ALLERGIES: 86% OF 12-MONTH-OLDS INTRODUCED TO PEANUTS

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RECENTLY updated infant feeding guidelines have had a clear impact on Australian parents with a new study showing that 86.2% of 12-month-olds had been introduced to peanut-containing foods and other potential allergens.

The research, published online by the Medical Journal of Australia, was led by Dr Michael O’Sullivan, a consultant immunologist at Perth Children’s Hospital and the University of Western Australia, Sandra Vale, National Allergy Strategy Manager and PhD student at the University of Western Australia and Alan Leeb, a general practitioner and Director of SmartVax.

In January of 2019, the Australasian Society of Clinical Immunology and Allergy updated their infant feeding for allergy prevention guidelines to recommend the introduction of the common food allergens (ie, peanut and egg) in the first year of life, regardless of their allergy risk factors.

O’Sullivan, Vale and colleagues set out to estimate the proportion of infants introduced to peanut and other common food allergens by 12 months of age, and to collect information about parent-reported reactions to food.

Using the SmartStartAllergy SMS protocol and online questionnaire the researchers collected data from parents of 12-month-old infants attending 69 Australian general practices between 21 September 2018 and 3 May 2019.

“At 12 months of age, 1673 of 1940 infants had eaten peanut-including foods (86.2%); 235 of 1831 parents (12.8%) reported food-related reactions,” O’Sullivan and colleagues reported. “Questionnaire responses indicated that dairy food was the type most frequently reported to cause a food-related reaction (72 of 835 exposed infants, 8.6%); peanut-related reactions were reported for 20 of 764 exposed children (2.6%). 97 of 250 parent-reported reactions to food (39%) did not include symptoms that suggested an IgE-mediated allergic reaction.”

The researchers wrote that “this proportion is much higher than the estimate of 30.2% determined by an Australian population survey undertaken between 2009 and 2011, and follows major efforts to promote the revised ASCIA guidelines in both the medical and general media”.

SmartStartAllergy was developed by the same group that created the SmartVax app.

“SmartStartAllergy data could help guide health promotion interventions by facilitating single practice, regional, or state-based comparisons with national trends in the introduction of common food allergens and the incidence of food allergy, supporting more targeted public health programs,” O’Sullivan, Vale and colleagues wrote.

“At the individual level, SmartStartAllergy could prompt GPs to discuss common food allergens with families of infants yet to be introduced to these foods.

“By expanding SmartStartAllergy to more general practices across Australia, our program offers a unique opportunity for collecting and reporting large scale data on the introduction of common food allergens during the first year of life and parent-reported food-related reactions,” they concluded.
“Confirming IgE-mediated allergic reactions remains important, but SmartStartAllergy may directly improve patient care by delivering targeted health promotion messages, reporting significant reactions to GPs, and facilitating the development of local, streamlined referral processes.”

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Please remember to credit The MJA.

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CONTACTS: Ms Sandra Vale  
National Allergy Strategy Manager  
Australasian Society of Clinical Immunology and Allergy  
Email: sandra@allergy.org.au  
Ph: 0407 081 336