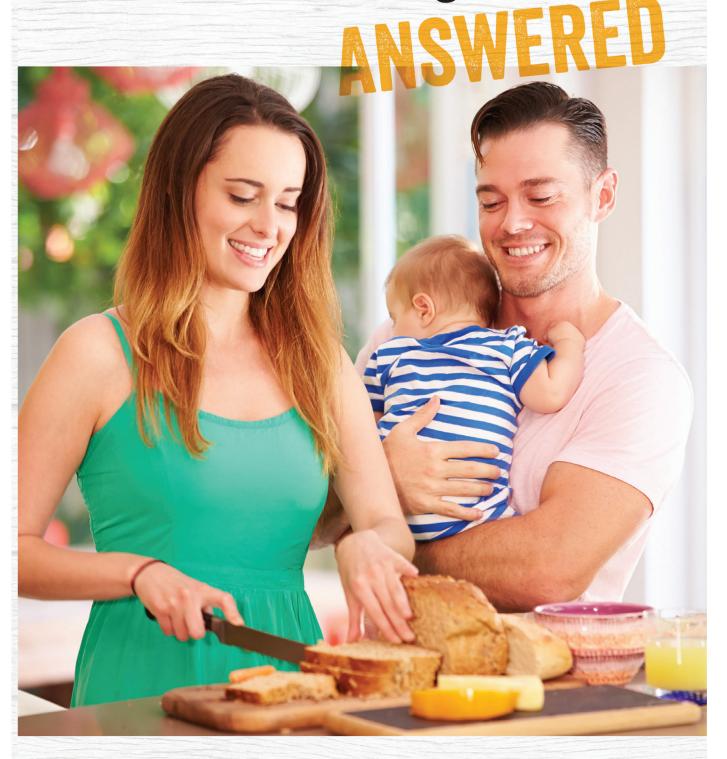
Common Questions About Peanut Allergies



What's with all the peanut allergies?

Though it's increasingly in the national discourse, the fact is less than 1% of Americans have a peanut allergy,¹ and food allergies only affect about 5% of children and 4% of teens and adults.² Peanut allergies are not the most common, but they are among the top eight food allergens, and reactions to food allergens can be serious and sometimes life-threatening.

What causes food allergies?

Researchers believe that food allergies are on the rise, but no one knows what causes food allergies in some people and not in others. While several hypotheses are being investigated, certain conditions in infants, including severe eczema and egg allergy, are known to be risk factors for developing a peanut allergy. Vaccines are not considered a cause of peanut allergy, and the Center for Disease Control and Prevention clearly states that peanut oil is not used in vaccines.³

Can peanut allergy be prevented?

Yes. Research shows that introducing peanut foods to infants reduces their likelihood of developing peanut allergies by up to 86 percent.⁴ Guidelines from the National Institute of Allergy and Infectious Diseases recommends that parents introduce infant-appropriate peanut foods starting as early as 4-6 months, depending on their risk for developing peanut allergy.⁵ Discuss questions about food allergies and introducing peanut foods with your pediatrician or healthcare provider.

Should pregnant and breastfeeding women avoid peanut foods?

No. The American Academy of Pediatrics explicitly states that research does not support avoiding any food as a means of preventing food allergies.⁶ They also state that there's no need for women to avoid peanuts while pregnant or breastfeeding, unless they are allergic.⁶

How are peanut allergies diagnosed?

Diagnosing a food allergy is complex, and should be conducted by a board-certified allergist. Blood and skin-prick tests are valuable tools for identifying an allergy, but are not conclusive in diagnosing food allergies on their own. Oral food challenges are the gold standard for food allergy diagnosis.¹

How can peanut allergic individuals prevent a reaction?

Avoiding a food allergen is the only way for allergic individuals to prevent a reaction.⁷ Those who are food allergic should always check labels on packaged foods, ask about ingredients in meals at restaurants, and have an emergency action plan in place in case of accidental exposure.

What is the treatment for someone who is suffering from an allergic reaction?

Anaphylaxis is a life-threatening allergic reaction, and can occur when only a small amount of the allergenic protein is eaten. Epinephrine is the approved treatment for anaphylaxis and should be administered without delay. Individuals should seek medical help when a reaction occurs, including calling 911 anytime epinephrine is administered.

