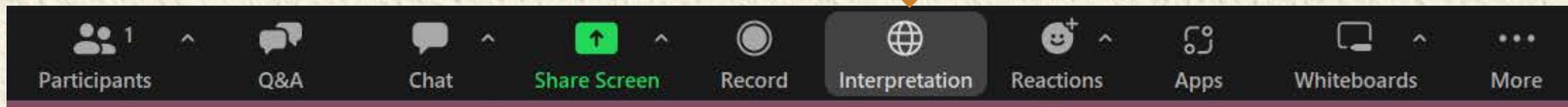




Unidos Hablamos
United, Let's Talk

This webinar will be presented in Spanish.
For English interpretation, select the English channel.



Food Allergy and the Hispanic/Latino Culture

Presented by: Allergy & Asthma Network

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Today's speakers



Moderator
Marcela Gieminiani



Physician Speaker
Vivian Hernández-Trujillo, MD



Patient Speaker
Nyshae Gibson

Genentech

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

Physician Speaker

Presented by: Vivian Hernández-Trujillo, MD

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Objectives

Definition

Severity

Presentation

Diagnosis

Treatment

Emergency Action Plan



WHAT IS A FOOD ALLERGY?



A food allergy is an immune response that happens shortly after a person eats a food.



Food allergy develops after eating a food more than one time.



The majority of allergic reactions to foods are mild, however some can be fatal and require emergency treatment.

The difference between a food allergy and intolerance

	Food Intolerance	Food Allergy
Where reaction takes place	Digestive system	Immune System
Intensity of reaction	Mild to moderate discomfort	Can be life-threatening
Symptoms	Gastrointestinal	Multiple body systems; skin, respiratory, heart, and gastrointestinal
Reaction time	May be delayed	Usually immediate (within 30-60 minutes)
Action to take	See healthcare provider	Call 911

The severity of allergic reactions to foods can vary

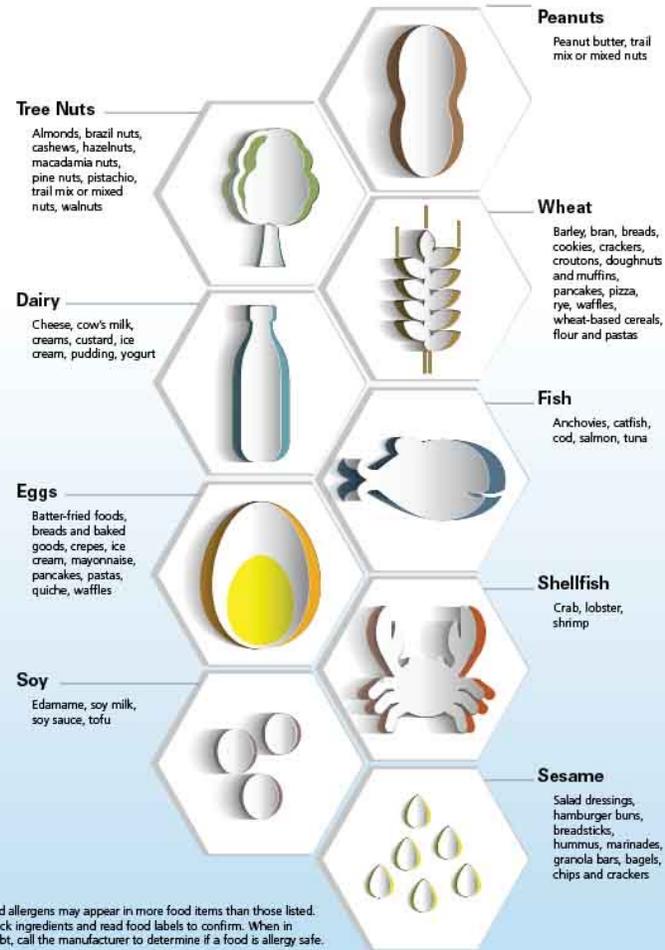
- For some patients, they may only have worsening eczema or atopic dermatitis or itching.
- For other patients, it can cause a very severe, life-threatening reaction.
- Also in a patient, it may be that one food causes mild symptoms, but other foods may cause anaphylaxis.
- The severity of reactions can vary in a patient from one day to the next.

