# Food Allergies- Topic of the Month

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This Topic of the Month was written with Boluwatife Lowen, MPH nutrition student and dietetic intern from the University of Minnesota School of Public Health.

Food allergies affect how families choose, prepare, and serve meals, especially for young children. This month's topic explores how to guide families on safely introducing common allergens early in life and support participants with diagnosed food allergies. WIC staff play an important role in helping families navigate food choices, avoid allergens, and meet nutritional needs in a safe, respectful, and supportive way.

## Understanding food allergies

A food allergy happens when the body's immune system overreacts to a protein in food that is normally harmless. This can lead to a range of symptoms like hives, swelling, stomach pain, vomiting, or difficulty breathing. In severe cases, it can cause anaphylaxis, a life-threatening reaction that requires immediate medical attention. People with a severe eczema or a diagnosed egg allergy or both may have an increased risk of developing food allergies.

**The nine most common food allergies include:**

- Milk (and foods made from milk)
- Eggs
- Peanuts
- Tree nuts (walnuts, almonds, cashews, hazelnuts, pecans)
- Fish
- Shellfish (e.g., shrimp, crayfish, lobster, and crab)
- Wheat
- Soybean
- Sesame

While there is no cure, food allergies can be managed with early diagnosis, avoiding the allergen, reading food labels, and having an emergency plan in place. Care must be taken to prevent malnutrition when avoiding food allergens, as removing certain foods can reduce intake of important nutrients like iodine, increase the risk of iron deficiency anemia, lower vitamin D levels, or decrease whole grain consumption. Working with a doctor or registered dietitian helps families to ensure proper diagnosis and a safe, nutritious eating plan.

Early introduction to allergen foods like peanut butter is found to be helpful in prevention of developing of a food allergy.

## Early introduction recommendations

The 2020–2025 Dietary Guidelines for Americans (DGA) offer guidance on supporting the healthy growth and development of infants and young children including strategies to reduce the risk of food allergies. Some of the important highlights are shared below.

- **Early Introduction of allergenic foods**: The guidelines recommend introducing foods like peanuts and eggs in an age-appropriate form starting around 6 months**,** and not before 4 months, of age. **This approach may help reduce the risk of developing food allergies**, especially in children with a higher risk (such as those with severe eczema or existing food allergies).
- **Complementary feeding guidance:**
  - Exclusive breastfeeding is recommended for about the first 6 months**.**
  - Begin introducing nutrient-dense complementary foods, including possible allergens, around 6 months of age when the infant shows signs of readiness.
  - Offer one new food at a time, and observe for any symptoms of intolerance or allergy.
- **Avoiding unnecessary restrictions**: There is no evidence that delaying the introduction of allergenic foods (such as peanut butter, egg, or yogurt) beyond 6 months prevents food allergies. Unless advised by a healthcare provider, families are encouraged to include a variety of foods to support dietary diversity and proper nutrition. If an infant has severe eczema, an egg allergy, or both, they should consult with their health care provider before introducing new foods.
- **Cultural and family food practices**: Encouraging a wide variety of culturally relevant, nutrient-rich foods including those rich in iron and zinc helps to build healthy eating habits and supports optimal growth.

## Prevention versus management

It is important to distinguish between preventing food allergies through early food introduction and supporting participants who already have a diagnosed food allergy. Current research and national guidelines support early introduction of common allergenic foods around 6 months of age to reduce the risk of developing food allergies.

For participants with a diagnosed food allergy, their healthcare provider may have provided guidance on allergen avoidance, nutritional adequacy, and individualized support. This includes

identifying the specific allergens, reading food labels carefully, preventing cross-contact during food preparation, and making appropriate food substitutions. They also may develop a care plan that involves reinforcing emergency readiness through action plans and referrals to healthcare providers when needed.

If someone is showing signs of a severe allergic reaction such as trouble breathing, swelling of the face or throat, or dizziness, call 911 immediately, and follow their emergency action plan if available.

