

Black People Like Me Virtual Conference Series

Session 6: A Closer Look at Food Allergies in the Black Community

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June 4, 2025

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**Thank you, Genentech for
providing funding support to
make this webinar possible.**

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Moderator and Patient
Sherrina Gibson



Physician Speaker
Dr. Carla Davis

Patient Story



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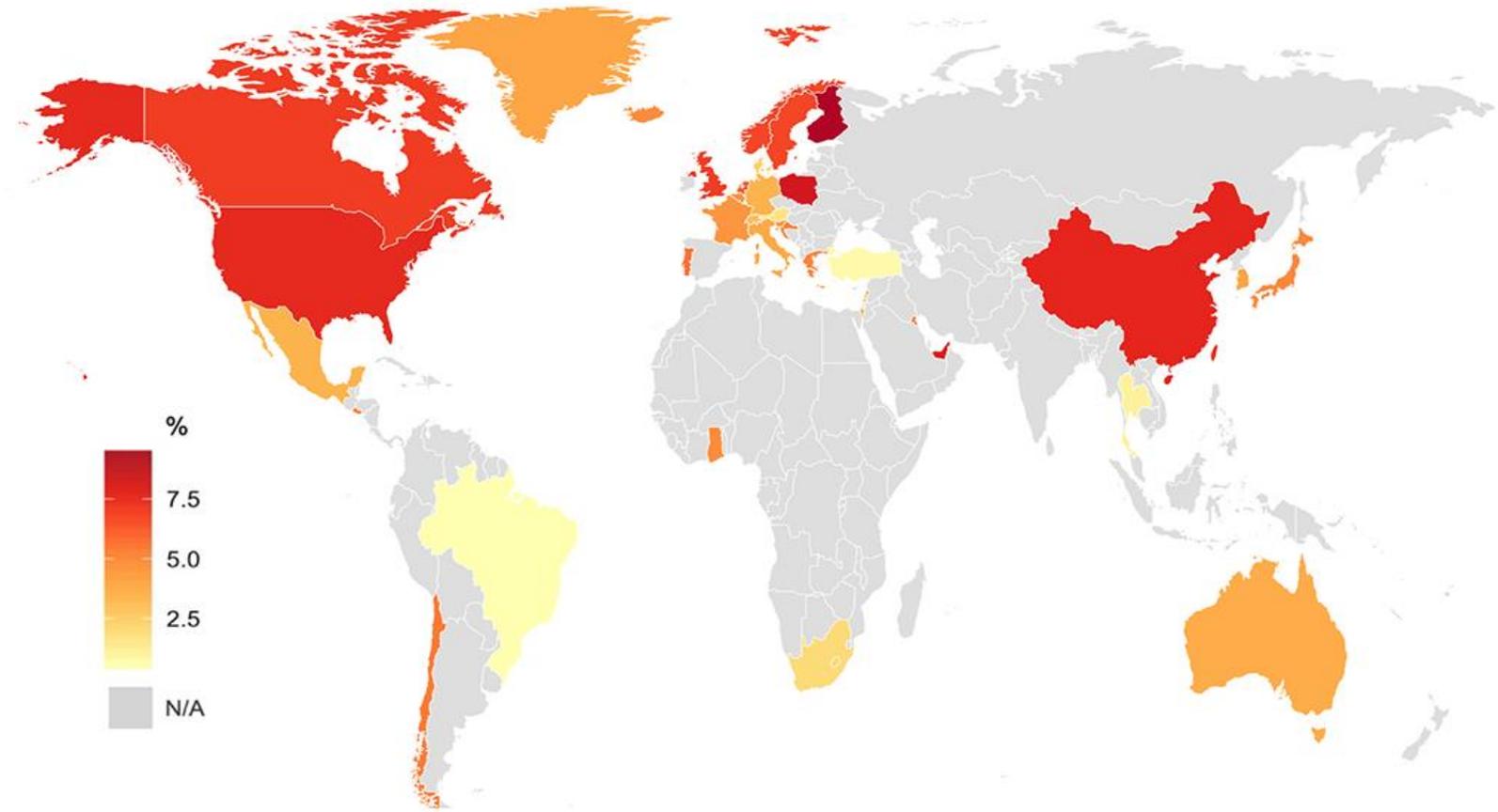
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Agenda

In this session, we will:

- Examine the underlying mechanisms of food allergies
- Learn how to identify all symptoms of life-threatening food allergy reactions.
- Provide effective strategies for symptom management
- Explore how food allergy conditions appear on various skin tones
- Find out why identifying the root cause of food allergies is just as important as treating the symptoms
- Learn about the newer treatments for food allergy

Data suggest increasing prevalence, with rates up to 8-10% depending on age, geography, and criteria used for definition



North America

Canada	7.1%	Soller 2012	(0-17 yr)
Mexico	3.5%	Ontiveros 2016	(5-13 yr)
USA	7.6%	Gupta 2018	(0-17 yr)

Central & South America

Brazil	0.6%	Goncalves 2016	(4-59 mo)
Chile	5.5%	Hoyos-Bachilloglu 2014	(5-15 yr)
El Salvador	5.3%	Cabrera-Chavez 2018	(4-12 yr)

Middle East

Israel	3.0%	Graf 2012	(13-14 yr)
Kuwait	5.4%	Ali 2017	(17-30 yr)
Lebanon	4.1%	Irani 2015	(0-17 yr)
Turkey	0.8%	Orhan 2009	(6-9 yr)
UAE	8.0%	Al Hammadi 2010	(6-9 yr)

Europe

Austria	1.7%	Steinke 2007	(0-17 yr)
Belgium	4.9%	Steinke 2007	(0-17 yr)
Croatia	5.4%	Pavlović 2015	(6 yr)
Denmark	3.2%	Steinke 2007	(0-17 yr)
Finland	9.3%	Pyrhonen 2009	(1-4 yr)
France	4.7%	Rance 2005	(2-14 yr)
Germany	3.5%	Roehr 2004	(0-17 yr)
Greece	5.2%	Papathoma 2016	(0-3 yr)
Greenland	4.1%	Krause 2002	(5-18 yr)
Iceland	5.0%	Thrastardottir 2018	(2-6 yr)
Italy	3.9%	Steinke 2007	(0-17 yr)
Malta	7.0%	Abelina 2016	(0-18 yr)
Netherlands	6.2%	Saleh-Langenberg 2016	(11-20 yr)
Norway	6.8%	Kvenshagen 2008	(2 yr)
Poland	8.3%	Steinke 2007	(0-17 yr)
Portugal	5.7%	Gaspar-Marques 2014	(0-6 yr)
Slovenia	4.6%	Steinke 2007	(0-17 yr)
Sweden	6.8%	Protudger 2016	(16 yr)
Switzerland	3.1%	Steinke 2007	(0-17 yr)
UK	7.1%	Perkin 2016	(3 yr)

Africa

Ghana	5.0%	Obeng 2011	(5-16 yr)
South Africa	2.0%	Bathia 2019	(7-3 yr)