Common Food Allergens



Top 9 Food Allergens

(Account for 90% of all food allergy reactions in the United States)



* Food allergens may appear in more food items than those listed. Check ingredients and read food labels to confirm. When in doubt, call the manufacturer to determine if a food is allergy safe.

More than 170 foods have been reported to cause allergic reactions, including:

Apples, Avocados, Celery, Citrus, Corn, Garlic, Gelatin, Meat, Mustard, Poppy seeds, Spices, Sunflower seeds

AllergyAsthmaNetwork.org

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Epidemiology

Approximately 20 million persons in the United States have food allergy.

16 million adults and 4 million children, data from 2021 (CDC)

1 in every 13 children in the United States have a food allergy

SIGNS AND SYMPTOMS

Allergens that can set off anaphylaxis

FOOD



- Peanuts
- Tree nuts: almonds, pecans, cashews, walnuts
- Shellfish
- Cow's milk products
- Hen's eggs
- Fish
- Soy
- Wheat

VENOM



- Yellow jackets
- Wasps and hornets
- Honeybees
- Fire ants
- Spiders

LATEX



- Balloons
- Rubber gloves
- Condoms
- Elastic bands (i.e., physical therapy bands/rubber bands)
- Dental dams

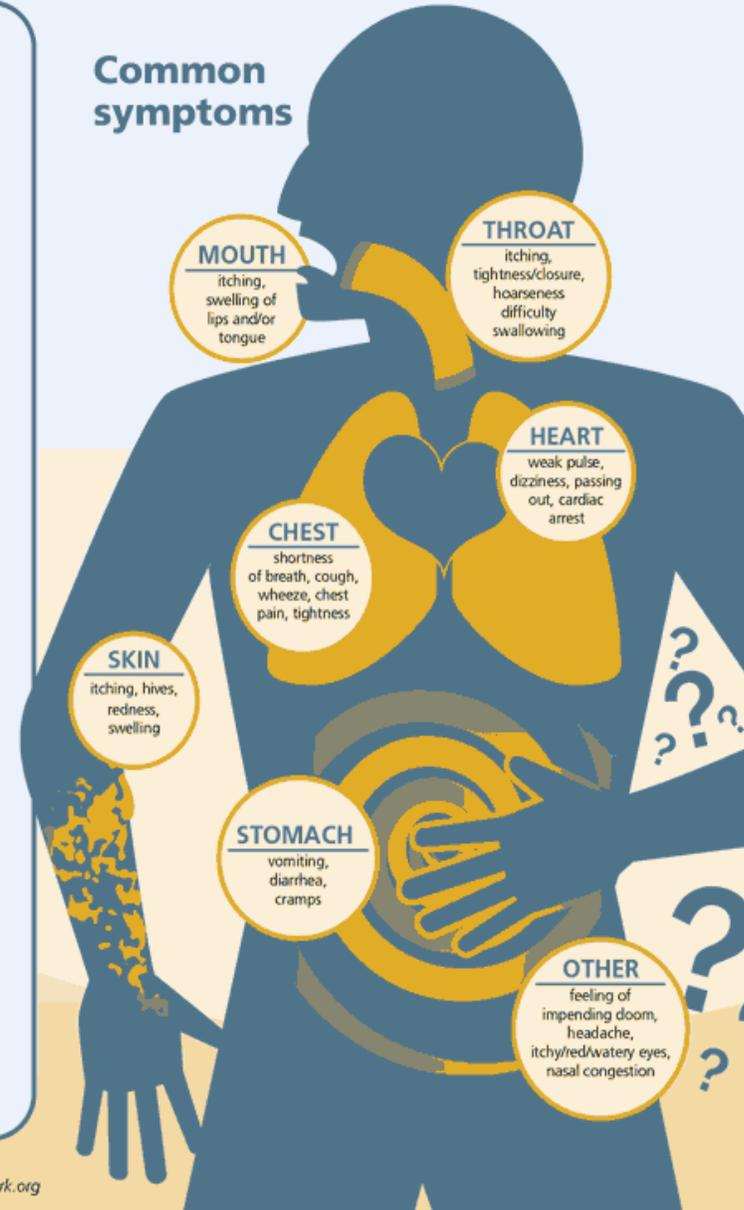
Foods with cross-reactive proteins to natural rubber: banana, avocado, chestnut and kiwi