## Food allergies versus food intolerances

Food allergies and food intolerances are often confused, but they are very different in how they affect the body. While both conditions can affect quality of life, food allergies carry a higher risk and require more immediate and strict management.

### Food allergy

A food allergy is an immune system reaction to a specific food protein. Reactions can be life-threatening and typically occur soon after eating the allergen, even in small amounts. Food allergy requires strict avoidance of the allergen, emergency preparedness, and often medical diagnosis through blood tests, skin testing, or food challenges.

### Food intolerance

A food intolerance does not involve the immune system and is generally less severe. An example is lactose intolerance, which often occurs when the body has difficulty digesting a certain component in food such as lactose, a natural sugar in milk resulting in symptoms like gas, bloating, diarrhea, or stomach discomfort without involving the skin or respiratory system. (See the Lactose Intolerance- Topic of the Month (PDF) to learn more.)

Food intolerances are dose-dependent, meaning small amounts may be tolerated without symptoms. Common triggers include lactose (due to lactase deficiency), Fermentable Oligosaccharides, Disaccharides, Monosaccharides, and Polyols (FODMAPs), and certain food additives like monosodium glutamate (MSG) and sulfites. Management involves reducing problem foods (not full elimination), using enzyme supplements, and working with a dietitian to monitor symptoms and reintroduce foods gradually. They are typically managed by limiting or modifying intake, such as choosing lactose-free dairy or using digestive enzymes.

## Challenges

It's important to recognize that families may face barriers to both starting new foods and managing the risks of exposure to foods within the family. For example, early introduction of allergenic foods may be challenging due to cost, limited access to safe forms of these foods, or fear of triggering a reaction, especially if an older sibling already has a diagnosed allergy. WIC can help with offering guidance and specific food choices for infants and young children.

In some households, both prevention and management strategies may need to happen at the same time, requiring thoughtful, individualized support. WIC staff can help families navigate these complex situations by asking questions about diagnosed allergies, distinguishing between a true food allergy (involving the immune system) and food intolerances, and encouraging communication with healthcare providers.

## WIC's role

WIC staff play an important role in supporting families with informed decision making. Following a complete nutrition assessment, tailored nutrition education and support should be provided based on each family's unique needs. Education can reinforce the recommendations of early introduction to food allergens and using the MN WIC shopping guides to meet their nutritional needs. Guidance around early introduction may include tips for offering allergen foods.

### Tips for offering allergen foods

- **Start around 6 months of age**, but not before 4 months.
- **Ensure infant has shown signs of readiness for solids** (head and neck control, sits with support, diminished tongue-thrust reflex).
- **Introduce one food at a time**. Start with small amounts of single-ingredient foods.
- **Use age-appropriate amounts and textures**. Offer thinned out peanut butter, scrambled eggs, and yogurt or shredded cheese. Peanut butter can be thinned by mixing 2 teaspoons with another food the infant has tolerated such as:
  - Mix with 2-3 teaspoons warm water, breastmilk, formula, or prepared infant cereal. Blend well. Add more liquid if needed.
  - Mix with 2-3 tablespoons fruit or vegetable purees or yogurt. Blend well.
- **Monitor for reactions**. If the infant has any signs of an allergic reaction, stop the food and consult with the health care provider.

Children should not be given whole peanuts or tree nuts until they are around 4-5 years old and can chew well. Nut butters offer a convenient and safer way to introduce those foods when thinned out or offered to older children on a firm surface such as a cracker or piece of toast.

### Tips for working with families managing food allergies

- **Assess dietary restrictions and preferences.** Ask families which foods have been diagnosed as allergens and which substitutions or alternatives have been successful. Refer as needed to the family's healthcare provider.

- **Provide safe food substitution ideas.** Share WIC-eligible options that can replace common allergens like cow's milk, eggs, wheat, or peanuts. Offer recipes and meal ideas that fit the participant's age, culture, and dietary needs.
- **Tailor the food package.** If a participant has a specific allergy to a certain food (such as eggs or peanut butter), remove this item from the food package.

