

Allergic Diseases SIG

INSIDE THIS ISSUE:

Message from Co-Chairs	1
Member Spotlight	2
Student Rep Article	3
COVID-19 Resources	3
Ask the Expert	4
Research Review	5

Leadership Committee

Nancy Rotter, PhD
Co-Chair
NRotter@mgh.harvard.edu

Jennifer LeBovidge, PhD
Co-Chair
Jennifer.LeBovidge@childrens.harvard.edu

Amy Hahn, PhD
Clinical Chair
Amy.Hahn@nationwidechildrens.org

Catherine Peterson, PhD
Research Chair
Cpeter39@emich.edu

Ashley Ramos, PhD
Communications Chair
Aramos2@childrensnational.org

Melissa Engel, MA
Student Representative
mlengel@emory.edu

Alix McLaughlin
Student Representative
amclaug7@emich.edu

A Message From Our Co-Chairs:

Thank you all for your interest in and dedication to improving clinical care and research in the field of allergic diseases! This year, it feels more important than ever to find ways to stay connected with one another. SIG goals for this year include publishing a database of psychosocial measures relevant to allergic disease populations on our website, updating our membership directory, developing a bank of shared clinical resources, hosting our first Allergic Diseases SIG webinar, and identifying opportunities to understand and address health disparities for children with allergic diseases and their families.

In this newsletter you will find ways in which our community is working to make sure children with allergic conditions feel connected to their peers, through a paired buddies program, facilitated zoom groups, and at school.

We would also like to use our newsletters to highlight the important work of all of our SIG members. Please reach out to us with publications, upcoming conference presentations, clinical innovations and resources, or anything you would like to share with the membership! We would love to hear from you with ideas for our SIG or to learn more about ongoing projects.

We look forward to the year ahead!

Nancy Rotter and Jenny LeBovidge

FEATURED PRESENTATIONS FROM SIG MEMBERS:

American College of Allergy, Asthma and Immunology

Speaker: Linda Herbert

Presentation: Let's work together: Collaboration between allergy practices and Mental Health Professionals

Date and Time: 11/15, 10:00-11:30AM CST

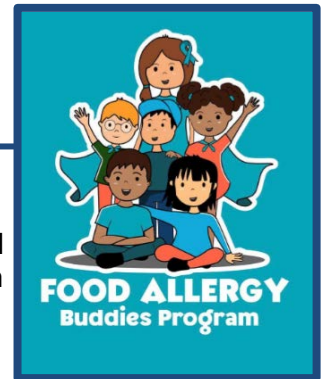
Speakers: Ashley Ramos, Ashley KroonVanDiest, Jennifer Darr

Presentation: Psychosocial Management of Food Allergy and Atopic Dermatitis

Date and Time: 11/14, 3:00-4:30PM CST

Member Spotlight: Maria Theodorakakis, PhD

The Massachusetts General Hospital for Children (MGHfC) Food Allergy Buddies Program



The Massachusetts General Hospital for Children (MGHfC) Food Allergy Buddies Program is a new community mentorship initiative for youth managing food allergies. The initiative is housed within the Food Allergy Advocacy, Education, and Prevention Program at MGHfC. It was launched in January 2020. The current team is made up of a multidisciplinary group of MGHfC staff (pediatric allergist, pediatric psychologist, pediatric nurse, clinical research assistants, and clinical trainees) as well as parent volunteers from the Boston area.

The program's mission is to build a positive and supportive community for children, adolescents, and their families while promoting self-efficacy, supporting quality of life, and reinforcing self-advocacy and safety. The program groups elementary school aged children ("Littles") and middle school aged children ("Middles") with high school aged teenagers ("Bigs") who serve as mentors. Opportunities for parents/caregivers to meaningfully socialize with one another are also offered via concurrent programming.

Participants for the inaugural year included approximately 100 local families – 30 Bigs and 70 Middles/Littles. Participants were matched up in groups of 8-10 (3 Bigs and 5-7 Littles/Middles per group). Bigs were required to attend a half-day training in preparation for taking on this mentorship role, which included basic information about food allergy management and child development, as well as role play activities to practice interacting with children, answering questions, and modeling positive behaviors.

Following an in-person orientation in January, several virtual events have been offered throughout 2020, including a cooking class with a local chef, scavenger hunt, and Halloween party. Events have included a combination of fun, community-building activities and age-appropriate education on safe food allergy management. Participants utilize a closed social media group to remain connected between events.