MEDICATION



- Penicillin
- Aspirin, ibuprofen and other NSAID pain relievers

Common symptoms



MOUTH

itching, swelling of lips and/or tongue

THROAT

itching, tightness/closure, hoarseness, difficulty swallowing

HEART

weak pulse, dizziness, passing out, cardiac arrest

CHEST

shortness of breath, cough, wheeze, chest pain, tightness

SKIN

itching, hives, redness, swelling

STOMACH

vomiting, diarrhea, cramps

OTHER

feeling of impending doom, headache, itchy/red/watery eyes, nasal congestion

Epi Everywhere! Every Day! Right Away!

RECOGNIZE THE SEVERITY



Anaphylaxis is life-threatening, unpredictable, presents in multiple ways and can progress quickly. If symptoms appear refer to your Emergency Care/Action Plan.

USE EPINEPHRINE IMMEDIATELY



Epinephrine is the **first line** of treatment to stop the progression of anaphylaxis. Use your epinephrine auto-injector at the **first sign of symptoms** – don't wait to see what happens!

CALL 911



Always call for emergency medical assistance and go to the emergency room for follow-up observation and treatment.

CARRY TWO AUTO-INJECTORS



Keep two epinephrine auto-injectors on hand, in case symptoms recur before emergency medical assistance is available. Up to 35% of people will require more than one dose.

FOLLOW UP



Consult a board-certified allergist for accurate diagnosis and prevention/treatment plan.

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Signs and Symptoms of Food Allergy in Infants and Toddlers

Symptoms

What to Look For

Itchiness	<ul style="list-style-type: none">• Tongue thrusting or pulling• Licking lips, hands or objects• Throat itching	<ul style="list-style-type: none">• Ear pulling, scratching• Eye rubbing
Shortness of breath	<ul style="list-style-type: none">• Belly breathing• Fast breathing	<ul style="list-style-type: none">• Nostrils opening wide• Chest or neck tugging
Noisy breathing	<ul style="list-style-type: none">• Hoarse voice or cry• Barky cough• Noisy breathing when inhaling	
Shock and/or Fainting	<ul style="list-style-type: none">• Wobbly appearance• Floppy or limp• Difficult to wake up	<ul style="list-style-type: none">• Crankiness• Inconsolable crying• Withdrawn or clingy
Stomach issues that are significant	<ul style="list-style-type: none">• Stomach pain• Diarrhea• Hiccups	<ul style="list-style-type: none">• Spitting up• Back arching• Vomiting

