also in those with other atopic diseases. The lowest scores were in general lower for those with population and the latter area showed an increase. Scores mentioned above showed a decrease in the food-allergic adhesion. Among the food-allergic group, the first 3 areas rental impact-emotional, family activities, and family co-
differences from the general public: general behavior, pa-
questionnaire were compared with the general US popu-
answering the Children’s Health Questionnaire (CHQ-FP50) self-administered questionnaire. The mean age of the
children with food allergy who are members of the Food
Health Questionnaire (CHQ-FP50) and know how to administer epinephrine and activate emergency medical services.

THE IMPACT OF CHILDHOOD FOOD ALLERGY ON QUALITY OF LIFE


Purpose of the Study. Food allergy affects 6% to 8% of children. Many patients and their families live in constant vigilance and fear, which can potentially impact their daily life activities. This study evaluates the impact of food allergy on quality of life.

Study Population. Two hundred fifty-three parents of children with food allergy who are members of the Food Allergy and Anaphylaxis Network (FAAN) participated in answering the Children’s Health Questionnaire (CHQ-FP50) self-administered questionnaire. The mean age of the food allergic children was 10.8 years (range: 5–18 years). Fifty-nine percent were male; 68% were allergic to 1 or 2 foods; 32% were allergic to 2 or more foods; 13% had atopic dermatitis; and 33% had asthma.

Methods. The CHQ-FP50 questionnaire is a generic health status tool used to gauge pediatric health-related quality of life from the parent’s perspective. The questionnaires, along with an introductory letter and additional demographic questions, were sent to a random sample of 400 FAAN members, of which 253 (63%) responded.

Results. Ninety-three percent of the returned forms were completed by the mothers of the food-allergic child and 7% were completed by the fathers. Scores from the questionnaire were compared with the general US population (control). Four areas were found to show significant differences from the general public: general behavior, parental impact-emotional, family activities, and family co-

HOW DANGEROUS IS FOOD ALLERGY IN CHILDHOOD? THE INCIDENCE OF SEVERE AND FATAL ALLERGIC REACTIONS ACROSS THE UNITED KINGDOM AND IRELAND


Purpose of the Study. To evaluate the incidence of fatal and severe allergic reactions to foods in a large population of children.

Study Population. A retrospective search for fatalities in children 0 to 15 years old from March 1990–February 1998

NUT ALLERGY IN SCHOOLCHILDREN: A SURVEY OF SCHOOLS IN THE SEVERN NHS TRUST

Watura JC. Arch Dis Child. 2002;86:240–244

Purpose of the Study. Peanut and tree nut allergy can be fatal. Many such reactions occur in school settings. How prepared are the schools to deal with these reactions?

Study Population. Primary and secondary schools attended by 21,868 children in the United Kingdom.

Methods. Questionnaire.

Results. The total number of nut-allergic children in all the schools was 87 (0.4%). Fifty-four percent of schools had at least 1 nut-allergic child. Only 31 (36%) children had medication available in school. Forty percent of schools with at least 1 nut-allergic child had no staff trained to administer medication. Thirty-three percent of schools with at least 1 nut-allergic child could not state a single sign of a severe acute allergic reaction.

Conclusions. Schools are not sufficiently well-informed about nut allergy and management of acute allergic reactions.

Reviewer’s Comments. Because severe and even fatal food allergy reactions often occur at school, we need to better educate schools on how to be prepared for and deal with the reactions. Injectable epinephrine needs to be immediately available. School staff members need to be able to recognize the early signs and symptoms of anaphylaxis, and know how to administer epinephrine and activate emergency medical services.

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# Nut Allergy in Schoolchildren: A Survey of Schools in the Severn NHS Trust

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*Pediatrics* 2003;112;459

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John M. Kelso

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