



**Texas Children's  
Hospital®**

Welcome to  
the inaugural  
newsletter!



## News Alert

### Auvi-Q Recall Statement

On October 28, 2015, Sanofi announced a recall of all Auvi-Q because the products have been found to potentially have inaccurate dosage delivery. If you have Auvi-Q, please see your health care provider to obtain an alternate brand of injectable epinephrine.

**1-4** Report on the 2<sup>nd</sup> Annual Texas Children's Hospital's Food Allergy Program Symposium

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Ongoing food allergy clinical studies held Texas Children's Hospital

# Food Allergy Program Newsletter



## Texas Children's Hospital's 2015 Food Allergy Program Symposium

Carla M. Davis, MD, Texas Children's Hospital's Food Allergy Program Director, hosted the **2nd Annual Food Allergy Symposium** on September 26 from 9:00am to noon. The Symposium's purpose was for outreach, education, sharing advice, strategies and sharing current research to the families of food allergic children. More than 100 people attended this year's Symposium to ask specific questions from the experts. Expert speakers included Sara Anvari, MD, Assistant Professor of Pediatrics, who led the **Research Update Session**, April Clark, RD, CSP, LD, Food Allergy Center, Children's Medical Center, Dallas, TX who led the **Dietary Practical Tips Session**, and Gwendolyn A. Johnson, RN, BSN, MEd, Health and Medical Services Manager, Houston Independent School District who led the **School Management Session**. Adriana Kelly, a TCH patient held a peer special **Children's Breakout Session** with Katie Schommer, TCH Child Life Special and Theresa Aldape, LMSW. The Symposium provided a forum to food allergic families to connect to **the Food Allergy Family Network (FAFN)**, spearheaded by the TCH Food Allergy Program.

# Standout Q/A's from Allergy Symposium: Dietary Break-Out Session

Contributed by  
April Clark RD, CSP,  
LD, and Lin Lin Shao  
RD, LD).



Ms. April Clark explains dietary tips for families.

**“Early introduction of peanuts into a child’s diet as well as consistent intake of peanuts in the diet may help prevent the development of peanut allergies.”**



Free samples of allergen free products were available to participants.

overseas) can greatly help read ingredients labels while on the go.

Families can contact the “International Network for Diet & Nutrition in Allergy” to inquire with nutrition professionals from the visiting country for more information such as typical local fare and their ingredients, food labeling laws, certain restaurant chains, etc. (<http://www.indiana-allergynetwork.org/>)

**My child tried peanut butter at 6 months of age and did not experience any allergic reaction. However, he ate it again at 11 months of age and suffered a severe allergic reaction. Could an early exposure to peanuts have triggered the onset of allergies?**

Based on the LEAP Study (Learning Early about Peanuts), early introduction of peanuts into a child’s diet around 4-6 months of age as well as consistent intake of peanuts in the diet may help prevent the development of peanut allergies. It is unlikely early exposure to peanut was harmful to your child. Talk to your allergist about these types of “high risk” foods to determine the method of introducing these foods: at what age, what type of consistency, how much to consume and how often.

**An older sibling has a peanut allergy, however the younger sibling has not been tested yet. What is the likelihood that the younger sibling will have a peanut allergy as well?**

As for peanut allergies, current data shows that there is a 7% risk of a sibling acquiring a peanut allergy. Parents/caregivers should visit their pediatric allergist with both children to review older sibling’s history of food allergy and to discuss if introduction of peanuts is an approved approach for the younger sibling.

**When traveling abroad, how can families stay safe with multiple food allergies?**

Check out the travel tips provided by the “Food Allergy Research and Education” website ([www.foodallergy.org/managing-food-allergies/traveling](http://www.foodallergy.org/managing-food-allergies/traveling)) which can also provide tips on preparing for your flight.

Carrying chef cards in English and in the language of the countries you are visiting can quickly notify restaurants if an allergen contamination is present. Bring non-perishable food that is safe for your child to eat (don’t assume that the same products manufactured in other countries will contain the same ingredients). Having access to a translation service on hand (i.g. Google translate - Talk to your cell phone provider about granting access to the internet while traveling



**Dr. Sara Anvari and Ms. Daisy Tran answer participant research questions.**

**Contributed by  
Sara Anvari, MD,  
& Daisy Tran, RN**

**When will Texas Children's Hospital include asthmatic children in the Peanut Desensitization Program?**

We are excited to announce that the Food Allergy Program is expanding rapidly! In 2016, we will be participating in a phase 3 oral immunotherapy trial for peanut allergic children who are between the ages of 4 through 21. This study will also include asthmatic children.