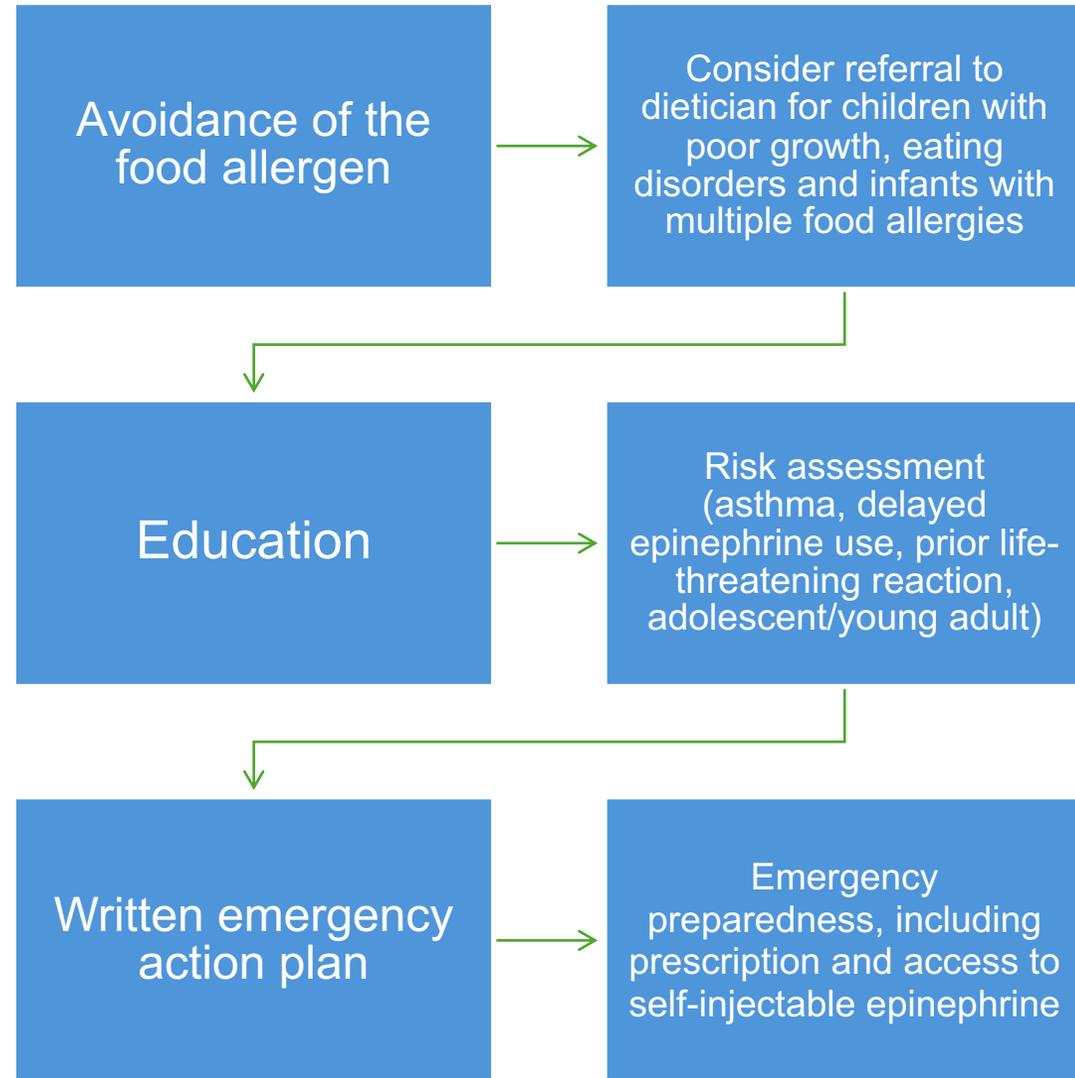
The diagnosis of food allergy

- The history
- When did the reaction happen?
- The symptoms
- Quantity and how the food was prepared
- Reproducibility
- Treatment, resolution/outcomes
- Skin tests
- Specific IgE blood tests
- Oral challenge in some patients to confirm the diagnosis

Are food allergies hereditary?

- For some patients, food allergy may affect more than one member of the family
- If one of the patients has allergy, there is increased risk of allergy in the child. If both parents have allergy, the risk increases further.

How to Manage Food Allergy



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Boyce JA et al. J Allergy Clin Immunol 2010;126:S1-S58.
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How can we live with food allergy?

- Hispanics love to get together with family and friends to eat and celebrate.
- Our parties consist of food and sharing with family.
- It is important for everyone to understand if a family member has a food allergy
- We must offer alternative foods that are safe for the patient, so they feel included.

Treatment

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Avoidance



Complete avoidance

Exceptions: Oral Allergy Syndrome (OK to eat trigger fruits/vegetables if desired) and patients who tolerate baked products containing egg or milk



FALCPA¹ Food Allergen Labeling and Consumer Protection Act (FALCPA) requires the 9 major food allergens to be clearly labeled on food products manufactured in the US

Sesame added in 2021



Different advisory warning labels do not denote different risk levels

Examples: may contain; processed in a facility with; made on shared equipment



Cross contamination: Caution with buffets, ice cream parlors, shared equipment

Treatment- Epinephrine



The gold standard treatment and the only one that saves lives.



