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**TESTIMONY: RAISED BILL NO. 6975 AN ACT ESTABLISHING A TASK FORCE TO STUDY  
LIFE THREATENING ALLERGIES IN SCHOOLS**

**EDUCATION COMMITTEE  
MARCH 11, 2015**

Good Day, Senator Slossberg, Representative Fleischman and esteemed members of the Education Committee

Thank-you for the opportunity to provide testimony on behalf of the Connecticut Nurses' Association (CNA), the professional organization for registered nurses in Connecticut. I am Dr. Mary Jane Williams, past-president of the Connecticut Nurses' Association current chair of the Government Relations Committee and Professor Emeritus from Central Connecticut State University.

I speak in strong support of **RAISED BILL NO. 6975 AN ACT ESTABLISHING A TASK FORCE TO STUDY LIFE THREATENING ALLERGIES IN SCHOOLS.** The issue of life threatening allergies is a major issue in any setting but in a school system with a concentration of young children it is even more serious especially if the allergy is unknown and if the system does not have the proper safe guards in place. I am providing for your review a current review of the issues related to food allergies.

**Food allergy is a growing public health concern**, as many as 15 million people have food allergies. An estimated 9 million, or 4%, of adults have food allergies. Nearly 6 million or 8% of children have food allergies with young children

affected most. Boys appear to develop food allergies more than girls. Food allergies may be a trigger for or associated with other allergic conditions, such as atopic dermatitis and eosinophilic gastrointestinal diseases. Although childhood allergies to milk, egg, wheat and soy generally resolve in childhood, they appear to be resolving more slowly than in previous decades, with many children still allergic beyond age 5 years. Allergies to peanuts, tree nuts, fish, or shellfish are generally lifelong allergies. Food Allergies are on the Rise. The prevalence of food allergies and associated anaphylaxis appears to be on the rise. In 2008, the CDC reported an 18 percent increase in food allergy among children between 1997 and 2007. According to a study released in 2013 by the Centers for Disease Control and Prevention, food allergies among children increased approximately 50% between 1997 and 2011. The economic cost of children's food allergies is nearly \$25 billion per year. Top Food Allergens: Eight foods account for 90% of all food-allergic reactions: milk, eggs, peanuts, tree nuts (e.g., walnuts, almonds, cashews, pistachios, pecans), wheat, soy, fish, and shellfish. Estimated prevalence some based on self-report, among the U.S. population: Peanut: 1.3% Tree nuts: 0.4-0.6% Fish: 0.4% Crustacean shellfish (crab, crayfish, lobster, shrimp): 1.2% All seafood: 0.6% in children and 2.8% in adults. Milk and egg: based on data within and obtained outside the United States, this rate is likely to be 1-2% for young children and 0.2-0.4% in the general population.

Casual exposure presents a greater risk to young children who frequently put their hands in their mouths. Depending on the amount of contact and the location of the contact, these reactions are occasionally more serious. Food proteins released into the air from vapor or steam from foods being cooked (e.g., fish, milk) can potentially cause allergic reactions, but this is uncommon and has been noted mainly with fish. Reactions from vapor or steam are similar to what you would expect from pollen or animal dander exposures, for example hay fever or asthma symptoms.

**Food Allergy Reactions and Anaphylaxis** • The CDC reported that food allergies result in more than 300,000 ambulatory-care visits a year among children under the age of 18. From 2004 to 2006, there were approximately 9,500 hospital discharges per year with a diagnosis related to food allergy among children under age 18 years. Even small amounts of a food allergen can cause a reaction. Most allergic reactions to foods occurred to foods that were thought to be safe. Allergic reactions can be attributed to a form of mislabeling or cross contact during food preparation. Food allergy is the leading cause of anaphylaxis outside the hospital setting.

Every 3 minutes a food allergy reaction sends someone to the emergency department— that is about 200,000 emergency department visits per year, and every 6 minutes the reaction is one of anaphylaxis. Teenagers and young adults with food allergies are at the highest risk of fatal food-induced anaphylaxis.

Symptoms of anaphylaxis may recur after initially subsiding and experts recommend an observation period of about 4 hours to monitor that the reaction has been resolved. Individuals with food allergies who also have asthma may be at increased risk for severe/fatal food allergy reactions.

Children with food allergy are 2-4 times more likely to have other related conditions such as asthma and other allergies, compared with children without food allergies. Failure to promptly (i.e., within minutes) treat food anaphylaxis with epinephrine is a risk factor for fatalities.

**Food Allergy Treatment** There is no cure for food allergies. Strict avoidance of food allergens and early recognition and management of allergic reactions to food are important measures to prevent serious health consequences. Prompt administration (e.g., within minutes of symptoms of anaphylaxis) of epinephrine (adrenaline) is crucial to successfully treating anaphylactic reactions. Epinephrine is available by prescription in a self-injectable device (EpiPen Auvi-Q or Adrenaclick , depending on local availability).

**Food Allergies in School:** Approximately 20-25% of epinephrine administrations in schools involve individuals whose allergy was unknown at the time of the reaction. More than 15% of school-aged children with food allergies have had a reaction in school. Food allergy reactions happen in multiple locations throughout the school, and are not limited to the cafeteria.

Food allergy among U.S. children: Trends in prevalence and hospitalizations. National Center for Health Statistics Data Brief. 2008. Retrieved from <http://www.cdc.gov/nchs/data/databriefs/db10.htm>.

Food Allergy Research & Education [www.foodallergy.org](http://www.foodallergy.org) • (800) 929-4040

Based on the current review of the literature it is obvious that this issue needs to be addressed proactively. Therefore we ask the committee to support **RAISED BILL NO. 6975 AN ACT ESTABLISHING A TASK FORCE TO STUDY LIFE THREATENING ALLERGIES IN SCHOOLS and include appropriate Nursing Representation.**

Thank you  
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