

Making the Case for Sesame: A Major U.S. Food Allergen

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SESAME IS AN UNDERAPPRECIATED FOOD ALLERGEN, as it affects 0.1%–0.2% of the population in the United States, representing >300,000 people.¹ Sesame allergy has been reported more frequently for the past five decades.² The rise of sesame allergy mirrors that of food allergy in general, which impacts an estimated 15 million Americans, including 6 million children.³ Food allergy causes >200,000 emergency room (ER) visits per year due to allergic reactions and life-threatening anaphylaxis,⁴ and sesame allergy is an allergen that causes these ER visits. A recent study by Motosue et al.⁵ demonstrated an increase in ER visits for food-induced anaphylaxis of 214% between 2005 and 2014. They found that the greatest increase (373%) occurred with tree nuts/seeds.⁵ Currently, there is no cure for food allergy and strict avoidance is the only mechanism to avoid accidental exposures causing allergic reactions.

Sesame is the most common seed to cause allergic reactions worldwide and is an up and coming allergen in the United States as its use is becoming more widespread.² Of significance is that sesame allergy is infrequently outgrown and has a high risk of causing inadvertent reactions relative to the other allergens. In Canada, a survey of the parents of 115 children with a sesame allergy demonstrated that the annual rate of accidental exposure was close to 16%.⁶ A recently published U.S. survey by Gupta et al.⁷ found that sesame was the ninth most common allergen reported by patients and families, with a prevalence of 0.2%. Of these, 27.2% reported a severe food allergy. One in every three children with sesame allergy reported an emergency department visit within the prior year due to at least one severe allergic reaction, and more than half reported an ER visit at some point in their lifetime. This further highlights the severity of the allergy and need for proper labeling of products containing sesame.

This recent survey makes the fact that sesame is not an allergen labeled on packaged foods particularly problematic. The mainstay of allergen avoidance is label reading and having clear and transparent labeling. The current labeling Food Allergen Labeling and Consumer Protection Act (FALCPA) law applies to the eight most common allergens that comprise >90% of allergens in the United States, and this law has been important in providing clear and understandable labeling, allowing for informed decision-making

when serving and preparing food for those with food allergy. Sesame-allergic patients currently cannot make informed decisions due to the lack of inclusion of sesame on packaged food labels.

Sesame is considered a common allergen and is labeled on packages in several other countries, including Canada, Australia, New Zealand, and the European Union. A recent review summarized common foods that may contain sesame, including various baked goods such as breads, cakes, cookies, muffins, and pastries; breakfast cereal; breakfast, power, and granola bars; candy; confection bars; crackers; marinades and sauces; snack food (chips, pretzels, protein bars, and trail mix), salad dressings, soups, oils, and vegetarian burgers.⁸ Patel and Bahna⁸ described increasing numbers of foods with sesame as a primary ingredient, including “Baba ghanoush, bánh rán, dim sum, gevrek (also known as koulouri or simit), giuggiuleni, goma-dofu, gomashio, halvah, hummus, khao phan, milagai podi, til pitha, tilor laru, and wangila.”⁸

Currently, sesame is not included as a common allergen in the United States and is, therefore, exempt from the current FALCPA labeling law, which requires the disclosure of allergens present in food, including components of flavorings, spices, colorings, and additives. The presence of sesame is not consistently disclosed, creating challenges in label reading and consuming food prepared out of the home. At best, these challenges limit food choices and opportunities to consume food in eating establishments and stores. Many families with sesame allergy report avoiding purchasing foods from certain manufacturers, eating certain kinds of high-risk foods and in specific eating establishments due to the challenges faced from the potential for accidental consumption of sesame.

At worst, since many consumers are unaware of the current limits of sesame labeling, the chance for an accidental allergic reaction is real. In July of 2018, a 15-year-old girl died of anaphylaxis to sesame after eating an item that did not accurately disclose that sesame was an ingredient in the prepackaged sandwich purchased in a London airport.

Sesame is a major allergen that should be considered under FALCPA labeling regulations. Physicians and other health care professionals should support this effort to improve the health and safety for all with sesame allergy. Currently, Food

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and Drug Administration has issued a request for information regarding prevalence and severity of sesame allergy, in addition to information pertaining to the prevalence of sesame products in the United States (www.federalregister.gov/documents/2018/10/30/2018-23635/sesame-as-an-allergen-in-foods).

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