While food allergies are acknowledged as a commonality among participants, the program emphasizes participants' individual interests and celebrates their strengths. In addition to the mentor-mentee relationships, participants are developing bonds with same-age peers. By providing a community for youth managing food allergies, we aim to assure participants that they are not facing this experience alone. We hope that participation in the program will positively impact quality of life, increase empowerment and confidence, and decrease feelings of stress and social isolation for participants and their families.

For more information, please visit: <https://www.massgeneral.org/children/food-allergies/food-allergy-community>

What happens when you get 40+ teens with food allergies together on Zoom?

Melissa Engel, MA
SIG Student Representative

At the beginning of October, I had the pleasure of leading virtual teen sessions at the 2020 Food Allergy Research and Education (FARE) Living Teal Global Summit! Sessions on Thursday and Friday evening were simply “Teen Hangouts,” in which middle schoolers, high schoolers, and college-age students from across the country got to meet other young people with food allergies. To encourage active participation in this large group setting, I relied on several features of Zoom, including breakout rooms, polls, and the chat function. We split into random breakout rooms several times each night, discussing both general teen topics and issues specific to food allergies. For instance, teens discussed the best and worst parts of living with food allergies in groups of five-to-six and then came back and shared with the larger group. Although many teens remained on mute in the large group, I could see them smiling and laughing while reading the chat! Some of the most hilarious moments were typing in the chat the most annoying comments that people make about food allergies. Being introduced as “the girl who is allergic to everything,” being handed the gluten-free menu after saying you have a peanut allergy, being told “I would die if I couldn’t eat cheese,” or being asked, “are you allergic to water?” can be quite irritating to many teens. However, so many of these comments were followed with “YESSSS” or “OMG SAME,” and we discussed how empowering it is to realize that they are not alone.

On Saturday night, I led a session called “Awkward! Navigating Social Situations Smoothly and Safely.” At the 2019 FARE Summit, this was an in-person improv event in which audience volunteers acted out different ways to handle various awkward situations commonly faced by teens with food allergies. Due to this year’s virtual format, I instead split teens into breakout rooms to discuss how they might handle such situations, before coming back to share general ideas and personal anecdotes with the larger group. Nearly every teen could relate to these situations, which ranged from holiday difficulties with family members who “don’t get it” to inconsiderate teachers and friends who complain about always having to make special accommodations. Such discussions cascaded into conversations about anxiety, bullying, the hidden benefits of food allergies, and everything in between.

The most difficult part of facilitating these events was getting teens to leave! Each session ran very late; after concluding remarks, they just stayed on! It is clear that teens with food allergies are in need of social and emotional support. The daily challenges of living with food allergies are under-recognized and undertreated, and many of these teens do not have friends with food allergies. In light of this, I am working with FARE and plan to continue holding regular “Teen Talks” via Zoom. If you have patients with food allergies who may enjoy this, please reach out to me at mlengel@emory.edu for more information!

Updated resources for Managing Allergic Conditions During COVID-19:

Ask the Ecz-perts: the latest about COVID-19 and eczema

<https://nationaleczema.org/ask-ecz-perts-covid-update/>

Advice on coronavirus (COVID-19) for people with eczema

<https://eczema.org/blog/advice-on-coronavirus-covid-19-for-people-with-eczem>

Coronavirus, Food Allergies and Mental Health: A Q&A with Dr. Gia Rosenblum

<https://www.foodallergy.org/fare-blog/coronavirus-food-allergies-and-mental-health-qa-dr-gia-rosenblum>

How COVID-19 Could Affect School Health Care Plans for Asthma and Allergies

<https://community.aafa.org/blog/how-covid-19-could-affect-school-health-care-plans-for-asthma-and-allergies>

Life in COVID-10: Managing Asthma

<https://www.aarc.org/life-in-covid-19-managing-asthma/>

Ask the Expert: Irene Mikhail, MD

Dr. Amy Hahn, SIG Clinical Chair sat down with Dr. Mikhail, allergist at Nationwide Children's Hospital, to ask her perspective on common questions patients in the allergic diseases community are asking as the school year continues.



Dr. Hahn: What advice would you give parents who are concerned about their young child experiencing symptoms of an allergic reaction that aren't visible due to their mask?

Dr. Mikhail: I would encourage all parents to talk to their children about seeking help if they feel uncomfortable or are experiencing any new symptoms. Allergic reactions that require intervention usually have at least 2 symptoms or a worsening symptom. If a child has an isolated rash around their mouth and no other symptoms, this is likely not a reaction that would require treatment or pose risk to the child.

