Children and Food Allergies
By Ashley A. Noble

Food allergies affect approximately 15 million people in the United States. About one in 13 children—an estimated 3 million—has food allergies, although some estimates place this number as high as 6 million. The number has steadily increased since 1997, and children from higher-income backgrounds are more likely to develop food allergies than children from low-income backgrounds. The most common foods to which children develop allergies are eggs, milk, peanuts, soy, tree nuts and wheat. Although many children outgrow food allergies, some—such as peanut allergy—tend to be life-long. Approximately 0.6 percent to 1.3 percent of all people in the United States have peanut allergy, while an estimated 0.4 percent to 0.6 percent of all people have tree nut allergies. In addition, about 5 percent of all Americans have allergies to insect stings.

Symptoms of an allergic reaction range in severity. The most serious, called anaphylactic reactions, develop rapidly and can result in death if the person does not receive prompt medical treatment.

Children with food allergies are particularly at risk of exposure to allergens and, by extension, are more likely to experience allergic reactions. Children may be unable to appreciate the risk associated with a certain food item their peers eat without incident; may not yet understand that some foods contain allergens they cannot see, smell or taste; or may be unable to read or understand food labels. Compounding the situation is the fact that schools may not be aware of student allergies. For example, the Massachusetts Department of Public Health estimated in 2010 that 25 percent of anaphylactic reactions in schools occurred in people who were not known to be at risk.

Auto-Injectable Epinephrine. Many people with severe allergies carry an epinephrine injector that can be used should an anaphylactic reaction occur. According to Medline Plus, a resource of the National Institutes of Health, epinephrine, or adrenaline, “works by relaxing the muscles in the airways and tightening blood vessels.” Once the injection is administered, the patient should be taken to an emergency room immediately for further treatment, since

---

**Children and Food Allergies**

Did You Know?

- The exact number of deaths attributable to food allergies is unknown; however, some estimates place this number at between 100 and 200 per year.
- Approximately 3 million children in the United States have food allergies.
- Allergies to eggs, milk, peanuts, soy, tree nuts and wheat are most common.

**Epinephrine in Schools**

Epinephrine helps only temporarily. Epinephrine also can be used to treat allergic reactions to latex, insect stings, medicines and other triggers. Available by prescription, injectors are marketed under several brand names.

**Federal Action**

Since 2006, the Food and Drug Administration (FDA) has required food ingredient labels to disclose the presence of some of the most common allergens. Congress also passed the Food Safety Modernization Act in 2011, which required the U.S. Department of Health and Human Services and the U.S. Department of Education to jointly develop a set of rules related to food allergies and epinephrine that could be voluntarily adopted by schools, early child education programs and other interested parties. The guidelines are available online.

**State Action**

Most states allow students to self-administer epinephrine. At least 40 states authorize schools of varying types to keep or administer epinephrine to students, although schools also may be required to take certain actions. For example, Nevada requires schools to have at least two epinephrine auto-injectors on site. Nurses and other designated people (who must receive training from the school nurse) are allowed, but not required, to administer injections to students. Charter schools must have at least one designated person on staff, however. Public schools may accept donations or gifts of epinephrine injectors from manufacturers and wholesalers. States often limit school personnel liability in the absence of willful or wanton misconduct should an adverse reaction occur that is associated with epinephrine use.

In addition to laws that address the use of epinephrine to treat anaphylactic reactions in schools, some states have laws designed to either prevent student exposure to food allergens or to train personnel to ensure efficient response to an allergic reaction. Rhode Island, for example, requires schools where there are students with known food allergies to post conspicuous signs that a student with food allergies attends the school. Schools in Rhode Island also are authorized to prevent food allergens from being sold in schools where a student with food allergies is in attendance, and may even ban certain foods on school grounds.

Children also may be vulnerable to allergic reactions away from school. Laws in Connecticut, Illinois, Maine, Michigan, New Hampshire, New York and Ohio address epinephrine in camp settings.

So far in 2014, 17 laws related to epinephrine have been enacted in 16 states. Of these, 13 authorize storage, administration or self-administration of epinephrine to students and children in schools of varying levels and other settings. California adopted a law designating September as Food Allergy Awareness Month.

**NCSL Contacts and Resources**

Ashley A. Noble  
NCSL—Denver  
(303) 856-1393

Amy Winterfeld  
NCSL—Denver  
(303) 856-1544

Agriculture and Rural Development Database

Food Safety Modernization Act

**Additional Resources**

Centers for Disease Control and Prevention (CDC)

The Mayo Clinic

Medline Plus—Anaphylaxis

Mylan

University of Nebraska—Lincoln

U.S. Food and Drug Administration

*This LegisBrief updates previous material written by Micah Jones.*

The information contained in this LegisBrief does not necessarily reflect NCSL policy.