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Manufacturing and labeling issues for commercial products: Relevance to food allergy

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To the Editor:

Food allergy affects more than 6 million Americans¹ who must avoid potentially life-threatening allergens that appear in commercial food products. For these individuals, successful avoidance requires clear and accurate food processing and labeling practices. In January 2001, the US Food and Drug Administration reported an investigation of food companies in which it was found that 25% of products contained undeclared allergenic ingredients, often from cross-contamination.² Ingredient statements such as “May contain peanut” are presumably helpful, but they are in fact poorly correlated with actual risks for contamination³ and are therefore frustrating to consumers. There have been no reports to determine the impact of food labeling procedures (undeclared allergens, label terminology, etc) on food-allergic individuals and their families.

We analyzed unsolicited calls from consumers to the Food Allergy and Anaphylaxis Network (FAAN) alerting FAAN of allergic reactions from incorrectly labeled commercial products or providing “Good Samaritan” notification of labeling issues. Over a period of 24 months, 319 calls were logged. Ninety-eight calls were eliminated from analysis for the following reasons:

repeat calls for the same issue (32), no clear follow-up or investigation of the concern (48), lack of details (4), concern shown to be incorrect (14). This left 221 calls for further analysis.

Seventy (32%) of the calls were associated with reactions due to ingestion of a product; the remainder were to pose questions or provide information concerning labeling changes/errors. The implicated food proteins included milk (84), peanut (60), nuts (31), egg (14), seeds (5), wheat (2), and mixed or other allergens (25).

Eleven complaints pertained to products that are not ingested, such as cosmetics. Four products were from in-store supermarket bakeries.

A variety of issues were reported in connection with the 206 remaining commercial food products, as delineated in Table I.

Table I. Types of problems/label issues reported

	Percent (n = 206)
Cross-contaminated by unlabeled allergen	28
Visible ingredient, not disclosed on label	26
Allergen newly disclosed on label	22
Completely wrong contents in package	7
Outer package label different from individual package label inside	6
Ambiguous terminology (“spices,” “natural flavors”)	5
Reaction from milk in product labeled “Pareve”	3
Label in English placed over a foreign-language label	1.5
Different package sizes of same product have different ingredients	1.5

Among episodes of cross-contamination, 65% were called to FAAN’s attention because of otherwise unexplained reactions to the product and 35% were based on consumer-initiated calls to the manufacturer. The potential for error was confirmed by the company in 88% of these incidents (eg, shared processing equipment). A large number of calls (22%) were made to alert FAAN that a new allergen had been added to a commercial product; this underscores the need for reading the label on every item purchased, even when the product is familiar. Because members of FAAN are provided with lists of words that signify common allergens (eg, *casein* and *whey* indicate cow’s milk protein, and *natural flavors* might indicate a food allergen), we suspect that problems caused by these ambiguous terms were underreported.

In conclusion, current labeling and manufacturing procedures present an enormous variety of challenges for food-allergic individuals and their families. We suggest that simple language be used (eg, the term *milk* should be used in place of the term *casein*), that

allergens be declared when they are present in spices or natural flavors, and that precautionary statements such as “May contain . . .” not be used unless it is clear that there are no viable methods of preventing contamination despite good manufacturing practices. Implementation of allergen prevention plans is needed for industry to reduce the introduction of unintended allergens and to ensure accurate labeling. Finally, continued patient education regarding careful label-reading is paramount.

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Preeti Joshi, MD, FRACP, PhD, Shideh Mofidi, MS, RD, CSP, Scott H. Sicherer, MD

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