Public Health Ontario | Santé publique Ontario

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https://youtu.be/vw5sPW2nUlE

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Changing the paradigm on food allergy

Now is the time to reduce the impact of food allergy and improve the quality of life for the more than 3 million Canadians impacted by this medical condition

Food Allergy Canada

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Learning Objectives

By the end of this event, participants will be able to:

- Describe practical tools for early allergen introduction.
- Apply best practices to communicate the evidence to parents and families in simple and supportive ways.
- Apply strategies to address common challenges, including feeding anxiety and inconsistent advice.

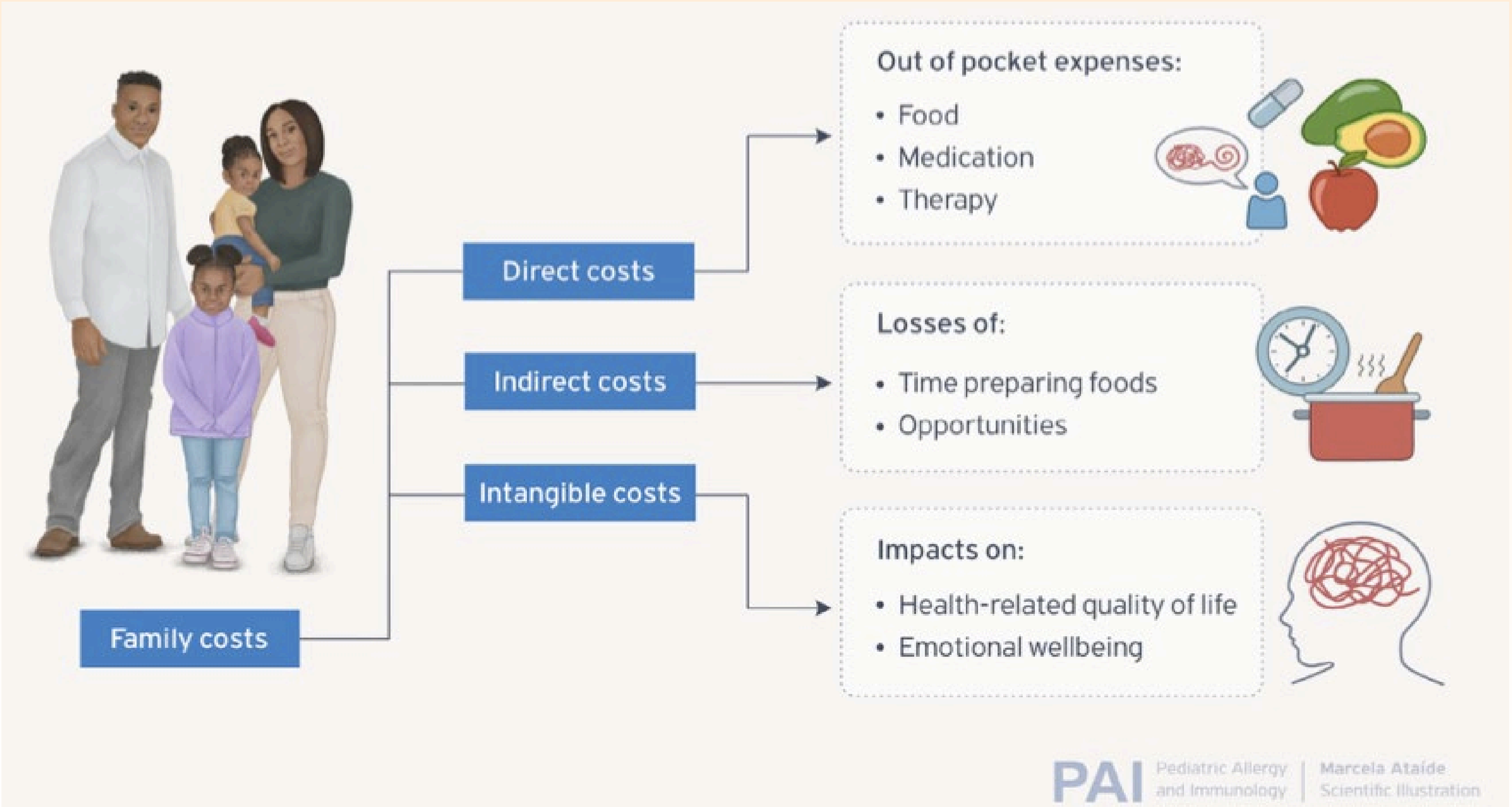
Food Allergy & Anaphylaxis Landscape

- Affects **3M+ Canadians**, including **850k in Ontario**
- **40%** allergic to more than one food
- Impacts **50% of Canadian households**
- Managed through **strict avoidance** – accurate **ingredient info is critical**
- Access to care limited – only **134 allergists** in Ontario
- Every year **9,000 infants** will be diagnosed with food allergy in Ontario
- **ED visits doubled** in 7 years