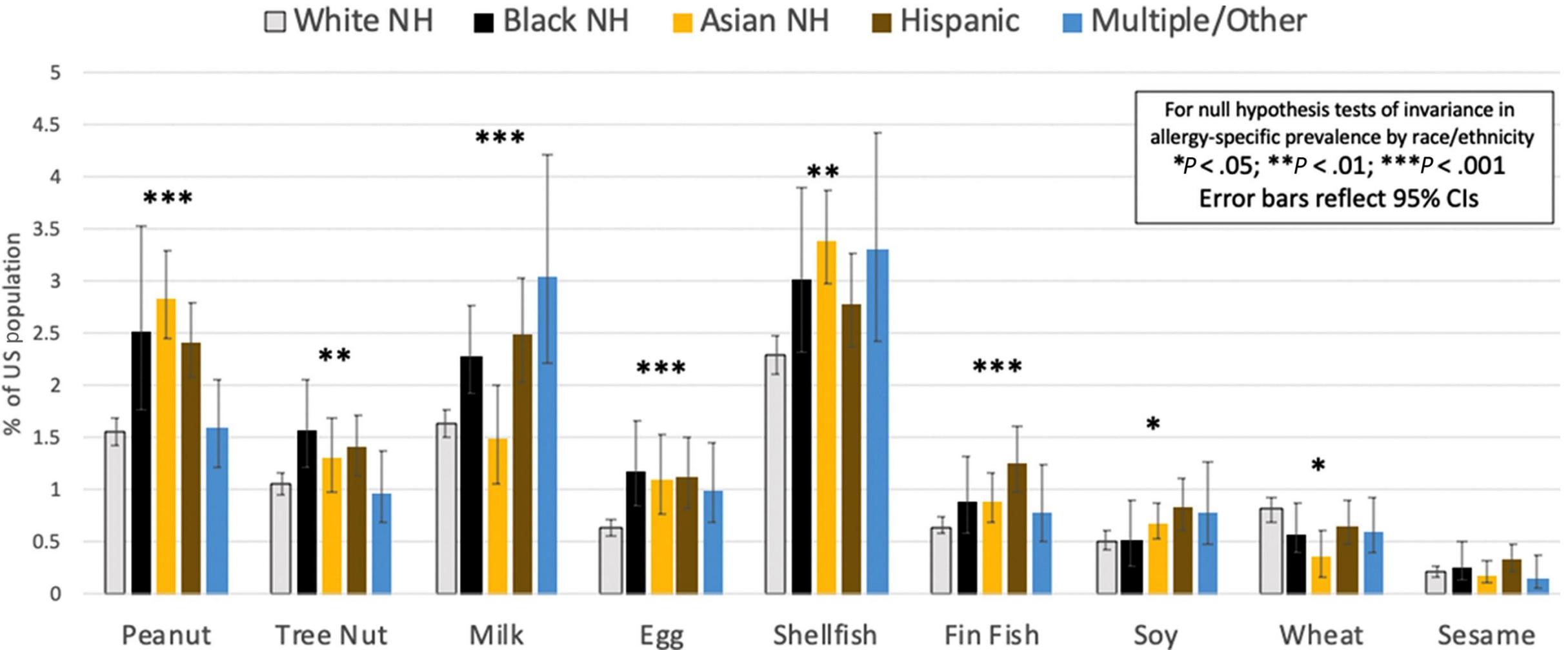
Asia & Oceania

Australia	3.8%	Peters 2017	(4 yr)
China	7.7%	Hu 2010	(0-2 yr)
Hong Kong	4.8%	Ho 2012	(0-14 yr)
Japan	5.1%	Ebisawa 2017	(0-17 yr)
Singapore	5.4%	Lee 2014	(11-30 mo)
South Korea	4.1%	Kim 2017	(6-16 yr)
Taiwan	7.4%	Wu 2012	(0-18 yr)
Thailand	1.1%	Lao-Araya 2011	(3-7 yr)

(range of ages comprising study sample)

Warren CM, Jiang J, Gupta RS. Curr Allergy Asthma Rep. 2020 Feb 14;20(2):6. doi: 10.1007/s11882-020-0898-7.

Black, Asian, and Hispanic people have a more significant burden of food allergies compared to White people in the US



Physician Documentation, Testing, and Anticipatory Guidance is Lower in Minoritized Patients

- Black and Hispanic patients have higher rates of FA-related anaphylaxis and emergency department visits ($P < .01$).
- Black children had increased odds of more severe reactions (odds ratio, 1.7; 95% CI, 1.2-2.3) and higher odds of going to the ER (odds ratio, 2.8; 95% CI, 1.4-5.4) compared to White children.
- Both non-Hispanic Black and Hispanic/Latino children had lower rates of total lifetime epinephrine use.
- In low income, urban minority patients with a physician-documented food allergy, fewer than half had confirmatory testing or evaluation by an allergy specialist.
- Although most had epinephrine autoinjectors prescribed, most were not given food allergy action plans.
- Significantly more Black children were affected.

Taylor-Black S et al. Ann Allergy Asthma Immunol. 2012;109(6):431-7
Bilaver LA et al. Pediatrics. 2016;137(5)
Mahdavinia M et al. JACI in Practice, 2017
Kay-Green S et al. J Allergy Clin Immunol Pract. 2024 Mar;12(3):681-685

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Food Allergy Diagnosis and Follow Up

Formal food allergy diagnosis is lower among black children despite higher sensitization rates and higher odds of reported severe reactions due to food allergy

Black and Hispanic children have a shorter duration of follow-up for FA with an allergy specialist (~ 2 years vs. 3 years in White children)

Food Allergy Parental Knowledge

Black, Hispanic, and Asian parents were:

Less likely to correctly identify signs of a FA reaction

Less likely to identify triggers

More likely to recognize the need to avoid food allergens

Characteristic	Able to identify 2 signs of a milk allergy reaction	Able to identify 3 triggers of food allergy	Recognize necessity of allergenic food avoidance	Aware that daily medicine cannot treat food allergy
Aged ≥65 y	0.81 (0.69–0.96) ^b	0.72 (0.52–0.99) ^b	1.28 (1.14–1.43) ^b	1.16 (0.95–1.42)
Female sex	1.26 (1.14–1.39) ^b	1.02 (0.86–1.22)	1.07 (0.99–1.16)	1.14 (1.00–1.31) ^b
Race				
Black	0.83 (0.73–0.95) ^b	0.64 (0.48–0.84) ^b	1.13 (1.02–1.25) ^b	1.02 (0.85–1.22)
Hispanic	0.80 (0.71–0.91) ^b	0.68 (0.53–0.89) ^b	1.15 (1.04–1.26) ^b	1.01 (0.85–1.21)
Asian	0.84 (0.72–0.97) ^b	0.97 (0.76–1.25)	1.06 (0.94–1.20)	1.04 (0.86–1.26)
College graduate	0.96 (0.86–1.07)	1.05 (0.86–1.28)	0.99 (0.90–1.09)	1.23 (1.06–1.42) ^b
Annual income <\$75,000	1.03 (0.94–1.12)	0.86 (0.72–1.02)	1.09 (1.00–1.18)	0.92 (0.81–1.05)
Parent of child <18 y	1.03 (0.94–1.13)	1.01 (0.85–1.21)	1.11 (1.02–1.20) ^b	1.07 (0.93–1.23)
Prior training in food allergy	1.12 (1.00–1.25) ^b	1.42 (1.15–1.74) ^b	1.04 (0.93–1.15)	1.11 (0.94–1.31)
Food-allergic acquaintance	1.22 (1.11–1.35) ^b	1.03 (0.86–1.30)	0.93 (0.86–1.01)	1.03 (0.90–1.18)

* Data are given as relative risk ratio (95% confidence interval).

^b P < .05.

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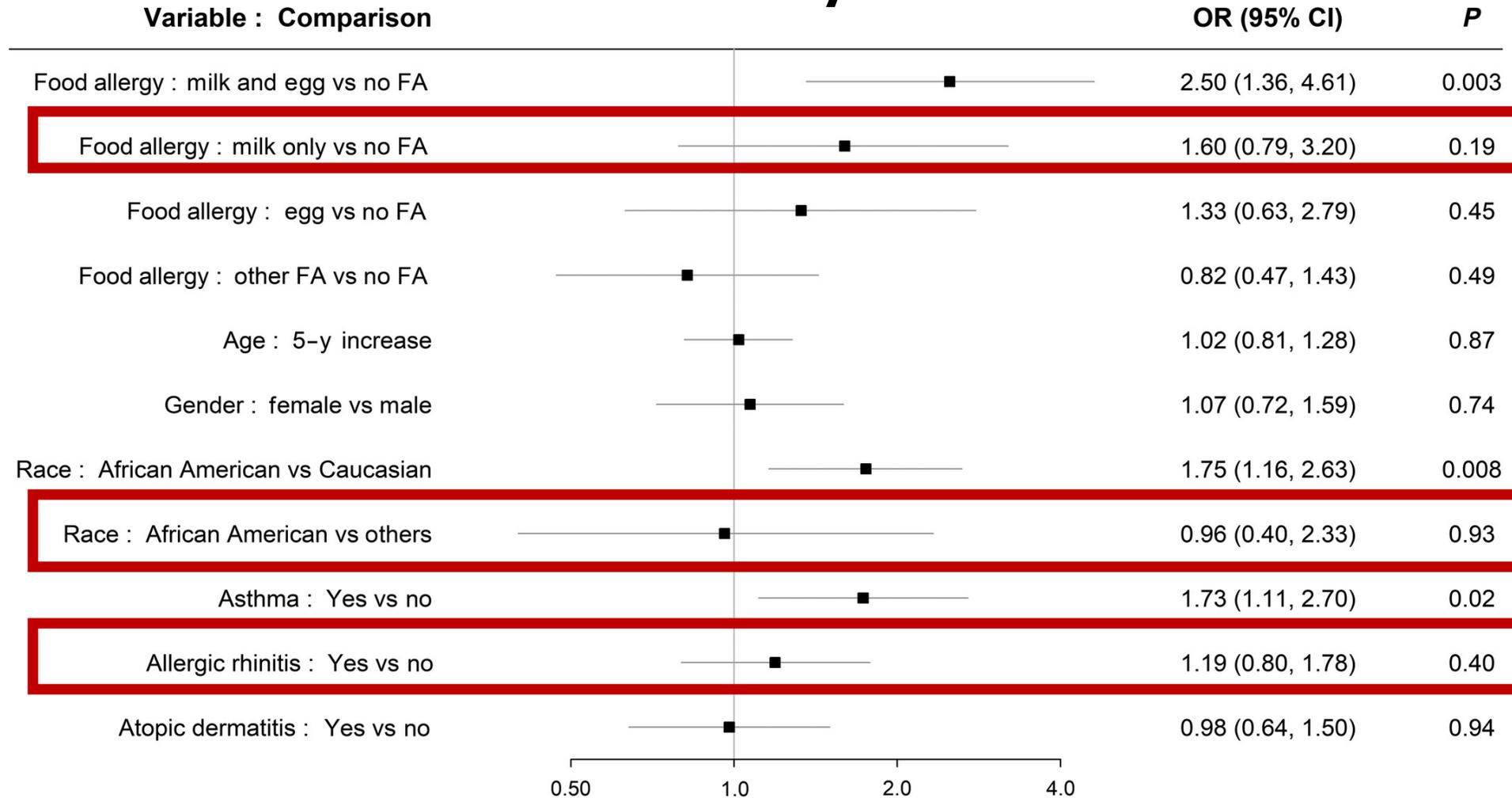
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Lower health literacy in caregivers is associated with :