What are the signs and symptoms of an allergic reaction to food? Identifying and treating a reaction quickly is paramount for safety. Common signs and symptoms of food allergy reaction include:⁷

hives itching and swelling of the mouth, throat and eyes vomiting and diarrhea difficulty breathing reduced blood pressure, weakness and fainting

Will smelling or touching peanuts or peanut butter cause anaphylaxis?

No. Research does not support skin contact or airborne peanut butter exposure as a source of anaphylaxis, though hay fever type reactions may occur.⁸ Most instances of anaphylaxis are the result of accidental ingestion of peanut proteins, or exposure through the eyes or mouth.

How can peanut proteins be cleaned from surfaces and skin? Common household cleaners have been demonstrated to be effective in removing peanut proteins from surfaces and eating areas. Soap and water remove peanut proteins from skin, but sanitizer alone does not.⁹

Do bans on peanut products reduce the risk of accidental exposure?

No. To the contrary, research has shown that banning peanuts in schools may increase the risk for reactions and does not reduce the frequency of epinephrine use. ^{10,11} Bans give a false sense of security, and are not recommended by healthcare professionals. Best practices for managing food allergies in foodservice include using basic food safety techniques, separating allergens, clearly labeling allergens and avoiding cross contact in kitchens and serving areas. Most importantly, allergic customers should use caution when dining out, be sure to notify staff of their allergy and be prepared in case of accidental ingestion.

What if my friend at school or family member has a peanut allergy and I do not?

If your friend or family has a peanut allergy, you can still enjoy the great taste of peanuts and peanut products! Just be mindful of who has an allergy, do not share food or utensils, clean up after yourself and always wash your hands.⁸⁹

What are best practices for eating peanuts/peanut products in public? Be mindful that others may have an allergy to peanuts. Following good hygiene and using basic sanitation goes a long way in reducing the risk to those with food allergies. For instance, avoid sharing food, especially with people you do not know, throw out all food wrappers in designated disposals and always maintain good handwashing practices.⁹

Where can I find more information about peanut allergies?

With evidence-based resources from physicians, researchers, healthcare organizations, the Centers for Disease Control and Prevention, and food allergy advocacy groups, **PeanutAllergyFacts.org** is a reliable source for information on peanut allergies.

America's peanut farmers care

Peanuts are a nutritious superfood that 99% of Americans can safely enjoy. Knowing that even one individual has the potential to be harmed by eating peanuts has motivated peanut farmers to contribute more than \$21 million in food allergy research, education and outreach. The National Peanut Board offers resources and assistance to parents, schools, health professionals and foodservice professionals to safely manage food allergens while still serving peanut products. By continuing to invest in research and education, the hope is that one day peanut allergies will be a thing of the past.

Additional Resources: peanutallergyfacts.org, foodallergyawareness.org, foodallergy.org, aaaai.org

References:

- 1. NIAID. Guidelines for the Diagnosis and Management of Food Allergies in the U.S. Available at http://www.jacionline.org/article/S0091-6749%2810%2901566-6/pdf
- 2. WAO. White Book on Allergy Available at http://www.worldallergy.org/UserFiles/le/WhiteBook2-2013-v8.pdf
- 3. CDC. Available at https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf
- 4. NEJM. Randomized trial of peanut consumption in infants at risk for peanut allergy. Available at http://www.nejm.org/doi/full/10.1056/NEJMoa1414850
- 5. NIAID. 2017 Addendum Guidelines for the Prevention of Peanut Allergy in the United States. Available at https://www.niaid.nih.gov/diseases-conditions/guidelines-clinicians-and-patients-food-allergy
- 6. AAP. Available at http://pediatrics.aappublications.org/content/121/1/183
- 7. AAAAI. Available at http://www.aaaai.org/conditions-and-treatments/allergies/food-allergies
- 8. JACI. Simonte, S, et al. Relevance of casual contact with peanut butter in children with peanut allergy
- 9. JACI. Perry, Tamara T., et al. Distribution of peanut allergen in the environment
- 10. AACI. Accidental exposure (AE) to peanut in a large cohort of Canadian children with peanut allergy. Available at https://aacijournal.biomedcentral.com/articles/10.1186/1710-1492-10-S1-A32
- 11. JACI. Impact of School Peanut-Free Policies on Epinephrine Administration. Available at http://www.jacionline.org/article/S0091-6749(17)30472-4/abstract



peanutallergyfacts.org