- Accounts for **1% of all emergency department visits**
- **Significant psychosocial burden**, regardless of ethnicity

With more than 2 decades of research, there are now known paths for food allergy prevention and treatment that could change this picture, yet they lack awareness and access

The Burden of Food Allergy

Food allergy is associated with social and psychological consequences, regardless of ethnicity



Protudjer JLP. The hidden price of food allergy: Understanding the social and financial burdens on families. Pediatr Allergy Immunol. 2025; 36:e70192. doi:10.1111/pai.70192

Paradigm Shift in Food Allergy Prevention

THEN: Delayed Introduction

Core tenet: Avoid allergenic foods until age 3

Rationale: Wait until the immune system is mature

Common practice:

- No peanuts, eggs, or other allergens in infancy
- Breastfeeding alone was thought to protect against allergy

Outcome:

- Rising rates of food allergy
- Lack of immune tolerance development

NOW: Early Introduction

Core tenet: Introduce allergenic foods early to prevent allergy

Rationale: Early exposure promotes immune tolerance

Key evidence:

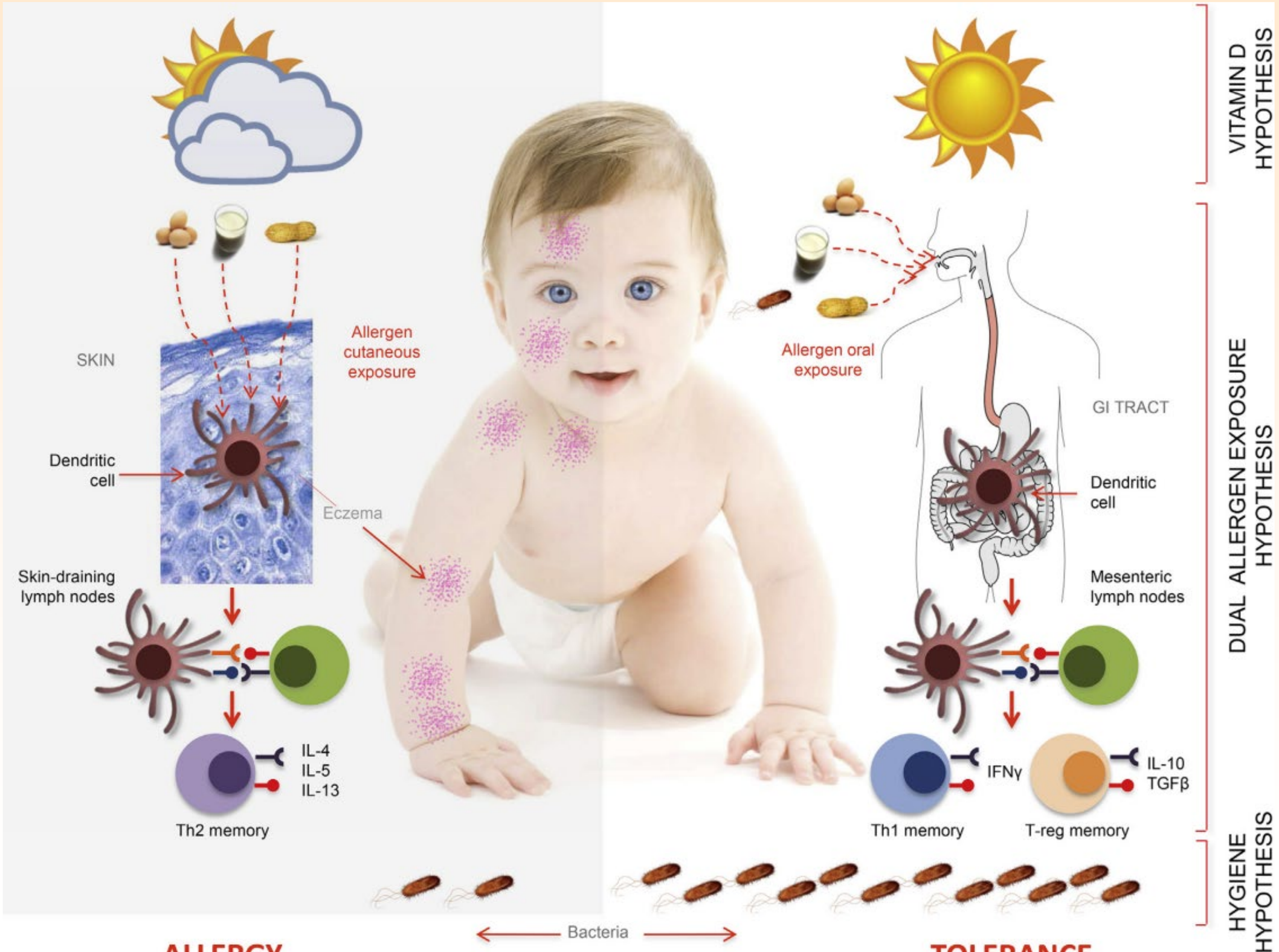
- LEAP Study (2015): Early peanut introduction reduces peanut allergy by >80%
- EAT Study and others support early diverse diet

