

Pennsylvania Senate Majority Policy Committee Briefing

Childhood Allergy Prevention and Support

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The role as a Pediatrician is to provide **education** to parents and patients.

- Types of education include:
 - Education to empower parents/patients with knowledge related to health, safety and development.
 - Emphasize prevention.
 - Instruction on ways to maintain long-term healthy habits.
 - Guidance on growth milestones, exercise, nutrition, accident prevention, behavioral issues, allergies and immunizations.
- The difference between a normal reactions vs. a true allergy.
 - A normal reaction to food, medication, substances, etc. is often referred to as intolerance or sensitivity. It is a non-immune reaction and is often dose dependent.
 - A normal reaction may cause stomach pain, diarrhea, bloating, gas, nausea and headache.
 - A true allergy is an immune system response that causes rapid, consistent symptoms such as hives, tongue/throat swelling, breathing issues, dizziness and anaphylaxis.
 - With true allergies, the immune system releases antibodies and histamines.
 - Normal reactions develop over time while allergies are immediate and dangerous.

Case scenarios will be provided to discuss.

- The evolution of food allergies.

- In the early 1900s, anaphylaxis was first identified. There were long periods of misdiagnosis and denial before being classified as food hypersensitivity or an allergy.
- During the past 50 plus years, there has been an increasing prevalence partially due to increased food consumption and modern lifestyle.
- According to recent estimates, 520 million people worldwide are affected by food allergies – including 3 to 10% of children.
- Severe food allergy reactions are the single leading cause of anaphylaxis treated in the Emergency Department. Throughout the U.S. food allergies send a person to the Emergency Department every 3 minutes, with an increasing number requiring hospitalization particularly among children.
- Allergy testing includes skin and blood testing. Despite some limitations skin testing is one of the most popular screening tests for food allergies.
- There has been a call that food allergy diagnosis should not rely solely on skin or blood testing and that it should depend on reproducing the patient's symptoms with re-introduction of the suspected food in a safe and unbiased method.

Case examples of food challenges. Two separate ones were done with my grandson when he was ages 3 and 4. He was allergic to dairy products and eggs. His allergy was so severe we had to wipe down grocery carts for fear that a child in the cart before him had a slice of cheese from the deli and touched the handle. He had to be monitored on the playground for fear he would find a Pepperidge Farm goldfish cracker and consume it. At birthday parties, he couldn't eat cake and he would tell people, "I can't have it – I'm 'lergic." We went to UPMC Children's Hospital of Pittsburgh where we spent four hours and he consumed a muffin in little bites and was checked for reactions every 15 minutes for four hours – this was the egg challenge. We went back one year later for the dairy challenge where he was given a milk-based beverage and again checked every 15 minutes. He passed both challenges and is no longer allergic to eggs or dairy.

- When to refer to a specialist.
 - It is important to refer to a specialist when symptoms are persistent, severe, cause breathing difficulties, wheezing, chronic ear infections, recurring hives, vomiting or skin rashes.
 - If a child has trouble breathing, wheezing, tightness or swelling of the face, lips, tongue, immediate medical attention should be sought.
 - Pediatric allergists offer diagnostic testing in the form of skin pricks or blood tests and develop individualized treatment plans. They may also prescribe long-term solutions such as immunotherapy.

- Methods of Prevention.
 - One of the best ways to prevent food allergies in children is by introducing common allergens early and regularly. It is suggested to begin around 4 to 6 months of age.
 - Early consistent exposure is vital to helping the immune system tolerate foods. Examples include thinned-out peanut butter, eggs, dairy, and soy.
 - Parents can reduce the risk of peanut allergies by 80% if they introduce peanut-containing foods before the child's first birthday.
 - Delaying the introduction of common allergens such as eggs, dairy and peanuts can increase the risk of developing an allergy.
 - Feed the child the allergy-prone foods two to three times a week to maintain tolerance.
 - Start with a new top allergen food one at a time and monitor reactions.
 - Infants with eczema or a known family history of food allergies are at a higher risk for food allergies.

Another key role as a Pediatrician is to **monitor growth and nutrition** – especially those with food avoidance due to fear of allergies.

- There are multiple ways physicians and providers monitor growth and nutrition in children with food allergies. Most physicians will conduct frequent, in office assessments of height, weight and Body Mass Index.

- The growth will be charted at 1, 2, 4, 6, 9 and 12 month intervals the first year and every 6 to 12 months going forward.
- Since children with food allergies are on elimination diets, they are observed for potential nutritional deficiencies.
- When charting growth, a slowdown is an indicator of nutritional deficiency.
- Parents may be asked to keep food records so that the physician can be sure that they are not missing necessary nutrients.
- Physicians can recommend safe alternatives to prevent deficiencies.
- If growth remains stalled, the child may be referred to a pediatric nutritionist.

Issues and concerns.

- There is a lack of pediatric allergy specialists in rural Pennsylvania.
 - Across the U.S. and in Pennsylvania, there is a shortage of pediatric allergy specialists in rural areas. Specialists are disproportionately located in urban, academic areas.
 - Children and teens under age 18 account for 20.59% of Pennsylvania's total population.
 - There are approximately 64 pediatric allergy-immunologists in Pennsylvania and most of them are in urban areas.
 - Pediatric patients in rural areas often face long travel distances to receive specialist care and significantly long waiting times for an appointment. Rural families often face average driving times more than 70 minutes for pediatric allergists compared to under 20 minutes for urban families.
 - Telemedicine can bridge the gap, but it does not replace the need for in-person care.
- Insurance coverage concerns.
 - Most specialists require a referral from a primary care provider.
 - Many specialists do not accept Medicaid which is disproportionately used in rural populations.

- According to the Hospital and Healthsystem Association of Pennsylvania, the loss of enhanced premium tax credits led more than 80,000 Pennsylvanians to drop coverage on the Pennie health insurance exchange. Rural Pennsylvanians reported higher levels of terminations.
- Even patients with commercial health insurance face high deductibles that must be met before coverage begins for tests such as skin pricks, blood analysis and treatments.
- Medications that have moved to over-the-counter status, such as certain antihistamines, are generally not covered by insurance.
- Increasing premiums and decreasing federal funding (specifically Medicaid cuts) for rural PA hospitals are making it harder for patients to afford care.

Summary

In conclusion, parents and children in rural areas need access to specialized care for allergies. Access to care means more than just having physicians and providers in the region. Access to care also means how the care will be paid, and currently, there are challenges with Medicaid and health insurance deductibles.

On behalf of Penn Highlands Healthcare, we hope the information I provided to you today will prove useful as you consider policies and regulations that impact rural populations.

I want to thank you for reaching out to Penn Highlands Healthcare and physicians in medical specialties like you are doing today to learn about our areas of expertise and I encourage you to keep obtaining feedback about specialties that impact patients in rural Pennsylvania.