PURPOSE OF THE STUDY. To determine the incidence of accidental exposure to peanut per year and the impact of education on the public sector.

RESULTS. Of the 252 children with peanut allergy, 14% reported an accidental exposure per year. Of these, 64% reported an accidental exposure to peanut in schools. The majority of accidental exposures occurred in the home (36%) or at the home of friends or relatives (23%). The majority of accidental exposures were mild (85%), but 15% were moderate or severe. Of the 20 children with reactions that were moderate to severe, only 4 received epinephrine.

CONCLUSIONS. Children with peanut allergy residing in Quebec had an annual incidence rate of accidental exposure to peanut of 14.3%. This finding is substantially lower than previously reported incidence rates. Predictors of accidental exposure could not be identified.

REVIEWER COMMENTS. This study, only 1 of 35 accidental exposures occurred in school. Coupled with the lower incidence of accidental exposures reported in this study, these data may suggest that enhanced education about and awareness of peanut allergy in the public sector have been effective. The majority of accidental exposures occurred at the patient’s home (14) or the home of a friend or relative (12), which underscores the critical importance of education of the family, friends, and caregivers of children with peanut allergy.

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The Impact of Food Allergy on the Daily Activities of Children and Their Families


PURPOSE OF THE STUDY. To determine the impact of food allergy on the daily life and activities of food-allergic children and their families.

Peanut Allergen Exposure Through Saliva: Assessment and Interventions to Reduce Exposure


STUDY POPULATION. A convenient sample of adults without peanut allergy.

METHODS. Thirty-eight individuals ingested 2 tablespoons of peanut butter, and saliva was collected at various time points. At another time, samples were collected after 5 interventions (brushing teeth, brushing and rinsing, rinsing, waiting then brushing, waiting then chewing gum). Detection of Arah1 was performed by a monoclonal-based enzyme-linked immunosorbent assay (detection limit: 15–20 ng/mL).

RESULTS. Salivary peanut allergen Arah1 varied considerably immediately after ingestion but included levels expected to invoke reactions (as much as 40 μg/mL). Most (87%) subjects with detectable peanut after a meal had undetectable levels by 1 hour with no interventions. None had detectable levels several hours later after a peanut-free lunch. This result indicates (with 95% confidence) that 90% would have undetectable Arah1 in saliva under these circumstances. All of the immediate interventions reduced salivary Arah1, in some cases by >95%, but Arah1 remained detectable in ~40% of the samples (although typically below thresholds reported to induce reactions).

CONCLUSIONS. Patients with peanut allergy require counseling regarding the risks of kissing or sharing utensils, even if their partners have brushed their teeth or chewed gum. Advice to reduce risks, although not as ideal as total avoidance, includes waiting a couple of hours plus eating a peanut-free meal.

REVIEWER COMMENTS. Passionate kissing was reported to cause allergic reactions to foods, including anaphylaxis. Waiting several hours and ingesting a peanut-free meal were more effective at reducing salivary peanut protein concentration than simple, immediate interventions. Teenagers with peanut and other food allergies need to be reminded that to stay safe, restraint and patience are necessary even in the most intimate situations.

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