Current practice: Eat Early. Eat Often.

- Introduce common allergens (e.g., peanut, egg, dairy) around 4–6 months
- Infants who react are referred to specialists for disease-modifying treatment

From avoidance to exposure: A revolution in food allergy prevention driven by science

The Science Behind The Shift – Dual Allergen Exposure Hypothesis



Du Toit G. J Allergy Clin Immunol 2016; 137:998-1010

Primary & Secondary Prevention
Research that substantiates these possibilities

- **Primary prevention**: Introducing peanut between 4-11 months of age and maintaining it in the diet shows an 80% reduction in peanut allergy - LEAP Study

- **Secondary prevention**: For infants who have an allergic reaction, early treatment intervention is showing disease-modifying potential, in the form of oral immunotherapy (OIT)

Healthcare Guidance on Early Introduction

CPS Position Statement

- For infants at no or low risk for food allergy: introduce complementary foods at about 6 months

- For high-risk infants: introduce common allergenic solids at around 6 months of age, but not before 4 months of age

Source:
Dietary exposures and allergy prevention in high-risk infants – 2021

CSACI Milk Allergy Prevention Position Statement

- Plans currently underway for a systematic review of the literature and development of recommendations

Canadian Society of Allergy and Clinical Immunology

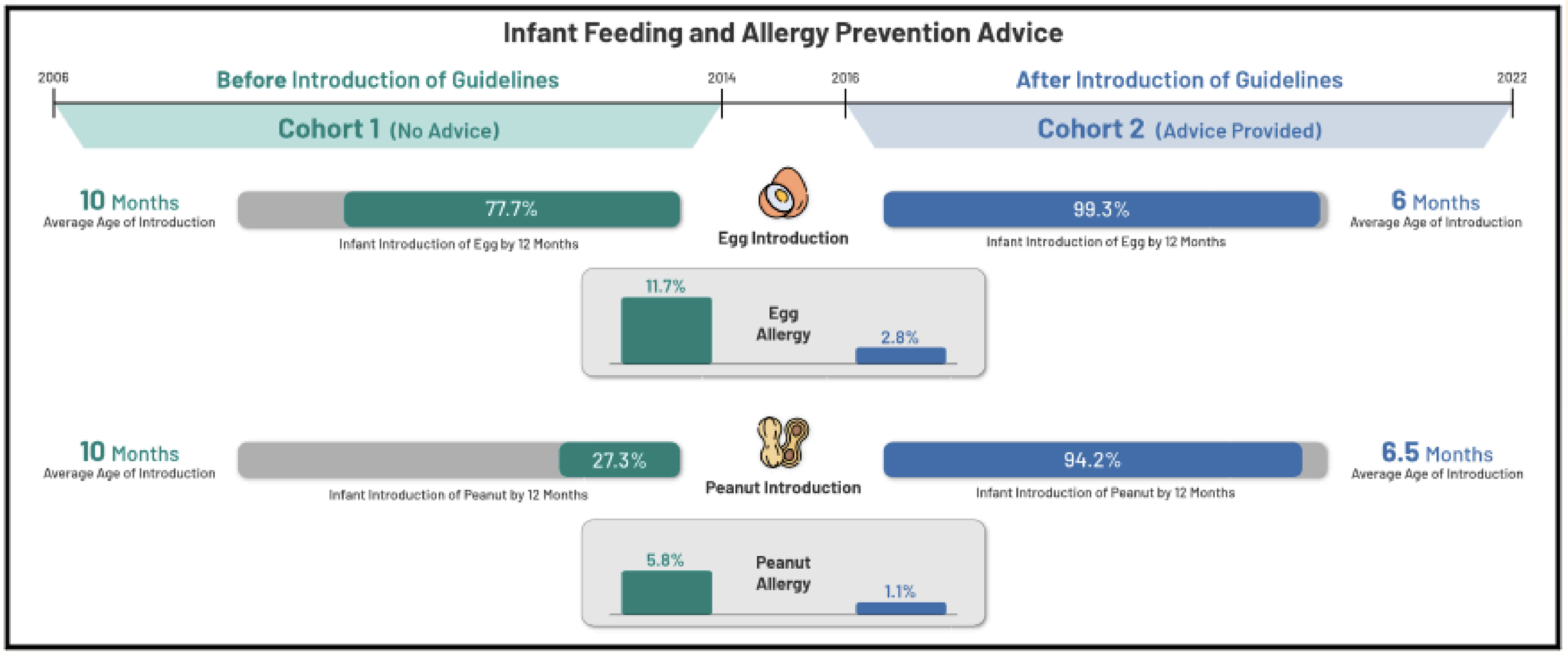
Gaps in Implementation

- Lack of awareness and clear guidance by healthcare providers
- Not maintaining regular ingestion of the allergen
- Parental hesitation due to lack of support
