

By Carolyn Lee

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Statistics are showing that food allergies are rising worldwide. According to the Centers for Disease Control and Prevention, a study in 2008 showed an 18 percent increase in the number of children in the U.S. with food allergies.

The current rise in food allergies has been particularly noticeable among young people age 18 and under.

The number of people who die from food allergies is low, but when a person with a severe food allergy consumes even a microscopic bit of that food, it can result in anaphylaxis, an allergic reaction that can in some cases lead to death.

In August a 13-year old California girl with an allergy to peanuts died in her father's arms after spitting out a bite of peanut butter, despite multiple injections to save her life.

Chase County Schools Nurse Angie Paisley said CCS and all schools in Nebraska are required to have an Asthma/Allergy Action Plan in effect. The protocol addresses life-threatening emergencies and is meant to prevent asthma or anaphylaxis deaths at school.

In addition, parents and doctors of children with asthma and food allergies create their own plan for an emergency, which is filed at the school.

Paisley said in case of an emergency, the school first follows the child's plan that is on record, followed by the school's asthma allergy plan.

The second plan is also used if a child has no known allergies or asthma but is in distress.

"There's a protocol we have to follow," Paisley said, which includes using an EpiPen autoinjector, followed by calling 911, and then starting a nebulizer treatment.

Attack On Asthma Nebraska said the school's EpiPen and Albuterol do not replace a child's own prescribed medications for asthma/allergy control and management. Parents are expected to ensure their children continue to have school-day access to treatment and to have an Asthma/Allergy Action Plan or emergency medical plan on file with the school.

What are food allergies?

A food allergy occurs when a person's immune system identifies proteins in a food as an allergen and begins to produce antibodies against that food, such as soybeans or eggs.

The antibodies attach themselves to mast cells, and when the person again eats the allergenic food, the proteins from it become attached to the antibodies.

This causes the mast cells to release histamine and other chemicals. These chemicals cause the symptoms of allergies.

Symptoms may include a tingling in the mouth, itchy skin, hives or skin redness, breathing difficulty or wheezing, abdominal cramps, vomiting, or swelling of the tongue and throat. In a severe allergy reaction, anaphylaxis, a person can lose consciousness and is rapidly at risk of death.

At CCS, Paisley said there are between 30 and 40 students with asthma.

There are four K-12 students with documented nut food allergies. There are several students with wheat intolerances and several with dairy intolerances.

Paisley said it is very important for parents to let teachers, the cafeteria dietician, Principal Susie Stewart and Paisley know about their children's food allergies.

"That way we can develop a plan so that everyone is aware" of possible problems, she stated.

Asked if children with allergies should provide their own lunches, Paisley said "That's totally a

parent-doctor thing.”

Although more children are showing food allergies, medical investigators don't have a clear explanation for the increase.

There is still no cure for food allergies, although the federal government's investment in food allergy research has risen from \$4 million in 2004 to \$31 million today.

But, food allergies are a serious problem, Paisley noted. “There's a lot of education involved there. People have no idea” what all is involved, she added.