Every food allergy case is unique, and it's important for WIC staff to take the time to understand each participant's individual situation. This means asking open, respectful questions about the family's food choices and recommendations from their healthcare provider. Counseling messages should be personalized, acknowledging the family's experiences and concerns while providing clear guidance on using the WIC food package to support their dietary needs. By building trust and tailoring education, staff can better support all WIC families.

**Assigning risk code 353:** When a medically-documented food allergy is present, assign WIC 353: Food Allergies. This risk code may apply to infants, children, or women who have been clinically diagnosed with an immune response to specific food proteins.

**Optional resource for parents**: Food Allergy Stages Handouts (American Allergy, Asthma, and Immunology. Aug. 2022)

## Key takeaways

- WIC's role is to support families in making informed food choices based on their individual needs determined after completing the nutrition assessment.
- Prevention of food allergies involves introducing common allergens like peanut butter, eggs, and milk-based products like yogurt around 6 months of age to lower risk. WIC staff can provide education supporting early introduction.
- Food allergies and food intolerances are different. If a family is unsure if the child has a food allergy, refer them to their health care provider.
- If an allergy has been diagnosed, the participant's food package can be tailored to fit their individual needs.

## Resources

WIC Risk Code 353: Food Allergies – Justifications and Implications for Nutrition Services. (MDH WIC. 2024)

Living with Food Allergies, Food Allergy 101- Multiple trainings available. (Food Allergy Research and Education (FARE) 2025)

Food Allergy Prevention in 2024: Best Practices, Tools, and Tips for Early Allergen Introduction Success (PDF) (FARE and The National Association of Nurse Practitioners. Jun. 2024)

Preventing Food Allergies in Infants: Putting the NIAID Guidelines Into Practice (PDF) (FARE, Aug. 2024)

Food Allergies. (WIC Works Resource System. USDA. 2024)

## References- complete listing of hyperlinks:

2020–2025 Dietary Guidelines for Americans (DGA) (https://www.dietaryguidelines.gov/sites/default/files/2020-12/Dietary_Guidelines_for_Americans_2020-2025.pdf)

Lactose Intolerance- Topic of the Month (PDF) (https://www.health.state.mn.us/docs/people/wic/localagency/topicmonth/lactose.pdf)

H.R.1202 - FASTER Act of 2021 (https://www.congress.gov/bill/117th-congress/house-bill/1202)

Food Allergen Labeling and Consumer Protection Act of 2004 (FALCPA) (https://www.fda.gov/food/food-allergensgluten-free-guidance-documents-regulatory-information/food-allergen-labeling-and-consumer-protection-act-2004-falcpa)

Food Labels: Read It Before You Eat It! (https://www.aaaai.org/tools-for-the-public/conditions-library/allergies/food-labels)

MN WIC shopping guides (https://www.health.state.mn.us/people/wic/foods/guides.html)

WIC 353: Food Allergies (https://www.health.state.mn.us/people/wic/localagency/riskcodes/353.html#references1)

Food Allergy 101 (https://www.foodallergy.org/living-food-allergy/food-allergy-essentials/food-allergy-101)

WIC Risk Code 353 (https://www.health.state.mn.us/people/wic/localagency/riskcodes/353.html#implications1)

Food Allergy Stages Handouts (https://www.aaaai.org/tools-for-the-public/conditions-library/allergies/food-allergy-stages-handouts)

Food Allergy Prevention in 2024: Best Practices, Tools, and Tips for Early Allergen Introduction Success (PDF) (https://ce.napnap.org/sites/default/files/course/2024-06/Handout_2024%20FARE%20Webinar%20on%20Food%20Allergy%20Prevention_V9.1_FINAL.pdf)

Preventing Food Allergies in Infants: Putting the NIAID Guidelines Into Practice (PDF) (https://foodallergyprevention.org/wp-content/uploads/2023/06/Clinician-Guide_FAPrev_2.24.pdf)

Food Allergies (https://wicworks.fns.usda.gov/resources/food-allergies)

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