- Reactions not prompting medical escalation and timely referral to specialists
- Challenges specific to milk allergy prevention

Education & Support Drives Results

Australian Study – comparing 2 cohorts

This study demonstrated the importance of timing of introduction and the value of supporting families to properly implement Eat Early. Eat Often.



Source: J ALLERGY CLIN IMMUNOL PRACT MONTH 2025

Education & Support

US Study

Highlights the impact of racial, ethnic, and socioeconomic disparities in peanut allergy prevalence and early introduction.

Key Findings

Rates of introduction where higher among:

- White, non-Hispanic caregivers
- Caregivers with higher annual household incomes
- Caregivers reporting higher levels of educational

Caregivers with lower incomes and levels of education were:

- less likely to think peanut introduction was safe or effective
- less likely to receive support or guidance from primary care providers

Guidance needs to reach all families

Source: Warren, Christopher et al. Academic Pediatrics, Volume 0, Issue 0, 102874

Specific to Cow’s Milk Allergy

- #1 cause of food allergy fatalities in school age children
- Most burdensome food allergy
- Creates more anxiety and limitations than other food allergies
- Hardest food allergen to avoid
- Recent evidence suggests it is more difficult to outgrow than it used to be

Novembre, E., Gelsomino, M., Liotti, L. *et al.* Ital J Pediatr 50, 40 (2024)
Meyer R, Groetch M,Santos A, Venter . J Hum Nutr Diet.2025;38:e13391
Abrams EM, Kim H, Gerdts J, Protudjer JLP.. Pediatr Allergy Immunol. 2020;31:827–834.