**What is the correlation between Eosinophilic Esophagitis (EoE) and oral Immunotherapy (OIT)?**

Eosinophilic Esophagitis has been reported in up to 1 in 1250 people. However, most children that have undergone OIT have not been reported to develop EoE. Recent reports show that 2-3% of patients may develop EoE after OIT.

**Who can enroll in the study programs and what is the cost?**

Please refer to the research study page to learn more about trials that are currently being offered at Texas Children's Hospital. If you have additional questions, you may contact our Food Allergy Program research coordinators either by email ([FoodAllergyNurse@texaschildrens.org](mailto:FoodAllergyNurse@texaschildrens.org)) or by phone (832-824-3398). The cost involved may vary depending on the trial. However, most trials have been funded through generous donations made by members of the community. If you would like to donate, please contact the Office of Development at 832-824-2107.

**Standout Q/A's from Allergy Symposium: Research Break-Out Session**



**Dr. Carla M. Davis explains TCH educational research to Ms. April Clark.**



**A mother and daughter enjoying the Symposium.**

# Standout Q/A's from Allergy Symposium: School Issues Break-Out Session



**Adriana Kelly, a TCH teen patient, held a peer special children's breakout session**



**Gwen Johnson, RN, BSN, Med talks about schools and food allergy.**

Contributed by  
Gwen Johnson, RN,  
BSN, MEd and  
Atoosa Kourosh, MD

## **What is the procedure for having over the counter medications made available for administration at school?**

All medications including over-the-counter medications must have a prescription label before they can be administered by school nursing staff. Parents can buy over-the-counter medications, such as antihistamines, and take them to the pharmacy counter. With a copy of the medication request that the physician completed for the school that lists the over-the-counter medication and dosage. The pharmacist can generate a label based on age and weight appropriate dosing and affix the label on the medication package. The parent can provide the school nurse with the labeled medication and a Food Allergy Action plan detailing how and when to administer the medication based on symptoms, to the school nurse. If the patient should need the medication, the nurse then has the directive to administer it appropriately.

## **At what age can a student self-carry epinephrine? Can a separate injector be kept in the classroom, as well as one in the nurse's office? What about field trips?**

Student as young as 5 years old can self-carry anywhere in the school, on a field trip or on the bus. The physician should fill out a medication form for the school. While not responsible for teaching the student to self-administer, the school nurse may ask the child to demonstrate self-administration and will document that the child has demonstrated appropriately.

A child can have 3 different epinephrine injector sets at school: Nurse Office, Classroom, and 1 on the student at all times.

## **How can I make sure the school environment is safe for my food allergic child? Do I have to include Food Allergy Management in a 504 Plan?**

Taking a cooperative approach with the teacher and nurse is always best – reach out ahead of the school year, get your medications and action plans to the school and keep communication open between parents, school staff and the child's medical provider

If you want to include a Food Allergies 504 plan, you should work collaboratively with teacher, nurse and school counselor to incorporate this into the plan and then obtain a letter from child's physician designating their food allergy as "life-threatening" and requiring accommodations. The school will do their best to make the child's environment safe to promote comfort and learning

Keep in mind that you cannot limit the ability of other parents to send the foods they deem appropriate to school with other students. Therefore, while allergen free tables may become available in the cafeteria, having a peanut-free classroom without the expressed agreement of all parents is difficult. Parents can send letters for student to pass on to other students' parents as they would party invitations, but participation in any allergy avoidance plan by other families is voluntary.

# FOOD ALLERGY FAMILY NETWORK (FAFN)



## Report by Theresa Aldape, LMSW

The **Food Allergy Family Network at Texas Children's Hospital (TCH)** began this year. The FAFN members are the participants from the 2015 and 2016 Food Symposium at TCH. From this group of families, 9 were interested in becoming leaders for this family network. They attended meetings and training at TCH. They represent the various areas of Houston (**North, South, East, West and Central**). To date, several of the leaders have received phone calls and emails from parents reaching out for support and opportunities to network in the community where they live.

