



Style all issues

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Department: Our Kids

Head: When foods are the enemy

Deck: Food allergies affect 8 million kids; families and schools try to cope

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The death this summer of 13-year-old Natalie Giorgi from peanut allergy stunned the Sacramento area and made headlines nationwide. The Carmichael teen succumbed after biting into and spitting out a treat that contained peanut butter. Her death spotlighted a medical issue that doesn't generate a lot of attention but which families, schools, doctors and restaurants continually wrestle with: How to protect children with food allergies.

It's not a small problem. Food allergies affect 8 percent of U.S. children – 6 million kids – according to a 2011 Northwestern University study. And the number is rising: In 1997, the incidence was 3.4 percent.

Research hasn't pinpointed causes for the allergies or the upswing. "There are unknowns," said allergist Dr. Kam Rau of Placerville, but modern food processing, genetics and the environment may be factors. As for the increase, it may be due to delayed introduction of allergenic foods, additives or more accurate diagnoses. Though potential therapies are being tested, nothing is available now except avoiding the offending food.

Eight foods cause 90 percent of food allergies: cow's milk, eggs, wheat, peanuts, tree nuts, fish, shellfish and soybeans. Of these, milk allergy is the most common. Peanut allergy can be the most severe, though fatalities are rare.

When a child reacts to a food, only a blood test can determine whether it's an intolerance, such as lactose, or a true allergy, Rau said. Only allergies show positive for immunoglobulin E. Symptoms also differ. Food intolerances generally cause stomach upset or headaches, but an allergy is identified by hives, mouth tingling, swollen tongue or throat, difficulty breathing, abdominal cramps, vomiting or diarrhea, rash, cough, dizziness or unconsciousness. Anaphylaxis, the sometimes-fatal response that affected Natalie, is a sudden severe swelling of the tongue and throat.

The antidote for anaphylaxis is epinephrine, which is administered using a tool like EpiPen or Auvi-Q. Though the medication didn't help in Natalie's case, "that's the basic treatment," said Rau. "Everybody with peanut allergy must carry an EpiPen with them at all times. Children should keep one in school. Anybody can administer it."

For the families of children with food allergies, reading labels, monitoring ingredients and toting medication is their way of life. Linden Tarr, 9, of Sacramento, was just a year old when she reacted to a small taste of peanut butter. Never knowing a time when she could eat anything she wanted, Linden takes her allergy in stride. "If I see something I like that I can't have because it might have peanuts, my mom will usually make it for me at home," she said.

Mom Carrie Sessarego has become a master at knowing what and where her daughter can eat. She reads every food label every time she shops – "because ingredients change" – and she scopes out every restaurant to make sure there are peanut-free menu choices. Not only must Linden's food not contain peanuts but it cannot be made on equipment that processes peanut products. Even residue from a machine that's been washed – cross contamination – could trigger the allergy. Federal law requires manufacturers to list any of the eight allergens in their foods, but it does not require they reveal when foods are made in plants that process peanuts.

Linden carries two Auvi-Qs to school every day and the family has distributed several others in the principal's office, at home and at her grandmother's house. When school started this year, Linden demonstrated her Auvi-Q to her classmates. In contrast to reports that some allergic kids may be bullied, Linden's friends are vigilant about helping protect her, watching out for peanut products at her lunch table, for instance.

Linden brings lunch from home, but she could buy a school lunch. By law, California schools must provide safe meals to allergic children with a doctor's note, says Suzanna Nye, a registered dietitian with the state Department of Education. Some local districts have gone further. Elk Grove recently converted its kitchens to peanut free, and San Juan's kitchens have been peanut free for years. Folsom Cordova has eliminated PB&J and most districts designate allergy-free tables.

Karen Harvey's 12-year-old daughter, Emma, of Folsom, isn't allergic to peanuts but she is allergic to a long list of foods that include wheat, dairy, egg whites and citrus.

Harvey, too, has become an expert label reader. "At first, I was so overwhelmed," she said. "But now it's just our way of life." She has found tasty substitutes for nearly everything – including a dairy-and-wheat-free pizza – and buys more fresh foods for the family. Like Sessarego, she packs her daughter's treats for parties and sleepovers.

For Harvey, one important ingredient in managing her daughter's diet is support from other moms with allergic kids. She offers her own encouragement in turn: "At the beginning, it seems so hard to deal with," she says, "but moms just need to know that it will get a lot better."