- 1) Lower demonstration of correct use of an epinephrine autoinjector
- 2) Increased reactions to foods in the past 12 months
- 3) Knowledge gaps on treatment of allergic reactions.

Egan M, Yin HS, Greenhawt M, Wang J. J Allergy Clin Immunol Pract. 2019 Feb;7(2):655-658.

Food Insecurity Risk Factors

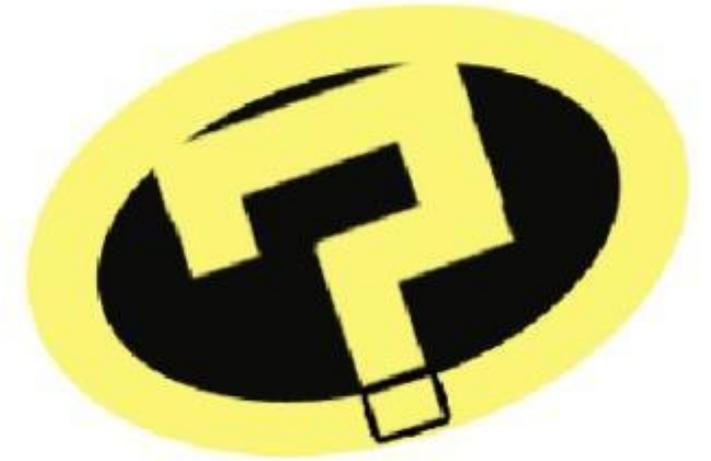


Food insecurity is associated with poorer quality of life.

Dilley MA et al. *Pediatr Allergy Immunol.* 2019 May;30(3):363-369.

FOOD ALLERGY BASICS

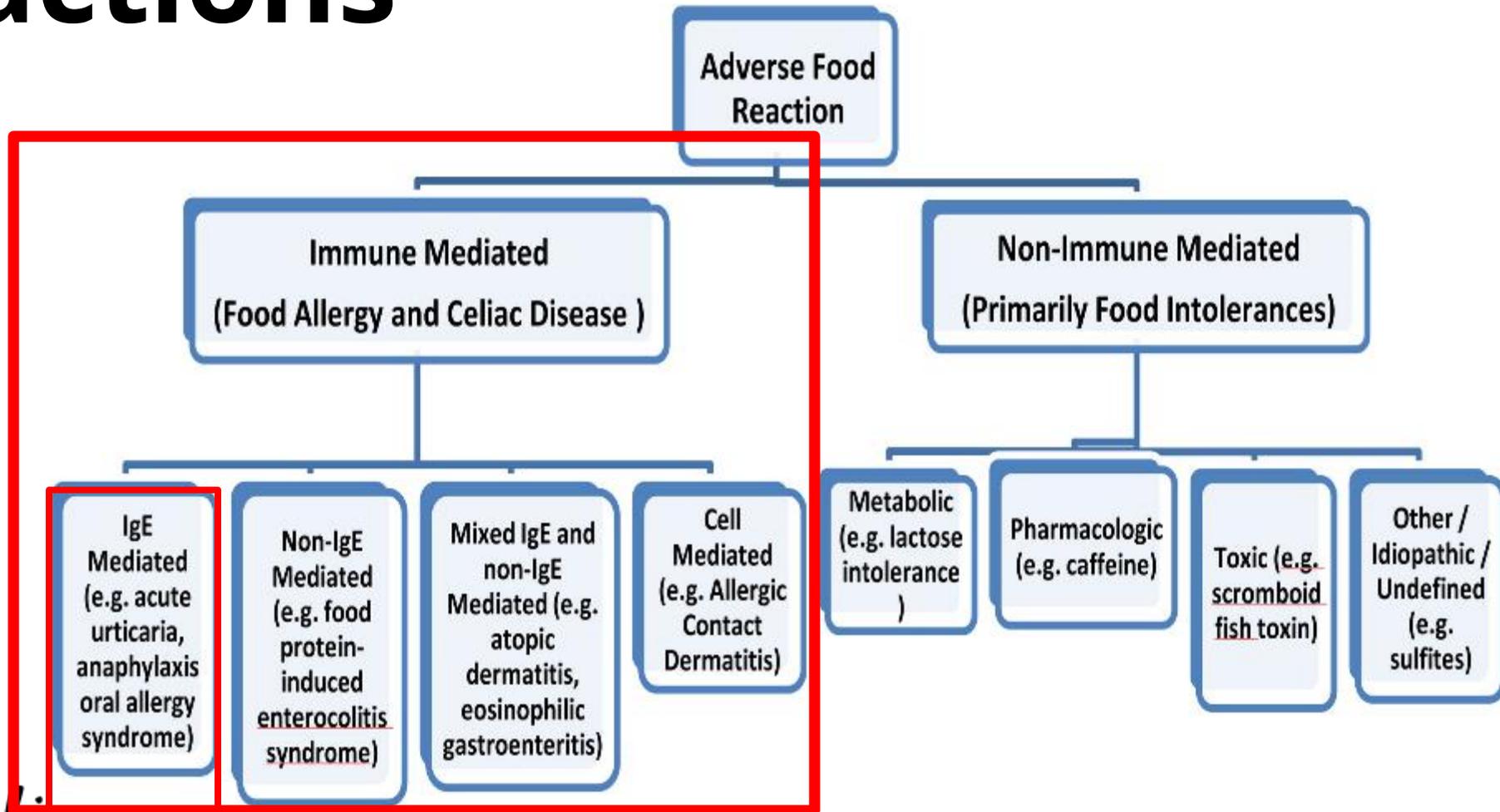
- What is a food allergy?
- How are food allergies diagnosed?
- How are food allergies treated?



What is a food allergy?

- An abnormal response by the immune system to a food protein that is recognized as harmful
 - The immune system normally protects the body from germs and disease
 - In individuals with food allergies, the immune system recognizes the food as harmful and causes a reaction
 - Symptoms can range from mild to SEVERE!

Overview of Adverse Food Reactions

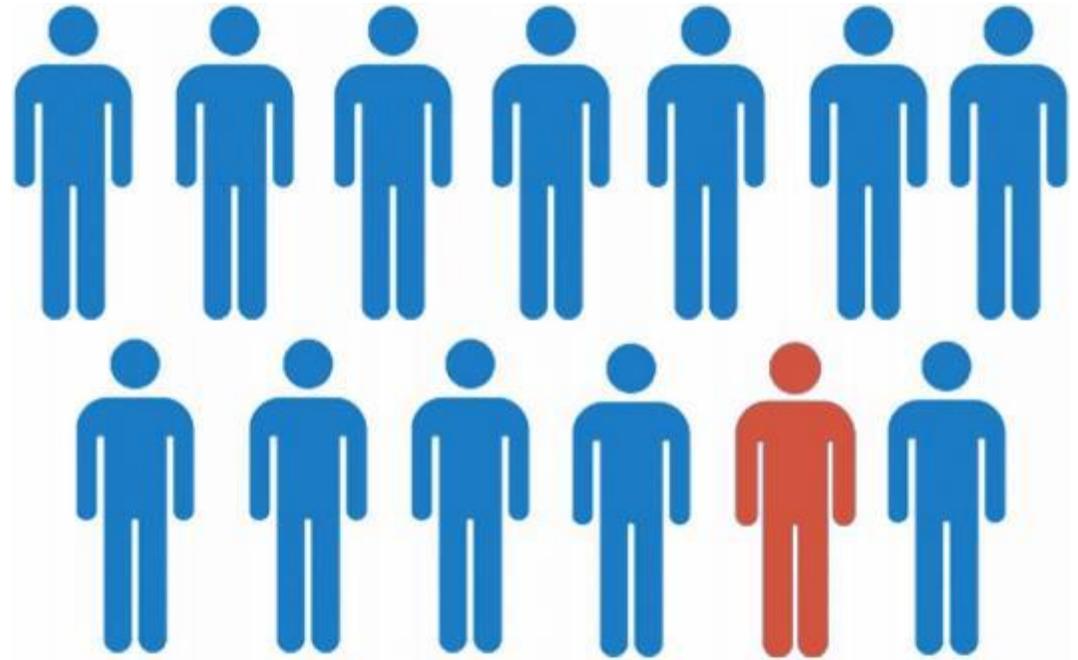


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Did you know?