Carry at all times. Keep two doses available!



Protect from extreme temperatures.



No other medication will save lives in a potentially life-threatening and severe reaction. Do not rely on antihistamines or steroids.

Treatment: Epinephrine

Food allergy exposures can happen anytime, anywhere. Always carry epinephrine with you for emergency treatment.

Treating anaphylaxis in the first few minutes can save a life.

**GIVE EPINEPHRINE FIRST,
GIVE EPINEPHRINE FAST**

After using epinephrine, call 911 and go to an emergency room for immediate observation and care.

Epinephrine saves lives!

- It is applied to the side of the thigh- the length of time depends on the brand of the autoinjector.
- Have two epinephrine auto-injectors available at all times

Treatment

- There is no cure for food allergies!
- Oral immunotherapy to eat amounts of the allergen increasing over time under the care of an allergist
- Omalizumab for patients with food allergies from 12 months of age.
- For patients with eosinophilic esophagitis and food allergy: dupilumab or oral budesonide
- It is possible that interesting alternative ways to administer epinephrine will become available in the near future.

Living with Food Allergy

Social and Emotional

Decreased quality of life and increased stress and anxiety are common

25% may experience food allergy-related bullying

Food allergy support group may be beneficial

Referral to a mental health professional may be necessary



Use Caution When Reading Food Labels

- Look for the “Contains” statement
- Do not purchase if your allergen is listed on the “Contains” statement
- If there is no “Contains” statement, read the entire list.
- Talk to your allergist to find out if you need to avoid foods with warning statements.
- Warning statements may vary from product to product. Examples may include: “May contain,” “Produced in a facility that,” or “Manufactured on equipment shared with”
- Read food labels every time you buy
- Food manufacturers may change ingredients frequently. If in doubt, do not eat the food.

Hide & Seek Food Allergens

Ingredients derived from common food allergens can be listed under many different names on the food label.

DAIRY	Casein	Curds	Ghee	Lactalbumin	Sodium caseinate
EGG	Albumin	Lysozyme	Meringue	Ovalbumin	Surimi
PEANUT	Cold-pressed peanut oil	Goobers	Legumes	Marzipan	Nut meat
SESAME	Benne	Gingilly	Sesamol	Sim Sim	Tahini
SOY	Miso	Natto	Shoyu	Soya	Tamari
WHEAT	Farro	Food starches	Graham flour	Malt	Semolina

Practical Information for Eating Outside of Your Home

- If you are eating at a friend or family member's home, notify them of the food allergy as early as possible.
- In a restaurant, notify the server, chef or manager.
- Do not be shy. If you feel that the staff is not taking the food allergy seriously, do not take the risk of eating there.
- It is never too early for a child or adolescent to notify others about their allergy. It is teaching them to advocate for themselves.



Chef Card: List of Food Allergens

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FOOD ALLERGY ALERT

Attention: Chef

I am allergic to:

This is an allergy, not a preference! If I eat even a tiny amount of a food allergen, it can cause a life-threatening allergic reaction.

- Please make sure my meal, including cooking oils, sauces, seasonings and ingredients, does not contain any of my allergens.
- Please make sure cooking utensils, equipment and surfaces are fully cleaned prior to cooking my meal.

Thank you!

For more information, visit
AllergyAsthmaNetwork.org/Food-Allergies.

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Cross contamination



Wash your hands with soap and water before meal prep. Disinfectants do not help.



Wash surfaces, utensils and equipment. Use hot water and soap after meal preparation.



Consider use of plates, pans and sponges exclusively that allergens do not touch.



Protect safe foods. Store allergen free foods in a separate cabinet or refrigerator. Mark safe foods with stickers.



Follow the rule not to share foods, utensils or drinks.



Avoid buffets or dining halls- risk of cross contamination may be increased due to shared utensils and spilled food.

The Reality of Living with Food Allergy

- There is a lack of information in general for patients with food allergies.
- For Spanish-speaking patients, there is a lack of materials in their language and at their level of understanding.
- Education is very important to understand the condition and keep the patient safe.
- Education empowers patients and their families.