Our vision is to have a city, state, and national widely recognized Food Allergy Family Network (FAFN) at TCH. The network is an important component of the Food Allergy Program at TCH/Baylor College of Medicine. The **mission of the FAFN at TCH is to provide education, treatment, research opportunities and to provide networking opportunities for families in order to support and enhance the quality of** children, adolescents and young adults with food allergies. Our primary goal is to build a supportive network for families living with food allergies in Houston and surrounding areas by meeting on a regular basis to share information about treatment and research and to provide food allergy updates.



**Teresa Aldape says, "If you would like to join FAFN, contact a leader in your area!"**

## Food Allergy Family Network Leaders

Name	E-mail	Houston Area	Phone Number
Adrienne Henriksen	<a href="mailto:aidychis@hotmail.com">aidychis@hotmail.com</a>	South	(501) 504-5855
Tammy Luster	<a href="mailto:Tammy_prukop@yahoo.com">Tammy_prukop@yahoo.com</a>	South	(713) 254-7040
Jennifer Mijangos	<a href="mailto:jenmijangos@att.net">jenmijangos@att.net</a>	East	(281) 793-8637
Mike Oldham	<a href="mailto:Olham@reynoldsfrizzell.com">Olham@reynoldsfrizzell.com</a>	Central	(713) 485-7207
Melanie Ringold	<a href="mailto:Melanie.Ringold@invesco.com">Melanie.Ringold@invesco.com</a>	Central	(832) 715-2110
Rahma Sarwar	<a href="mailto:rahma.sarwar@gmail.com">rahma.sarwar@gmail.com</a>	South Central	(832) 570-1035
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<b>FAFN Support Staff at TCH</b>			
Theresa Aldape, LMSW	<a href="mailto:tmaldape@texaschildrens.org">tmaldape@texaschildrens.org</a>	FAFN Liaison	(832) 824-1385
Daisy Tran, RN	<a href="mailto:dxtran1@texaschildrens.org">dxtran1@texaschildrens.org</a>	Lead Research Coordinator	(832) 824-3398



# FOOD ALLERGY CLINICAL STUDIES

## Ongoing Clinical Studies

The Texas Children's Hospital Food Allergy Program offers multiple research studies for children with food allergies and Eosinophilic Esophagitis (EoE).

### **Peanut Oral Immunotherapy Trial:**

This 3 year study is designed for peanut allergic, non-asthmatic children between the ages of 5-16 who would like to undergo peanut desensitization.

### **Shrimp Allergy:**

The goal of this study is to further understand the relationship between oral food challenges, skin prick testing and components of blood testing in patients with a shrimp allergy, as well as crab, lobster, house dust mite and cockroach allergies. If you want to know if you or your child has a true shrimp allergy, you may be eligible.

### **Cow's Milk Allergy PRESTO Study**

If you have a child that is less than 13 months of age with a cow's milk allergy, he/she may be able to participate in a comparison study between special cow's milk-free baby formula with and without probiotics to see if the immune system can be modulated and prevent development of other food allergies.

### **Eosinophilic Esophagitis (EoE) Study**

There are two studies available for children with EoE. The first study is aimed at eliminating the four most common food triggers then reintroducing the foods one at a time slowly. The second study is to compare swallowed steroids to test based elimination diets in the management of EoE.

### **Cell Regulation of Food Allergy Study**

This study aims to understand how the immune system functions to protect its host and to develop better methods to identify and treat food allergies with a one-time blood draw. If you are food allergic and are having blood drawn at TCH, you may be eligible to participate.

### **Microbiome Influences on the Development of Food Allergic Diseases in Children**

This is to study how microorganisms (good bacteria and fungus) may play a part in food allergies. We are currently accepting infants to children up to 18 years of age with food allergies who have a sibling without a food allergy. Participation will consist of a single stool sample and a skin and mouth swab for the child and sibling.

### **Comparison of Food Preparation for Skin testing**

This study evaluates and compares the different forms of food allergens (i.e. commercial extract, powder, fresh food) for the top 4 EoE foods (milk, egg, soy, wheat) in order to identify the best form of food to use when patch testing of skin prick testing.

For more information, or to volunteer for a study, please feel free to contact the Food Allergy Clinical Research Team at 832-824-3398 or email us at [FoodAllergyNurse@texaschildrens.org](mailto:FoodAllergyNurse@texaschildrens.org)