
Questions

Q1 Peanut Allergy

The incidence of peanut allergy has declined following the publication of guidelines recommending early introduction in infants.

- ☐ True
- ☐ False

Educational Point: Immunoglobulin E-mediated food allergy (IgE-FA), the most common cause of anaphylaxis in children, is associated with impaired quality of life, increased risk of allergic comorbidities, malnutrition, and high economic costs. Peanut is one of the most common causes of IgE-FA, and most children with peanut IgE-FA remain allergic into adulthood. Recently, it has been postulated that IgE-FA can be prevented through early-life food antigen exposure in the gut, an immunologically tolerogenic environment. This paradigm is supported by the landmark Learning Early About Peanut Allergy (LEAP) trial, in which infants aged 4 to 11 months with severe atopic dermatitis (AD) and/or egg allergy who regularly ingested peanut experienced 81% reduction in peanut allergy risk by age 5 years, an effect sustained into adolescence. Following the LEAP trial, multiorganization consensus guidelines emerged starting with initial guidelines for high-risk (i.e., severe AD and/or egg allergy) infants and addendum guidelines for high-risk and moderate-risk infants, with stratification guided by preemptive food allergy testing. These were followed by more recent guidelines, which recommended the introduction of peanut, egg, and other major food allergens at age 4 to 6 months, regardless of atopic history or food allergy testing.

To date, it has been unclear whether rates of peanut, or any, IgE-FA have changed meaningfully after early food introduction guidelines were implemented in the United States. To address this knowledge gap, the authors compared the rates of clinician diagnosed IgE-FA during pre- and post guidelines periods using a multisite, electronic health record (EHR)-based pediatric cohort.

Comparison of the cumulative incidence of IgE-FA before and after the publication of early introduction guidelines revealed significant decreases in the rates of peanut and any IgE-FA. In the 2-year observation analyses of postinitial guidelines vs preguidelines cohorts, there were significant decreases in the cumulative incidences of peanut IgE-FA (0.67% vs 0.92%, 27.2% decrease; $P < .0001$), 1 or more IgE-FAs (1.23% vs 1.98%, 37.9% decrease; $P < .0001$), and 2 or more IgE-FAs (0.56% vs 0.79%, 29.1% decrease; $P < .0001$).

In summary, using multistate clinical and diagnostic EHR data, the authors observed significant declines in the cumulative incidence of peanut and any IgE-FA following the publication of early introduction guidelines in 2016, with further decline in these rates after the publication of addendum guidelines in 2017.

The correct answer is true.

Reference: Gabryszewski SJ, Dudley J, Faerber JA, Grundmeier RW, Fiks AG, Spergel JM, et al. Guidelines for Early Food Introduction and Patterns of Food Allergy. *Pediatrics*. 2025 Nov 1;156(5):e2024070516.

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