Scenario That Increases Risk

Evidence substantiates that intermittent exposure to milk early in life is a risk factor for the development of milk allergy

Cow's formula introduced in first 48 hours of life

Exclusive breastfeeding for 6 months

Re-exposed at 7 months to yogurt

The COMEET study, a single center, prospective interventional study

Lachover-Roth, Idit et al.

Annals of Allergy, Asthma & Immunology

Volume 130, Issue 2, 233 - 239.e4

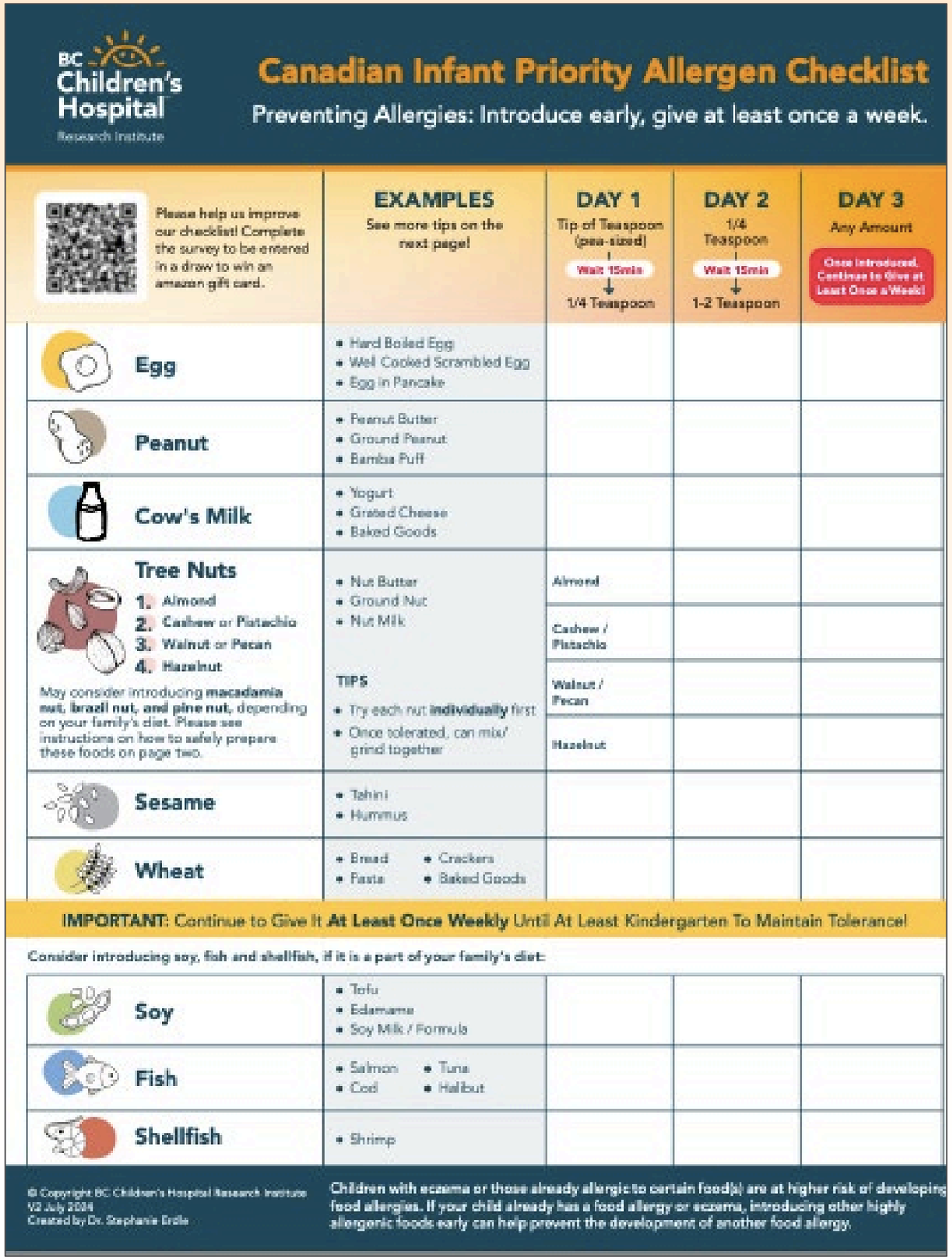
Key Points About Milk Allergy Prevention

