

Correspondence

Reply

To the Editor:

I would like to thank Hoyt and Goertze¹ for their thoughtful comments on our recent article “Prevention and management of allergic reactions to food in child care centers and schools: Practice guidelines,” which appeared in the *Journal of Allergy and Clinical Immunology* earlier this year.² We wholeheartedly agree that allergists have important roles to play in supporting the management of food allergy in child care centers and schools. Allergists and other health care professionals who support community members affected by allergy are among the intended audience of these guidelines, and it was an oversight on our part not to include them in the list of target users.

As specialists, allergists are well situated to help children with food allergies and their families understand and manage the risk of allergic reactions in diverse settings. As at-risk children mature, it is critically important for them to develop the allergy management skills and confidence needed to communicate with others about their food allergy, check food ingredients, carry epinephrine autoinjectors, seek help when they think they might be having an allergic reaction, and practice other risk mitigation strategies. This will help children and caregivers manage the risk of allergic reactions, not only in child care centers and schools but also in their own homes and other settings in which reactions might occur. Allergists can help caregivers learn how to support their children in gradually developing these skills over time.

Drawing on the information reported in these guidelines and the accompanying appendixes, allergists can also help at-risk

children and their families understand the potential benefits, downsides, and limitations of different approaches to managing food allergy in child care centers and schools. They can support families in advocating for reasonable accommodations and/or evidence-informed policy changes when necessary, including in cases in which the “special circumstances” or “conditional recommendations” in these guidelines may apply. They can also help prepare at-risk children by prescribing epinephrine for them to carry at school, filling out allergy action plans, and providing other medical documentation when required.

Public health professionals, policymakers, administrators, and others should also work with allergists when they are developing, reviewing, or updating their child care or school allergy management policies, allergy training programs, and/or allergy action plan forms. Allergists can help ensure that such policies, programs, and tools reflect the best available evidence and current best practices.

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REFERENCE

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