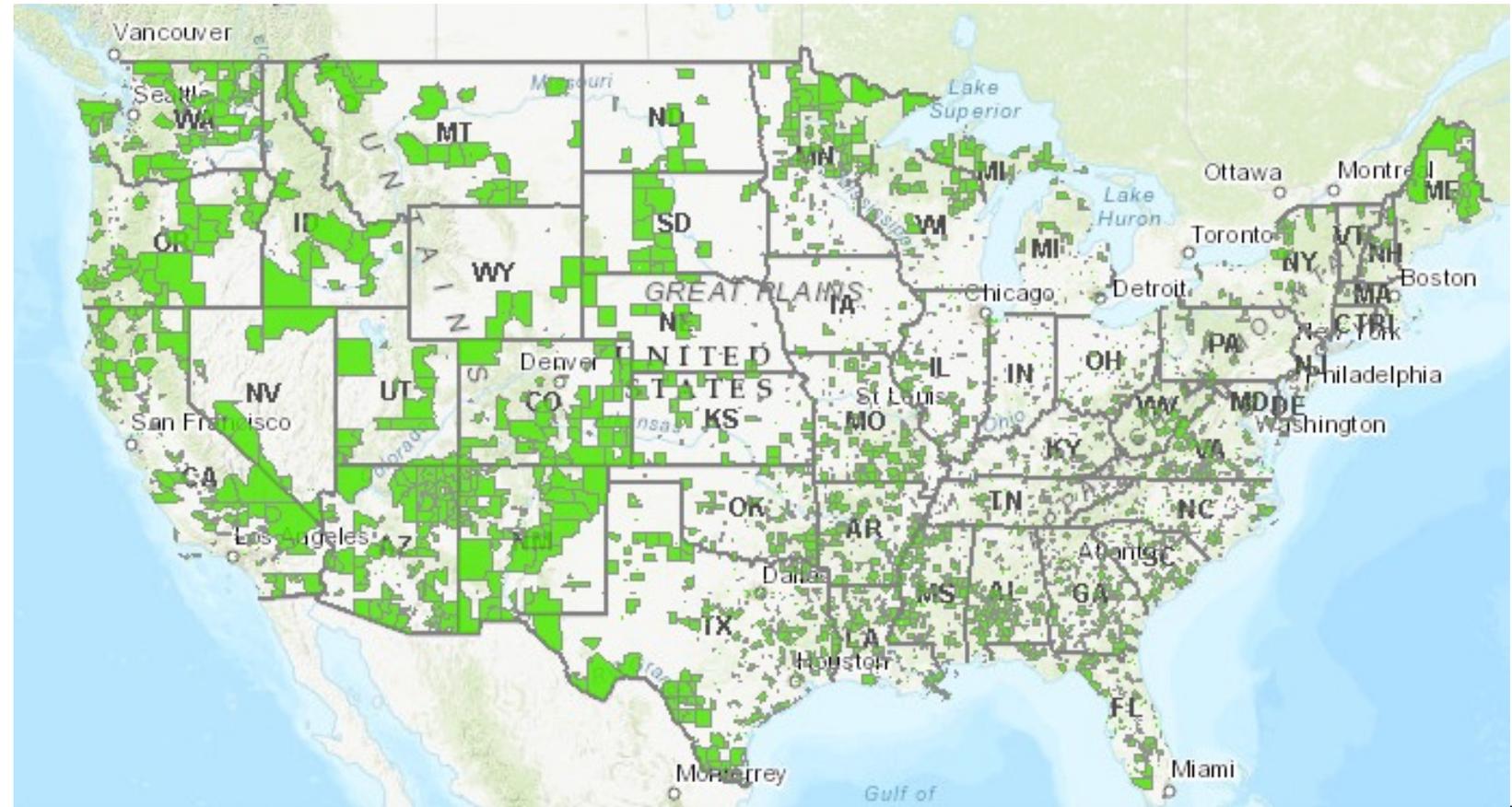
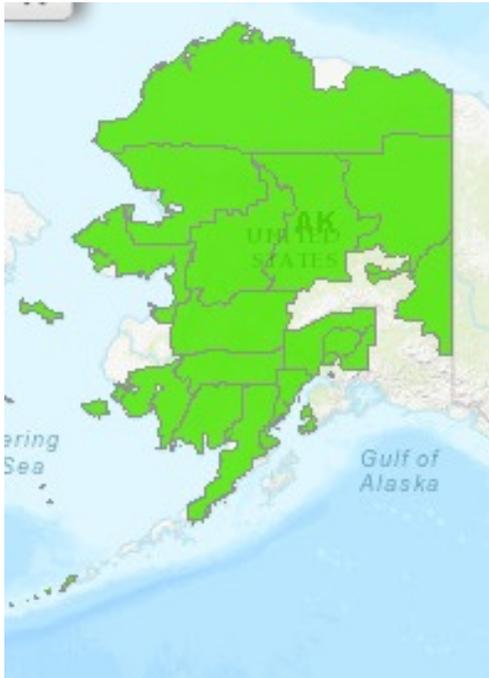
Food Insecurity: Hispanics