- **Exclusive breastfeeding is best, do not introduce cow's milk formula unless medically necessary**
- If exclusive breastfeeding not possible (including in newborn nursery)
  - **Avoid intermittent cow's milk formula exposure**
  - Consider other options – e.g., extensively hydrolyzed formula, donor breastmilk
- **If cow's milk formula introduced, continue it regularly (e.g., 2 teaspoons up to 1 bottle per day to supplement BF) to maintain tolerance and prevent the allergy from developing**

Supporting Implementation of Eat Early. Eat Often.

Primary Prevention: Awareness & Education

- Eat Early. Eat Often. prevention guidance established as a public health priority and integrated into infant health programs/policies
- More tools under development



BC Children's Hospital Research Institute

Canadian Infant Priority Allergen Checklist

Preventing Allergies: Introduce early, give at least once a week.

Please help us improve our checklist! Complete the survey to be entered in a draw to win an amazon gift card.

	EXAMPLES See more tips on the next page!	DAY 1 Tip of Teaspoon (pea-sized) Wait 15min 1/4 Teaspoon	DAY 2 1/4 Teaspoon Wait 15min 1-2 Teaspoon	DAY 3 Any Amount Once Introduced, Continue to Give at Least Once a Week!
Egg	• Hard Boiled Egg • Well Cooked Scrambled Egg • Egg in Pancake			
Peanut	• Peanut Butter • Ground Peanut • Bamba Puff			
Cow's Milk	• Yogurt • Grated Cheese • Baked Goods			
Tree Nuts 1. Almond 2. Cashew or Pistachio 3. Walnut or Pecan 4. Hazelnut May consider introducing **macadamia nut, brazil nut, and pine nut,** depending on your family's diet. Please see instructions on how to safely prepare these foods on page two.	• Nut Butter • Ground Nut • Nut Milk **TIPS** • Try each nut **individually** first • Once tolerated, can mix/ grind together	Almond		
		Cashew / Pistachio		
		Walnut / Pecan		
		Hazelnut		
Sesame	• Tahini • Hummus			
Wheat	• Bread • Crackers • Pasta • Baked Goods			

IMPORTANT: Continue to Give It **At Least Once Weekly** Until At Least Kindergarten To Maintain Tolerance!

Consider introducing soy, fish and shellfish, if it is a part of your family's diet:

Soy	• Tofu • Edamame • Soy Milk / Formula			
Fish	• Salmon • Tuna • Cod • Halibut			
Shellfish	• Shrimp			

V2 July 2024
Created by Dr. Stephanie Erdle

Children with eczema or those already allergic to certain food(s) are at higher risk of developing food allergies. If your child already has a food allergy or eczema, introducing other highly allergenic foods early can help prevent the development of another food allergy.

Registered Dietitians: Partners in Food Allergy Prevention

The Role of the Registered Dietitian in Food Allergy Prevention

- Translate research into clear, practical feeding guidance
- Provide individualized, culturally sensitive nutrition support
- Promote responsive feeding and acceptance of diverse foods
- Collaborate and advocate to strengthen public health messaging

Resources

eat early.
eat often.

Food Allergy Canada

Canadian Society of Allergy and Clinical Immunology

Help prevent food allergy in your baby

Feed your baby the foods that most commonly cause food allergy at around 6 months of age and continue to feed them to your baby. If your baby is high risk for developing food allergy, introduction can start earlier than 6 months when developmentally ready, but not before 4 months.

The most common causes of food allergy in babies are cow's milk, egg, peanut, tree nuts, sesame, wheat, soy, and fish.

To help stop food allergy from developing, the Canadian Society of Allergy and Clinical Immunology and the Canadian Paediatric Society (CPS) recommend that these common food allergens are fed early to babies, when developmentally ready for solid foods.

High-risk babies have eczema or pre-existing food allergy, or a parent/sibling with eczema, food allergy, asthma or hay fever.