- 1-2 in 13 kids have a food allergy



Food allergy vs. food intolerance

- Food allergy is a potentially serious immune response to eating certain foods
- Food intolerance is an adverse reaction to food that does not involve the immune system and is not life-threatening
 - Example: Lactose Intolerance

What are the 8 most common foods that cause an allergic reaction?



Peanut
25.2%

TOP 9 FOODS



Milk
21.1%



Shellfish
17.2%



Tree Nut
13.1%



Egg
9.8%



Fin Fish
6.2%



Wheat
5.0%



Soy
4.6%



0.23%

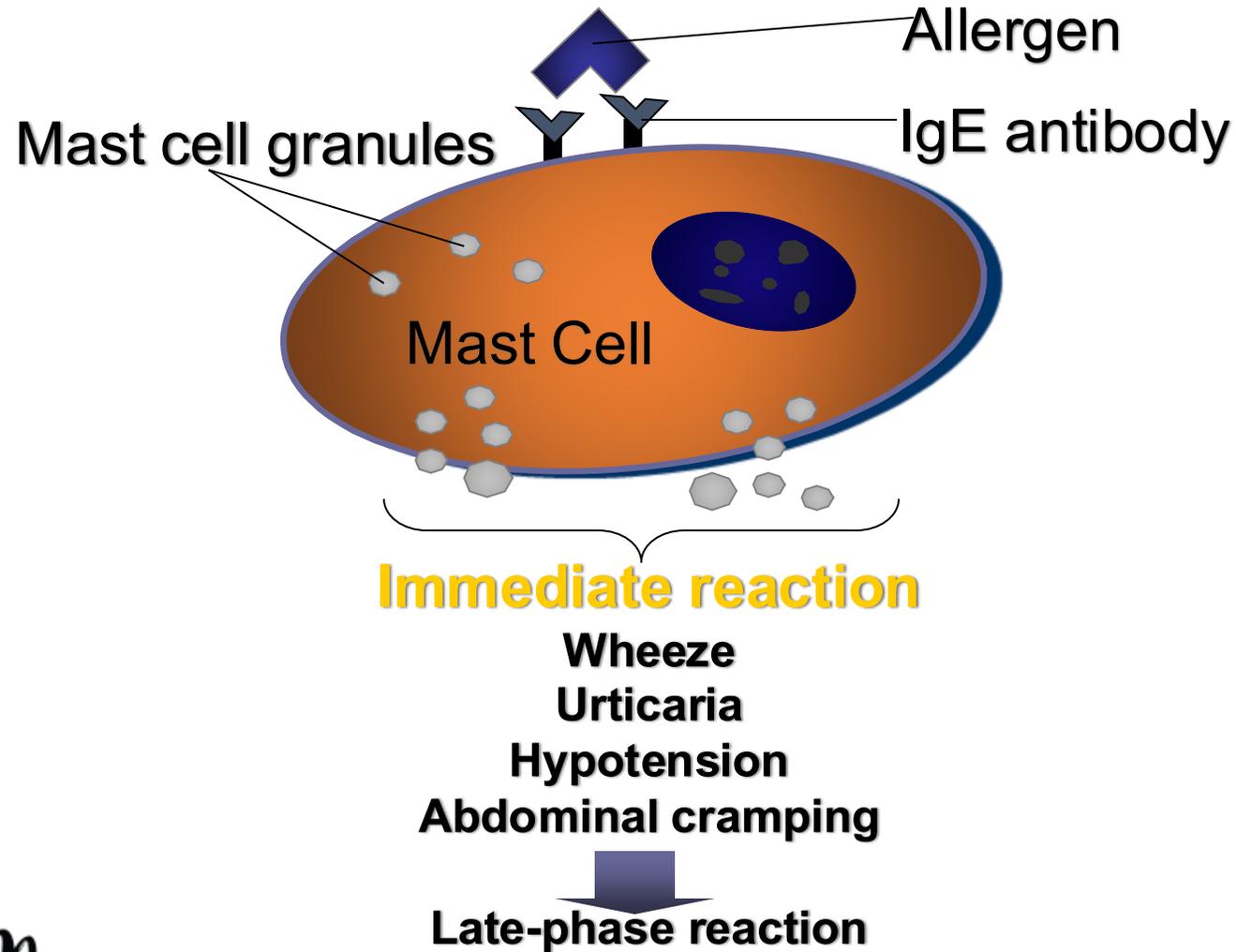
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Gupta RS et al. The public health impact of parent-reported childhood food allergies in the United States. *Pediatrics*. 2018 Dec 1;142(6):e20181235.



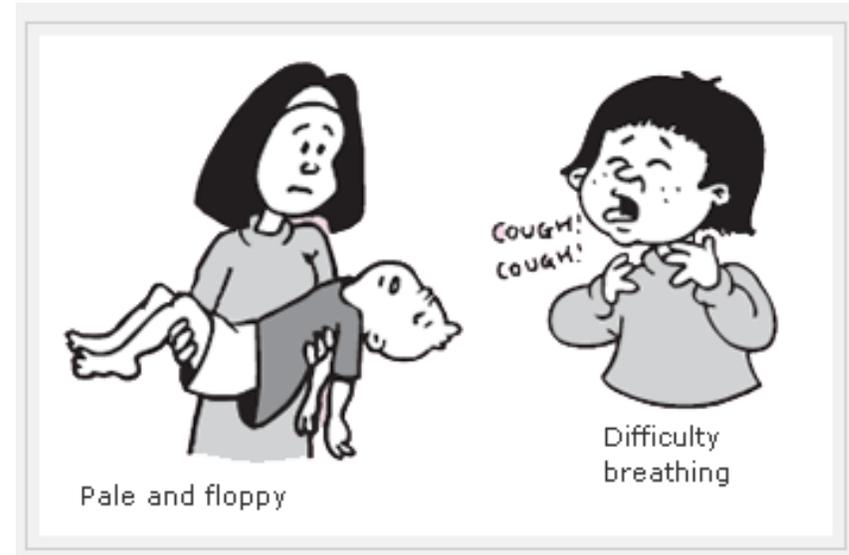
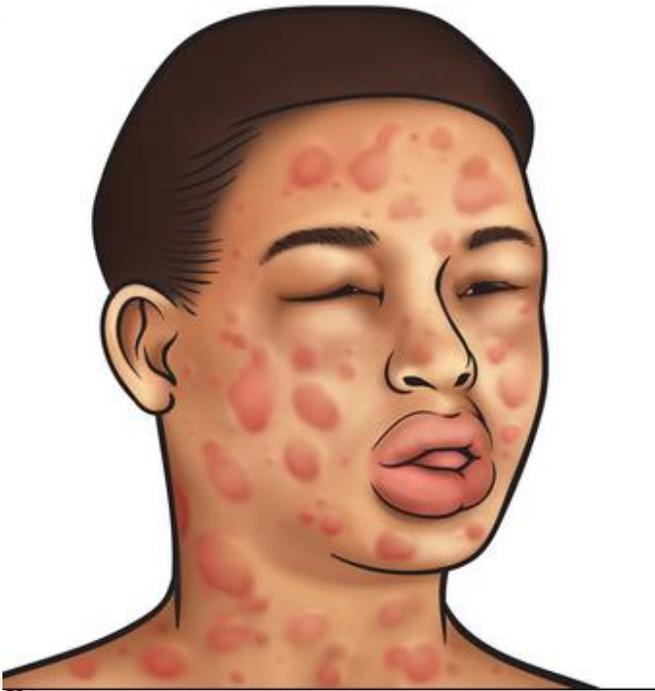
Courtesy: R Gupta, Northwestern University

Anaphylaxis: Mechanism



Food allergy onset of symptoms

Usually, symptoms occur within 2 hours after ingestion, but can start within MINUTES!