- Study of a low-income Puerto Rican population Hartford, CT
- Latino families were 22.8% more likely than non-Latino whites to report food insecurity
- Attending cultural events/church- indicator of stronger social networks and food security
- Spanish-speaking only households- risk factor for food insecurity
- Referral to social work likely to be helpful.

Food Insecurity and Mental Health in Hispanics

- Survey of low-income pregnant Latina (majority Puerto Rico) women in Hartford, CT
- More than 66% participated in WIC (Supplemental Nutrition Program for Women, Infants and Children)
- 1/3 uninsured, 1/2 bilingual and 1/3 food insecurity prior to survey
- Elevated symptoms of depression when household experienced food insecurity
- Medical team can ensure information regarding WIC and other support is available- offer materials in native/ preferred language

Food Deserts: Interactive Tool Using Low Income and Low Access by Mileage



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<https://www.usda.gov/media/blog/2011/05/03/interactive-web-tool-maps-food-deserts-provides-key-data>

Organizations Exist to Help with Education and Provide Resources

- **Securing Safe Food** is a nonprofit organization that provides food for people with allergies to food pantries across the United States.
- **AllergyStrong** offers education and advocacy to better help low-income food allergy patients and their caregivers
- **FOODiversity** connects patients and families with food allergies with food resources

Resources

<https://allergyasthmanetwork.org/food-allergies/>



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IMPORTANT TAKE HOME MESSAGES

Avoid foods that contain your
food allergens

Read food labels before eating

Be prepared in case of an
allergic reaction- carry
epinephrine!

Acknowledgment

- Allergy & Asthma Network website
- AAAAI Food Allergy Teaching slides 2021

Patient Speaker

Presented by: Nyshae Gibson

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Research Studies

Presented by: Vivian Hernández-Trujillo, MD

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What is a Clinical Trial?

Clinical trials are research studies in which people volunteer to help find answers to specific health questions. Clinical trials provide an opportunity to explore alternative treatments beyond the standard options and can also be considered a treatment option. They aim to improve existing treatments or discover new treatments.

Remember that participating in a clinical trial also involves risk, such as potential side effects or uncertainty about if the treatment will work. It is essential to discuss these factors with your healthcare provider and carefully weigh the pros and cons before deciding to participate.

Potential Benefits to Participating in a Clinical Trial

1. Access to new treatments
2. Contribution to medical knowledge
3. Close monitoring and care
4. Potential cost savings
5. Empowerment and advocacy

Why is Diversity Important in Clinical Trials?

- People may experience the same disease differently.
- Including a variety of lived experience, living conditions, and characteristics (such as race, ethnicity, age, sex, and sexual orientation) ensures that all communities can benefit from scientific advancements.
- Diverse clinical trial participants help researchers understand safety and how the drug works for different populations.
- It also helps researchers better understand patterns of difference in health and illness based on different backgrounds.

The Hispanic Latino community makes up 18% of the US population. But less than 8% of clinical trial participants identify as Hispanic.

Q+A

What questions do you have for Dr. Hernandez-Trujillo or Shae?