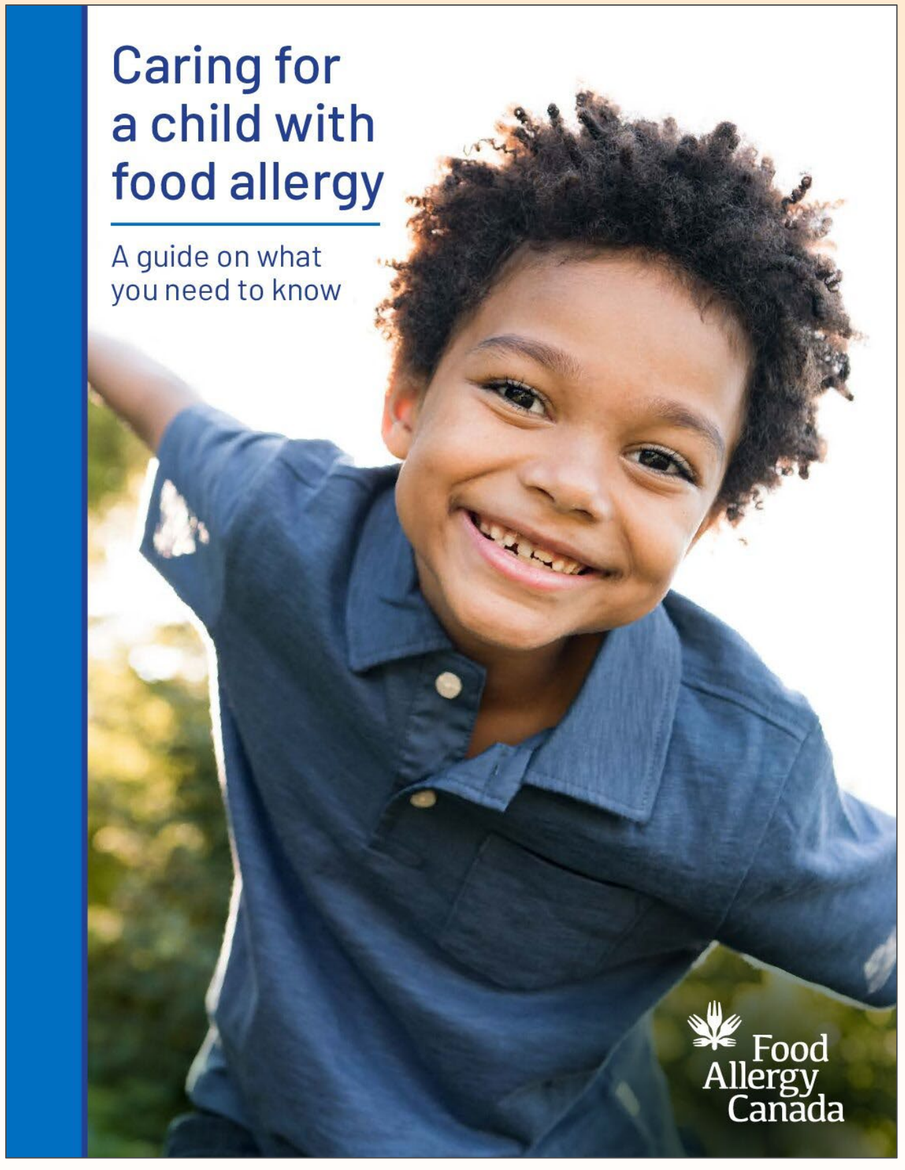
It's not recommended to test for food allergy before introducing allergenic foods. These foods should be introduced at home. If you're unsure, talk to your doctor about introducing them in their office.

This guidance will not stop all babies from developing food allergy, but it has been shown to drop the rates of food allergy.

Once your baby has eaten the food, and if there is no allergic reaction, it's very important to keep feeding that food to your baby at least once a week to help prevent the development of a food allergy.

Scan to download

foodallergycanada.ca/earlyintro



foodallergycanada.ca/careguide

Also available in French, Arabic, Chinese, Cree, Punjabi, Spanish, Pilipino, Ukrainian

Food Allergy Canada

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