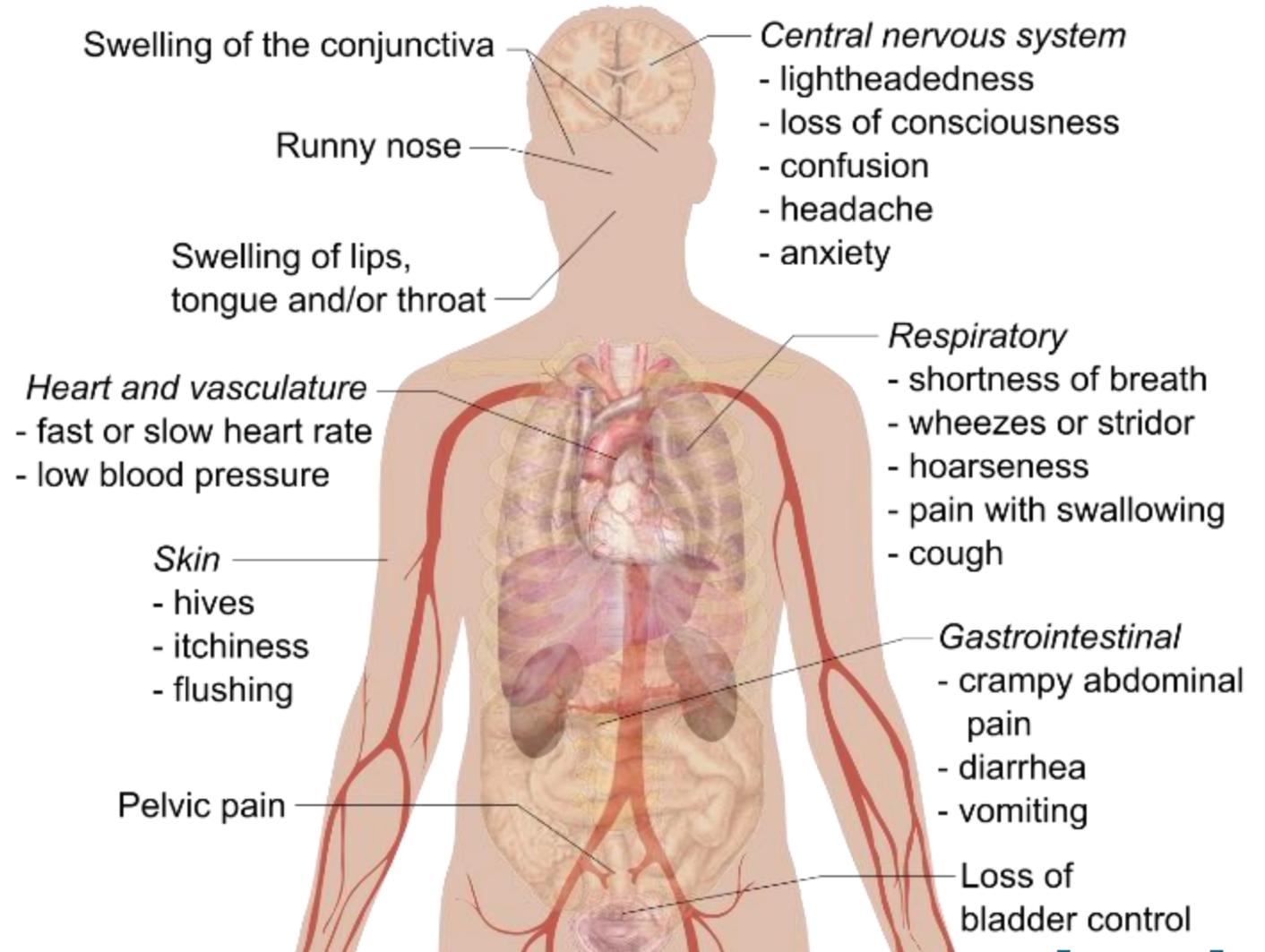


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Symptoms –
one or more
may occur
shortly after
eating a food

Signs and symptoms of **Anaphylaxis**





Fatal food anaphylaxis

- Frequency: ~ 150 deaths / year
- Clinical features of severe reactions:
 - Biphasic reactions – symptoms improve but can reoccur 2-4hrs later
 - History of asthma increases the severity of reactions
- History: known food allergen
- Most events occur away from home

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How are food allergies diagnosed?

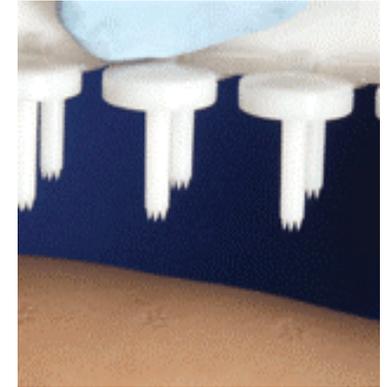


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IMMEDIATE HYPERSENSITIVITY SKIN TEST

- Allergen extract placed on skin and read 20 minutes later
- Positive reaction = wheal 3mm greater than the negative control



Eczema in Different Skin Tones



Kamp et al. Eczema Severity Scoring in Skin of Color: A Review of Current Best Practice and Need for Future Improvement. *J Invest Dermatol.* 2025 Apr;145(4):735-748.

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Eczema Inflammation on the Legs and Feet

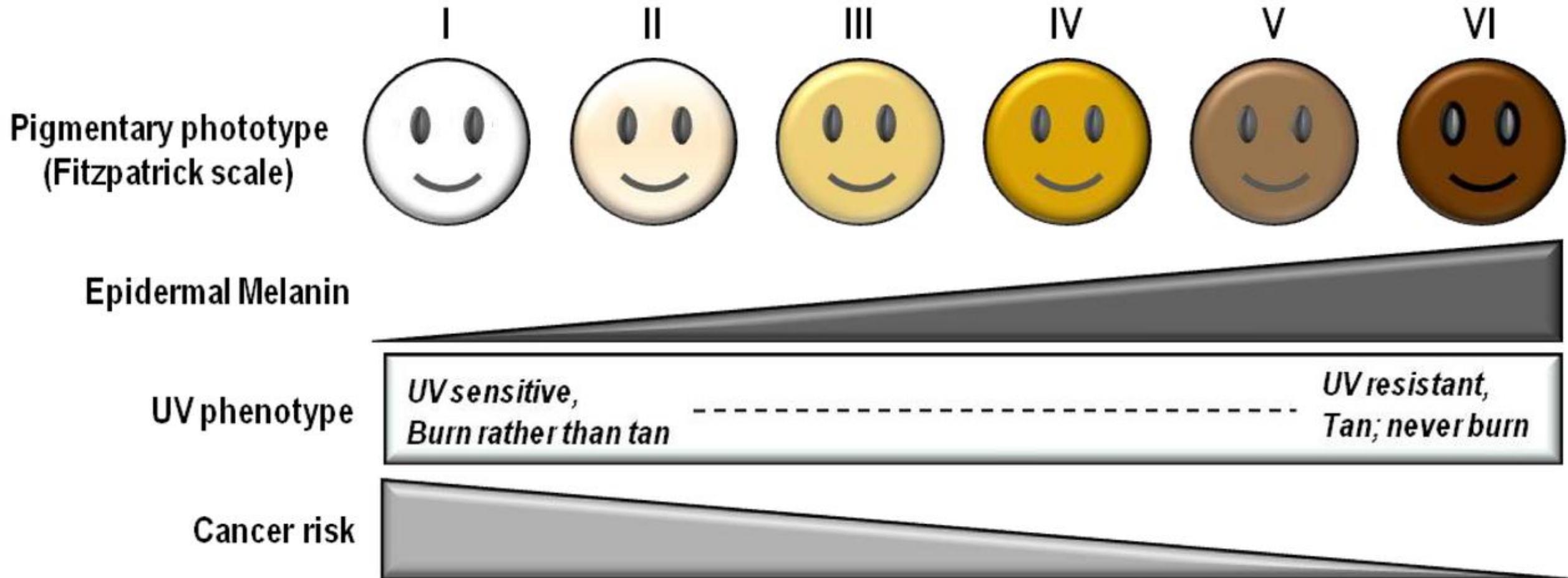


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Kamp et al. Eczema Severity Scoring in Skin of Color: A Review of Current Best Practice and Need for Future Improvement. *J Invest Dermatol.* 2025 Apr;145(4):735-748.

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Fitzpatrick Skin Color Scale



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Serum ige test

Measures the specific food IgE level produced in the blood



class	specific IgE (kU/L)	specific IgE ($\mu\text{g/L}$) ^a	level of specific IgE ^b
0	<0.35	<0.84	absent or undetectable
1	0.35–0.70	0.84–1.68	low
2	0.70–3.5	1.68–8.4	moderate
3	3.5–17.5	8.4–42	high
4	17.5–50	42–120	very high
5	50–100	120–240	very high
6	>100	>240	very high

^a 1 kU equals 2.4 μg of IgE. ^b Tentative assignment of clinical relevance.

