

GUEST EDITORIAL

FOOD THAT HEALS AND FOOD THAT HARMS – A DIETARY DICHOTOMY OF OUR TIME

The public are becoming increasingly aware of what they eat and of the effect various foods have on their health. Changing dietary trends have also become pertinent to food-allergy practice, where processed foods may contain hidden allergens, food substitutions may lead to severe reactions and precautionary allergen labelling may not be an accurate indicator of true risk. At the one extreme, misinformation may lead to unnecessary food avoidance; at the other to severe or fatal reactions to food.



This edition of the *Current Allergy and Clinical Immunology* is devoted mainly to an update on food allergy. In it, Dr Gavin Spickett, a certified Physician, Immunologist and Allergist at the Royal Victoria Infirmary, Newcastle-upon-Tyne in the United Kingdom, and author of the *Oxford Handbook of Clinical Immunology and Allergy*, shares his wealth of knowledge of the practical management of food allergy. He highlights topical problems in food-allergy practice, including cross-reactivity, the food–pollen syndrome, hidden allergens and substitutions; he also writes about the importance of food labelling.

Dr Spickett's article is complemented perfectly by Dr Claudia Gray's, which features a day in the practice of a food allergist where she describes interesting and informative cases from the local South African environment. In a separate case report, Dr Gray also describes a novel cross-reactivity to ingested Quorn in a mould-allergic patient. Allergists should be vigilant of the emergence of novel allergens associated with the variety of new plant-based, alternative food sources, which are becoming increasingly available in restaurants and supermarkets. Vigilance is required because some of these allergens may indeed cause novel sensitisation whereas others may cross-react with pre-existing allergies.

Drs Tharien de Kock, Harris Steinmann and Evette van Niekerk raise an interesting argument regarding precautionary allergen labelling and its relationship to the actual risk of food allergy. Advocacy of food-allergen labelling has celebrated many successes in South Africa. However, owing to a lack of standardisation and to risk stratification based on allergen concentration, the public is confronted with an overwhelming array of food products that may (or may not) contain traces of an allergen, or be produced in a factory where the allergen mentioned may occur. There is a widespread public perception that food labelling is used as a general disclaimer by the food industry, resulting in allergic patients taking unnecessary risks. Research is needed on how precautionary food labelling in South Africa could be improved by taking into account true allergen concentrations and thresholds and showing consideration for both patient factors and the impact on the food industry.

Dr Celeste Kock, a Paediatric Gastroenterologist in private practice, raises our awareness of eosinophilic oesophagitis (EOE) in her contribution to this issue. EOE is the second most common disease of the oesophagus and is by no means a rare disorder. Early recognition and intervention are essential to prevent future complications such as dysphagia and oesophageal strictures.

Then there is inhaled food-allergen exposure, which may elicit symptoms in sensitised individuals. In this regard, occupational respiratory disease among workers exposed to baking flour is described by Drs Munyadziwa Muvhali and Tanusha Singh from the National Institute of Occupational Health (NIOH) and their team at the University of the Witwatersrand. This article, which reports sensitisation to baking flour in symptomatic patients only, highlights the need for better surveillance, prevention and control of occupational baking-flour sensitisation in South Africa.

Broadening our horizons, interesting research on allergic comorbidities in asthmatic children is shared by Dr Olatunde Adegboyega Odusote and his fellow-researchers from the Department of Paediatrics at the Lagos State University Hospital in Nigeria.

Dr Janet van der Walt and Prof Jonny Peter from the Groote Schuur Hospital's Allergy Unit, in collaboration with the Cardiology service at the University of Cape Town, share an interesting and practical approach to rapid aspirin desensitisation in aspirin-allergic patients requiring aspirin therapy for the management of coronary artery disease.

Prof Sharon Kling has, as always, published a provocative article on the ethical considerations surrounding vaccine hesitancy and vaccine refusal. Vaccination is one of the most effective public-health interventions in the world; it protects both individuals and communities from vaccine-preventable infectious disease. She maintains that the doctor is the best person to try to persuade vaccine-hesitant families that vaccination is important and generally safe – which emphasises the importance of clinician engagement with these families.

The main concern among parents usually revolves around the safety of vaccines and the potential risks to their child. However, perceived risk cannot be equated to true risk. For example, more patients have died from the influenza virus in the past year than from novel human coronavirus (COVID-19) – current at the time of writing this editorial. I am convinced that should a vaccine for COVID-19 become available, patients will be queuing to get vaccinated because of the perceived risk of not doing so. The question, though, is this: How many of these same patients will be queuing to receive the influenza virus vaccine this year?

I hope that the wide-ranging issues raised in this issue will serve to bring practitioners up to date regarding food allergy – a dietary dichotomy that nowadays presents in multifaceted forms.

Cathrine van Rooyen

AMPATH National Reference Laboratory, Centurion,
South Africa