



HEALTH DATA FACT SHEET 2008

Food Allergies

- ◆ Approximately 327,000 New Jerseyans suffer from food allergies. Nearly 100,000 of them are children.^{1,2}
- ◆ Physicians are reporting an increase in the number of food-allergic patients in the U.S. The number of children with peanut allergy doubled in a five-year period between 1997 and 2002.
- ◆ Food allergy is the leading cause of anaphylaxis (a sudden, severe, potentially fatal, systemic allergic reaction) outside the hospital setting, accounting for an estimated 30,000 emergency department visits, 2,000 hospitalizations, and 200 deaths nationwide each year.
- ◆ Eight foods account for 90% of allergic reactions: milk, eggs, peanuts, wheat, soy, tree nuts (walnuts, pecans, etc.), fish, and shellfish.
- ◆ Food allergies differ from food intolerances. An intolerance is a metabolic disorder and does not involve the immune system. A food allergy occurs when the immune system reacts to a food protein causing symptoms that can affect the respiratory system, gastrointestinal tract, skin, and/or cardiovascular system.
- ◆ Symptoms of a reaction include a tingling sensation in the mouth; swelling of the lips, tongue, and throat; difficulty breathing; hives; vomiting; abdominal cramps; diarrhea; drop in blood pressure; loss of consciousness; and death. Symptoms may appear within seconds to hours after eating the food to which one is allergic.
- ◆ The prescription drug epinephrine, also called adrenaline, is used to control severe reactions and must be carried at all times by those at risk. An antihistamine should also be administered. Call 911 in cases of severe food allergy reactions, even if epinephrine has been administered and the reaction seems to be under control.
- ◆ Strict avoidance of the allergy-causing food is the only way to prevent a reaction. Reading ingredient labels of all foods to be consumed and knowing alternative names for allergens (such as whey and casein for milk) as well as preventing cross-contact of utensils and hands are the keys to controlling food allergies.
- ◆ The [Food Allergen Labeling and Consumer Protection Act](#)³ requires that all food labeled on or after January 1, 2006, declare the presence of any of the eight major food allergens in clear language.
- ◆ A key component of inspections conducted at wholesale food establishments by the New Jersey Department of Health & Senior Services' Food and Drug Safety Program staff is the evaluation of product labels to determine if food allergens utilized as ingredients are properly declared on the finished product ingredients label. In addition, inspectors evaluate the potential for allergen cross-contact when firms produce multiple products, not all of which contain allergy-causing ingredients, in the same facility. Cross-contact can occur due to such factors as the use of common processing equipment, production scheduling of allergen-containing products before non-allergen containing products on common equipment, and inadequate equipment sanitation.
- ◆ In 2003, a law was passed in New Jersey calling on the Commissioner of Health and Senior Services to adopt rules and regulations, including proper medical protocols, that would authorize all Emergency Medical Technicians

(EMTs) to have access to, and to administer an epinephrine auto-injector device to a person experiencing an allergic reaction. An interim [policy](#) was adopted in December, 2006 and amended in March, 2008.

- ◆ In 2004, the New Jersey Legislature passed a resolution which urges school districts to acquaint personnel with the dangers of peanut allergy and to establish peanut-free cafeteria areas.
- ◆ In 2005, a bill was signed into law in New Jersey which calls for the creation of a public information campaign, known as “[Ask Before You Eat](#),” designed to inform the public about food allergies and anaphylaxis. The “Ask Before You Eat” campaign was launched on May 1, 2006.
- ◆ In 2007, a law was passed clarifying the emergency administration of epinephrine to students with anaphylaxis. It also charges the New Jersey Department of Education, in consultation with the Department of Health and Senior Services, with the task of creating statewide food allergy management guidelines for schools and for school districts to develop policies based on these guidelines.

For information about food safety from the New Jersey Department of Health and Senior Services, Food and Drug Safety Program: www.state.nj.us/health/eoh/foodweb/

Ask Before You Eat campaign: www.foodallergy.rutgers.edu

For information about food allergy from the National Institutes of Health: www.nlm.nih.gov/medlineplus/foodallergy.html

For support, information, guidelines for schools and camps, contact information for local support groups, and the CD-ROM titled “Food Allergy Training Guide for Restaurants and Food Services” from The Food Allergy and Anaphylaxis Network (FAAN): www.foodallergy.org

For research information from Food Allergy Initiative (FAI): www.foodallergyinitiative.org

Sources:

¹Sicherer S, Munoz-Furlong A, Murphy R, Wood R, Sampson H. [Symposium: Pediatric Food Allergy](#). Pediatrics 111(6): 1591-4. 2003.

²Personal communication from Scott H. Sicherer, MD

³U.S. Food and Drug Administration: [Food Allergen Labeling and Consumer Protection Act of 2004 \(Public Law 108-282, Title II\)](#)

Food Allergy Initiative: [Food Allergies 101](#)

The Food Allergy and Anaphylaxis Network:

[Information for Media](#)

[Answers to Frequently Asked Questions](#)

Personal communication from Christopher Weiss, Director of Legislative and Regulatory Research

New Jersey Department of Health and Senior Services: [Food and Drug Safety Program](#)

New Jersey Legislature:

[2003 Chapter Laws \(P.L.2003, c.1\)](#)

[2002-2003 Bills SR111/AR199](#)

[2005 Chapter Laws \(P.L.2005, c.26\)](#)

[2007 Chapter Laws \(P.L.2007, c.57\)](#)



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