Patients whole blood
Separated by gradient

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Oral food challenge

- Tiny amounts of the suspected trigger food is ingested in increasing doses then observed
- Done under medical supervision



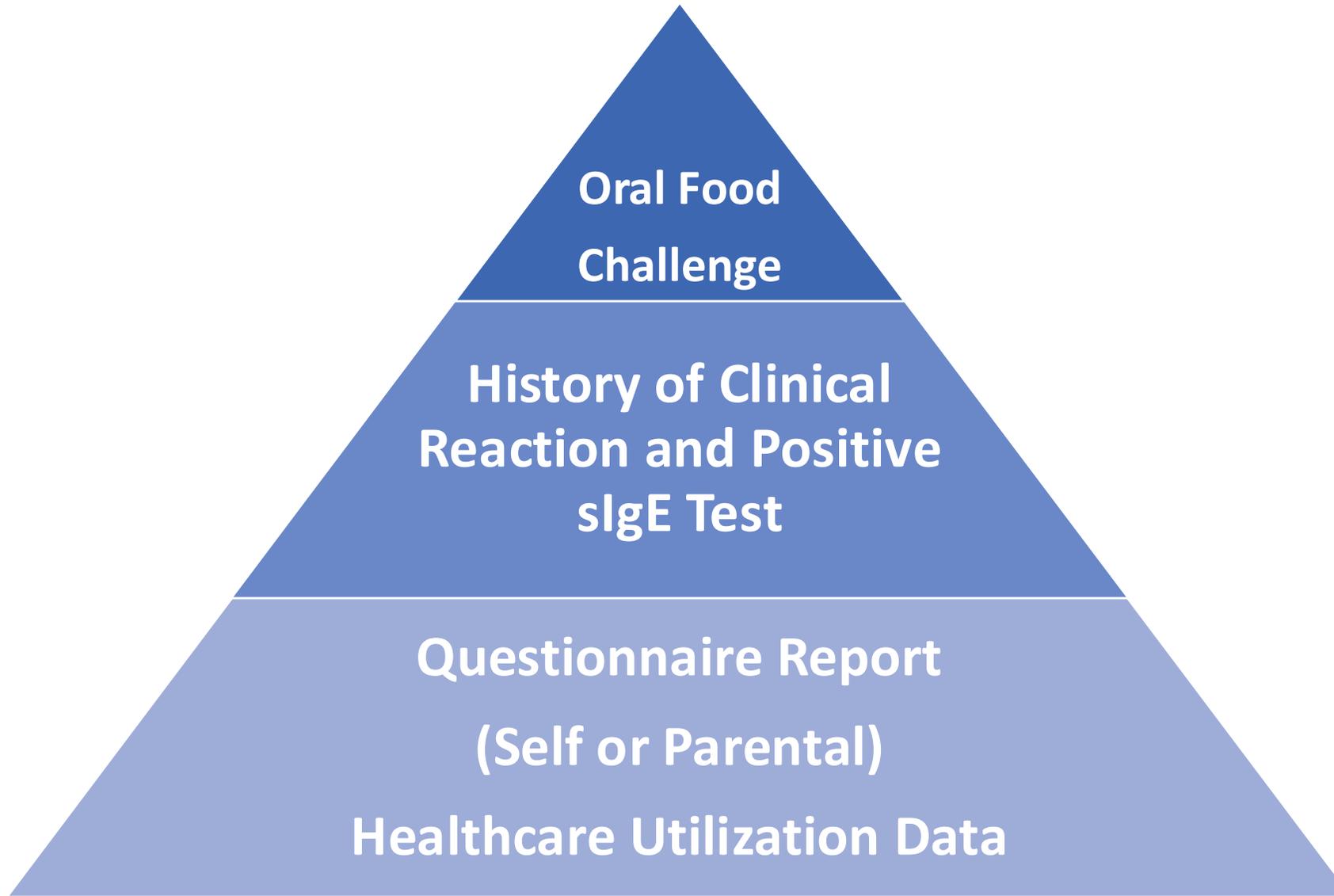
**GOLD
STANDARD**

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Levels of Evidence for Food Allergy



How are food allergies treated?



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Management of food allergies

- There is no cure for food allergies!
- Complete avoidance of the food
- Recognizing signs and symptoms of a reaction
- Knowing how to treat reactions
- Education on how to prevent future exposure and reactions
- New Treatments – Oral immunotherapy and Biologic shots
- Prevention with early introduction of food (4-6 months)

Epinephrine (adrenaline)

- Prompt administration of epinephrine is key to surviving anaphylaxis
- Prescribed as auto-injectors (such as EpiPen[®], Auvi-Q[®], SYnjepi), Neffy (IN) or generic epinephrine
- Recommend that epinephrine be readily accessible in a **secure, but unlocked area**



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epinephrine

- First-line drug of choice in anaphylaxis
- Intramuscular administration in thigh
- May repeat in 5-15 min if no relief of symptoms
- Do not withhold epinephrine because of cardiac history or other concerns

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Diphenhydramine (Benadryl)

- For every 10 kilograms of a child's weight (22 pounds), give 1 teaspoon
- 1 teaspoon = 12.5 mg of diphenhydramine
- Only for SKIN reactions



BEYOND THE SKIN, EPI GOES IN!

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Epinephrine Administration



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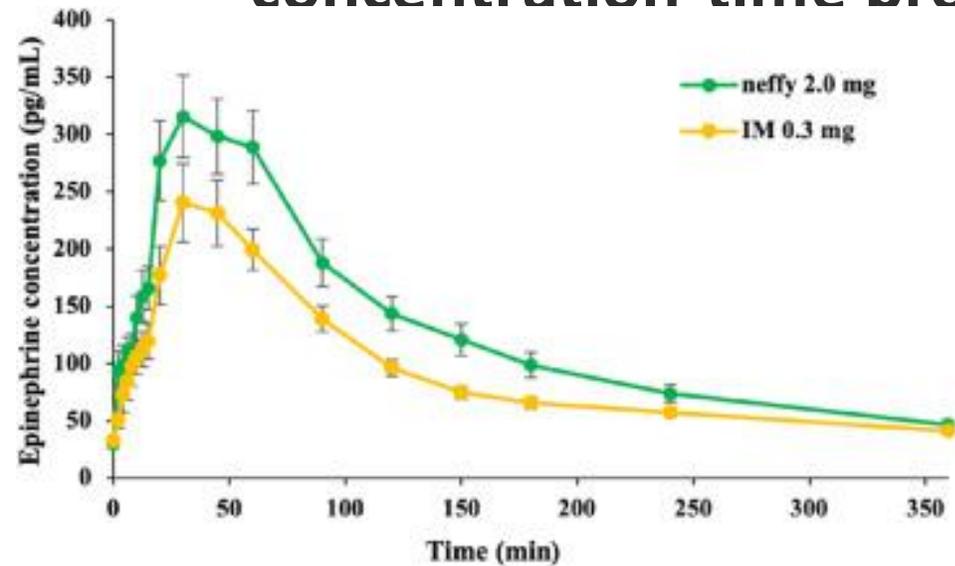
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Intranasal Epinephrine is FDA Approved



- Self-administration of intranasal epinephrine (Neffy) resulted in pharmacokinetic and pharmacodynamic responses that were comparable or better than IM epinephrine in 41 of 45 patients (91.1%) enrolled.
- The availability of a needle-free alternative may reduce apprehension and decrease delay in dosing of epinephrine.

- **Mean epinephrine concentration-time profile**



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Name: _____ D.O.B.: _____

Allergic to: _____

Weight: _____ lbs. Asthma: Yes (higher risk for a severe reaction) No

PLACE
PICTURE
HERE

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following allergens: _____

THEREFORE:

- If checked, give epinephrine immediately if the allergen was LIKELY eaten, for ANY symptoms.
- If checked, give epinephrine immediately if the allergen was DEFINITELY eaten, even if no symptoms are apparent.

FOR ANY OF THE FOLLOWING:

SEVERE SYMPTOMS



LUNG
Shortness of breath, wheezing, repetitive cough



HEART
Pale or bluish skin, faintness, weak pulse, dizziness



THROAT
Tight or hoarse throat, trouble breathing or swallowing



MOUTH
Significant swelling of the tongue or lips



SKIN
Many hives over body, widespread redness



GUT
Repetitive vomiting, severe diarrhea



OTHER
Feeling something bad is about to happen, anxiety, confusion

OR A COMBINATION of symptoms from different body areas.

- ADMINISTER EPINEPHRINE IMMEDIATELY.
- Call 911. Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.

- Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
- Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
- If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
- Alert emergency contacts.
- Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS



NOSE
Itchy or runny nose, sneezing



MOUTH
Itchy mouth



SKIN
A few hives, mild itch



GUT
Mild nausea or discomfort

FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.

FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:

- Antihistamines may be given, if ordered by a healthcare provider.
- Stay with the person; alert emergency contacts.
- Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand or Generic: _____

Epinephrine Dose: 0.1 mg IM (intramuscular) 0.15 mg IM 0.3 mg IM 1 mg IN (intranasal) 2 mg IN

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____

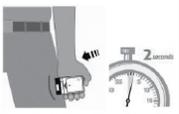
Patient may self-carry Patient may self-administer

PATIENT OR PARENT/GUARDIAN AUTHORIZATION SIGNATURE _____ DATE _____

PHYSICIAN/HCP AUTHORIZATION SIGNATURE _____ DATE _____

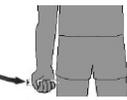
HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

- Remove Auvi-Q from the outer case. Pull off red safety guard.
- Place black end of Auvi-Q against the middle of the outer thigh.
- Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
- Call 911 and get emergency medical help right away.



HOW TO USE EPIPEN®, EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, VIATRIS AUTO-INJECTOR, VIATRIS

- Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
- Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, remove the blue safety release by pulling straight up.
- Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
- Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENALCLICK®), USP AUTO-INJECTOR, AMNEAL PHARMACEUTICALS

- Remove epinephrine auto-injector from its protective carrying case.
- Pull off both blue end caps: you will now see a red tip. Grasp the auto-injector in your fist with the red tip pointing downward.
- Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh. Press down hard and hold firmly against the thigh for approximately 10 seconds.
- Remove and massage the area for 10 seconds. Call 911 and get emergency medical help right away.



HOW TO USE TEVA'S GENERIC EPIPEN® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR, TEVA PHARMACEUTICAL INDUSTRIES

- Quickly twist the yellow or green cap off of the auto-injector in the direction of the "twist arrow" to remove it.
- Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, pull off the blue safety release.
- Place the orange tip against the middle of the outer thigh at a right angle to the thigh.
- Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
- Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

- Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
- If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
- Epinephrine can be injected through clothing if needed.
- Call 911 immediately after injection.

HOW TO USE NEFFY® (EPINEPHRINE NASAL SPRAY)

- Remove neffy from packaging. Pull open the packaging to remove the neffy nasal spray device.
- Hold device as shown. Hold the device with your thumb on the bottom of the plunger and a finger on either side of the nozzle. Do not pull or push on the plunger. Do not test or prime (pre-spray). Each device has only 1 spray.
- Insert the nozzle into a nostril until your fingers touch your nose. Keep the nozzle straight into the nose pointed toward your forehead. Do not point (angle) the nozzle to the nasal septum (wall between your 2 nostrils) or outer wall of the nose.
- Press plunger up firmly until it snaps up and sprays liquid into the nostril. Do not sniff during or after the dose is given. If any liquid drips out of the nose, you may need to give a second dose of neffy after checking for symptoms.
- If symptoms don't improve or worsen within 5 minutes of initial dose, administer a second dose into the same nostril with a new neffy device.

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.



EMERGENCY CONTACTS — CALL 911

RESQUC SQUAD: _____ PHONE: _____

DOCTOR: _____ PHONE: _____

PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____ PHONE: _____

NAME/RELATIONSHIP: _____ PHONE: _____

NAME/RELATIONSHIP: _____ PHONE: _____

Alergia a: _____

FOTO
AQUÍ

Peso: _____ lb Asma: Sí (mayor riesgo de una reacción grave) No

NOTA: No use antihistamínicos o inhaladores (broncodilatadores) para tratar una reacción grave. USE EPINEFRINA.

Extremadamente reactivo a los siguientes

POR LO TANTO:

- Si está marcado, administre epinefrina de inmediato si es PROBABLE que haya habido contacto con el alérgeno, ante la presencia de CUALQUIER síntoma.
- Si está marcado, administre epinefrina de inmediato si hubo INDUDABLEMENTE contacto con el alérgeno, incluso si no hay síntomas aparentes.

PARA CUALQUIERA LOS SIGUIENTES:

SÍNTOMAS GRAVES



PULMONES
Falta de aire,
sibilancias,
tos recurrente



CORAZÓN
Piel pálida
o azulada,
desmayos, pulso
débil, mareos



GARGANTA
Garganta tensa o
ronca, problemas
para respirar
o tragar



BOCA
Hinchazón
significativa
de la lengua
o los labios



PIEL
Urticaria extendida
en todo el cuerpo,
enrojecimiento
generalizado



INTESTINO
Vómitos
recurrentes,
diarrea grave



OTROS
Sensación de que
algo malo está a
punto de suceder,
ansiedad, confusión

O UNA COMBINACIÓN
de síntomas
de diferentes
áreas
del cuerpo.

- ADMINISTRE EPINEFRINA DE INMEDIATO.**
- Llame al 911.** Informe al operador de emergencias que la persona está sufriendo una reacción anafiláctica y podría necesitar epinefrina cuando llegue el servicio de emergencias.
 - Considere la administración de medicamentos adicionales después de la epinefrina:
 - » Antihistamínico.
 - » Inhalador (broncodilatador) si hay sibilancias.
 - Acueste a la persona en posición horizontal, levántele las piernas y manténgala abrigada. Si respira con dificultad o comienza a vomitar, permítale sentarse o recostarse de lado.
 - Si los síntomas no mejoran o vuelven a aparecer, se pueden administrar más dosis de epinefrina aproximadamente 5 minutos o más después de la última dosis.
 - Avise a los contactos de emergencia.
 - Traslade al paciente a la sala de emergencias, incluso si se resuelven los síntomas. El paciente debe permanecer en la sala de emergencias al menos 4 horas, ya que los síntomas podrían volver a aparecer.

SÍNTOMAS LEVES



NARIZ
Picazón o
goteo nasal,
estornudos



BOCA
Picazón en
la boca



PIEL
Un poco de
urticaria,
picazón leve



INTESTINO
Náuseas leves
o molestias

PARA LOS SÍNTOMAS LEVES EN MÁS DE UN
ÁREA DEL CUERPO, ADMINISTRE EPINEFRINA.

PARA LOS SÍNTOMAS LEVES EN UNA SOLA
ÁREA DEL CUERPO, SIGA ESTAS INDICACIONES:

- Se podrían administrar antihistamínicos si un proveedor de atención médica los receta.
- Quédese con la persona; comuníquese con los contactos de emergencia.
- Observe de cerca los cambios. Si los síntomas empeoran, administre epinefrina.

MEDICAMENTOS/DOSIS

Marca o versión genérica de la epinefrina: _____
Dosis de epinefrina: 0.1 mg IM (intramuscular) 0.15 mg IM
 0.3 mg IM 1 mg IN (intranasal) 2 mg IN

Marca o versión genérica del antihistamínico: _____

Dosis de antihistamínico: _____

Otros (por ejemplo, inhalador broncodilatador si hay sibilancias): _____

- El paciente puede llevar consigo el medicamento
- El paciente puede autoadministrarse el medicamento

