare food allergens in plain language on their ingredient lists. For example, before FALCPA was passed, milk could be listed on a label as "ammonium caseinate."

Q. Can someone who is allergic to a food have an allergic reaction after merely kissing someone who has eaten that food?

A. Yes. There is evidence that individuals with food allergies are at high risk of having a reaction just from kissing someone who has recently eaten a food allergen. According to research conducted at Mount Sinai Hospital in New York, one should wait at least four hours after consuming a food allergen before kissing someone who is allergic to that food.