Dr. Hahn: Do you have recommendations for families of children with asthma who are concerned about their children re-entering in-person classes?

Dr. Mikhail: Since relatively little is known about COVID, compared to other viruses, it is understandable that families are nervous. However, the data regarding COVID is reassuring that asthma does not seem to lead to worse outcomes in children infected with coronavirus. Fortunately, children seem to do better with COVID than adults. The rare complications from COVID in children do not seem to be respiratory. Additionally, asthma does not make children more susceptible to getting infected with coronavirus. I always encourage families to be diligent administering their child's asthma medication. However, this year, ensuring asthma is well controlled is extremely important.

Parents may also be concerned about the use of masks interfering with breathing. There is no evidence that children with asthma have a hard time breathing with their masks, or that the use of masks precipitates asthma exacerbations.

Dr. Hahn: As children return to school, many students are eating lunch in their classroom to prevent COVID exposure- what are your recommendations for managing food allergy in this context?

Dr. Mikhail: The transition to in-class eating may be difficult for some food allergic children, who are used to eating in a cafeteria and even at an allergen free table. These changes may at first be disconcerting to your child, but it is important to work through these feelings with your child so he feels safe at school. It is important to remember that there is no evidence that food bans have been helpful in protecting children with food allergies or that accidental reactions at school occur from allergen transfer from another child eating the allergenic food. On the contrary, the interventions that have been shown to be most helpful, including strict hand washing, surface cleaning and restricting food sharing, are more likely to occur with greater frequency this year.

As in other years, it is important to remind your child not to share foods. I would also discuss hand washing with soap and water with your child before and after eating. It is likely, there will already be a hand washing policy in your child's class. Please note that hand sanitizers do not have the protective effect of soap and water on removing allergens. I would also recommend surface cleaning, especially after kids eat. This should be discussed with your child's teacher. These safety measures – restricting shared food, hand washing and surface cleaning – are the most valuable tools to keep your child safe. In addition, the face masks your child is wearing will naturally decrease the risk of hand to mouth transfer of allergens, as an extra layer of protection. It is important to remember that a child needs to ingest an allergen in order to have a reaction that can proceed to anaphylaxis, so please encourage your child it is OK if they see someone in their class eating an unsafe food.

For more information on managing allergic diseases at school during COVID-19, check out the following resources:

Asthma and Allergy Foundation of America COVID-19 and Asthma Toolkit for Schools:
<https://www.aafa.org/managing-asthma-and-covid19-in-school>

Greenhawt, et. al (2020). Managing Food Allergy in Schools During the COVID-19 Pandemic
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7375974/pdf/main.pdf>

Research Review

Article: Fierstein, J. L., Chadha, A. S., Valaika, S. S., & Gupta, R. S. (2020). Understanding food allergy education needs in early childhood schools. *Annals of Allergy, Asthma & Immunology*, 124(1), 91-93.

Review written by Tori Humiston, MS, University of Vermont

In a letter published in the *Annals of Allergy, Asthma, and Immunology*, Fierstein and colleagues (2020) described the need for education professionals to understand the complexities of pediatric food allergy (FA) as well as appreciate that management for pre-kindergarten age may be different than for school-aged children. Given that dietary diversity increases when young children enter early education systems, the need for early childhood (EC) professionals to be comfortable with food allergy information and treatment is vital.

The authors describe their study of 479 EC staff (e.g., teachers, administrators, and other staff) working with children under 6 years old. The online study examined staff experiences in witnessing or receiving training in FA, frequency of FA training, FA knowledge, food label awareness, and areas of need for more FA training. Results indicated that 75% of respondents reported working with a child with FA, 24% reported witnessing a young child's reaction at the educational facility, and 37% indicated that they felt unprepared to administer epinephrine regardless of receiving training to do so. Additionally, less than 49% felt comfortable identifying allergy-friendly food labelling. Finally, the authors found that 62% of respondents did not understand terms related to anaphylaxis, which may lead to early education staff being unable to identify early signs of an FA reaction.

Fierstein and colleagues also indicated that over half of the respondents reported that their information about FA came from the parents of the children in their classroom. Future directions for behavioral medicine specialists include the need to examine how to better implement FA training to EC staff working in an already burdened educational system. Additionally, the impact on the parents' quality of life should be more thoroughly assessed given that they are often the sole trainers for educational staff. These statistics indicate gaps in multidisciplinary care, as parents' knowledge of FA is not examined prior to training of their child's educational staff, which may be part of the reason that staff do not feel comfortable with a broad range of topics and plans regarding FA.