FIRMA DE AUTORIZACIÓN DE LOS PADRES/TUTORES

FECHA

FIRMA DE AUTORIZACIÓN DEL MÉDICO/PROVEEDOR DE ATENCIÓN MÉDICA

FECHA

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messengers

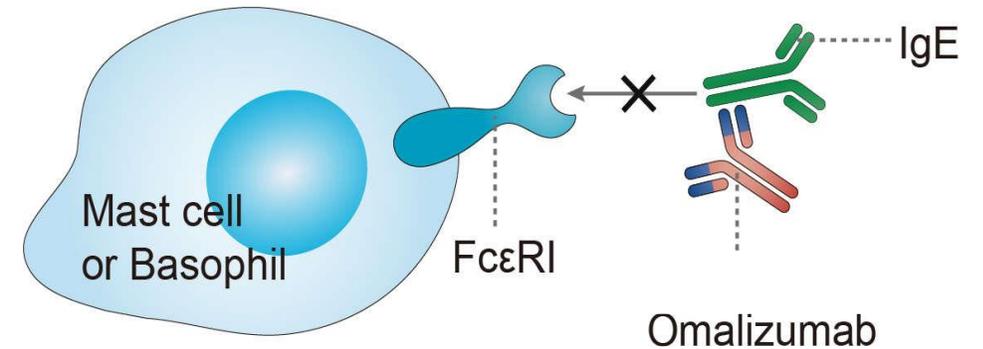
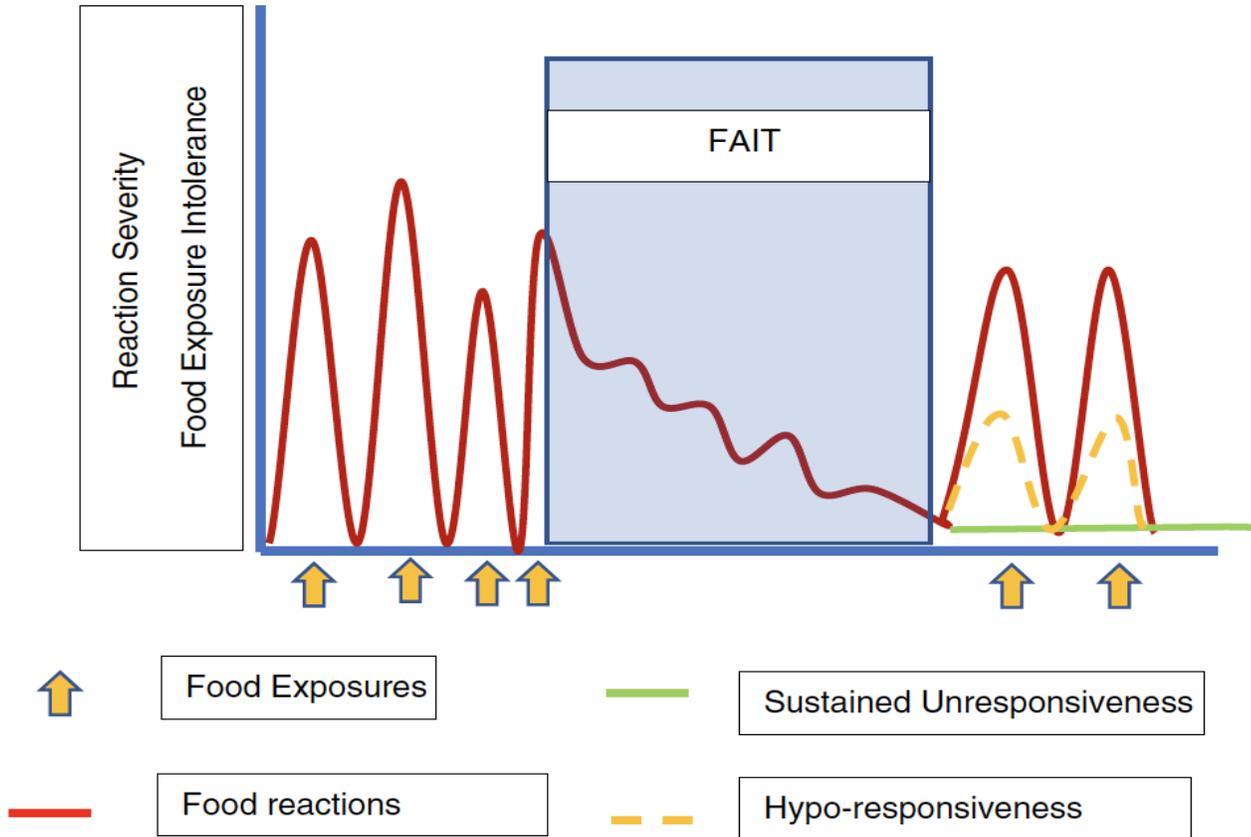
Medical Alert Jewelry



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Effect of Food Allergen Immunotherapy (FAIT) and Biologic Treatment on Responses

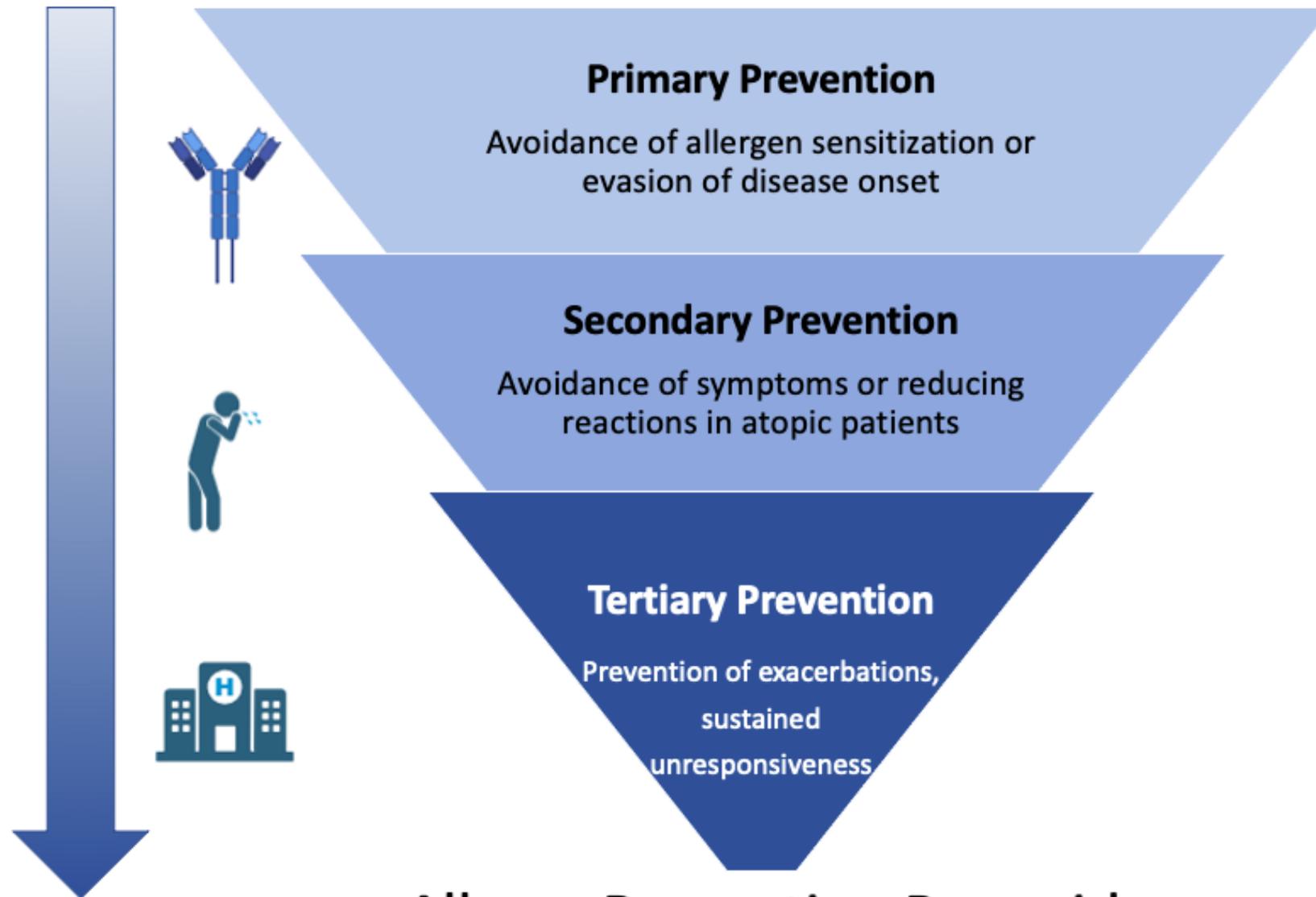


<https://www.creativebiolabs.net/omalizumab-overview.htm>

Spergel et al. Curr Allergy and Asthma Reports. 2018

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Allergy Prevention Pyramid

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Conclusions

- Food allergies occur and reactions are more severe in a higher proportion of Black people compared to other races.
- Black people with food allergy have increased risks for anaphylaxis and ER visits and lack of access to subspecialty care.
- Understanding the key features to recognize anaphylaxis and give prompt treatment, especially with epinephrine when appropriate.

Conclusions

- Patients should carry epinephrine at all times and use it if more systems than the skin are involved.
- All IgE (allergy antibody) mediated reactions can be life threatening, so preparedness is critical.
- Skin of color can cause allergic rashes and hives to appear differently to food allergy physicians or other providers.
- Education regarding the need for epinephrine is important.
- New therapies have emerged for patients who are eligible and should be discussed with a physician.

Strategies to Help Treat Food Allergy in the Black Community



- Culturally sensitive patient education efforts and collaborative patient-clinician decision-making processes.
- Improved access to specialty care in underserved communities.
- Develop relationships with community primary care physicians and other healthcare providers or organizations
- Commit resources to to treat patients who have public insurance
- Increased research studies addressing diagnosis, management and outcomes for underserved populations.



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Ali A et al. Can Respir J. 2019; 2019: 5165189. Apter AJ et al. J Allergy Clin Immunol. 2019;144(3):846-853.e11. George M et al. J Adv Nurs. 2019;75(4):876-887. Delaigue S et al. Frontiers in Public Health 2014; 2: 1-9.

Back to School with Food Allergies



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