

Addendum Guidelines for the Prevention of Peanut Allergy in the United States

Summary for Clinicians

In 2015, findings from the landmark Learning Early About Peanut Allergy (LEAP) study—the first randomized trial to study early allergen introduction as a preventive strategy—showed that early introduction of peanut-containing foods to infants at high risk of developing peanut allergy was safe and led to an 81 percent relative reduction in the subsequent development of peanut allergy.

Based on the size of the observed effect and the statistical significance of this result, the National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health (NIH), established a coordinating committee and convened an expert panel to develop clinical guidelines to address the prevention of peanut allergy. These guidelines are an Addendum to the 2010 Guidelines for the Diagnosis and Management of Food Allergy in the United States.

Three separate guidelines for infants at various risk levels for development of peanut allergy are included in the Addendum and are intended for use by a wide variety of healthcare providers.

Summary of Addendum Guidelines

Addendum Guideline	Infant Criteria	Recommendations	Earliest Age of Peanut Introduction
1	Severe eczema, egg allergy, or both	Strongly consider evaluation with peanut-specific IgE and/or skin prick test and, if necessary, an oral food challenge. Based on test results, introduce peanut-containing foods.	4 to 6 months
2	Mild to moderate eczema	Introduce peanut-containing foods.	Around 6 months
3	No eczema or any food allergy	Introduce peanut-containing foods.	Age-appropriate and in accordance with family preferences and cultural practices

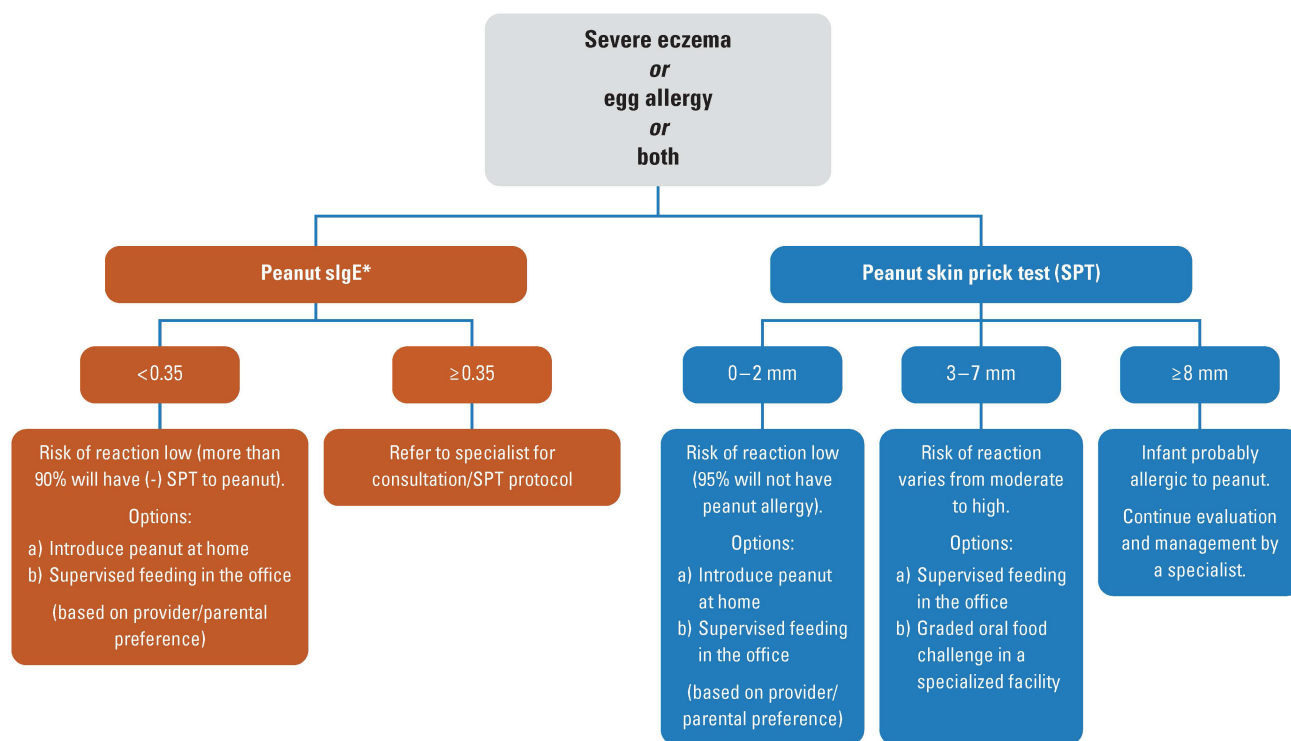
Guideline 1

The expert panel recommends that infants with severe eczema, egg allergy, or both have introduction of age-appropriate peanut-containing food as early as 4 to 6 months of age to reduce the risk of peanut allergy. Other solid foods should be introduced before peanut-containing foods to show that the infant is developmentally ready. The expert panel recommends that evaluation with peanut-specific immunoglobulin E (peanut sIgE), skin prick testing (SPT), or both be strongly considered before introduction of peanut to determine if peanut should be introduced, and if so, the preferred method of introduction. To minimize a delay in peanut introduction for children who may test negative, testing for peanut sIgE may be the preferred initial approach in certain healthcare settings,



such as family medicine, pediatrics, or dermatology practices, in which skin prick testing is not routine. Alternatively, referral for assessment by a specialist may be an option if desired by the healthcare provider and when available in a timely manner.

Recommended Approaches for Evaluation of Children With Severe Eczema and/or Egg Allergy Before Peanut Introduction



*To minimize a delay in peanut introduction for children who may test negative, testing for peanut sIgE may be the preferred initial approach in certain healthcare settings. Food allergen panel testing or the addition of sIgE testing for foods other than peanut is not recommended due to poor positive predictive value.

Guideline 2

The expert panel suggests that infants with mild to moderate eczema should have introduction of age-appropriate peanut-containing food around 6 months of age, in accordance with family preferences and cultural practices, to reduce the risk of peanut allergy. Other solid foods should be introduced before peanut-containing foods to show that the infant is developmentally ready. The expert panel recommends that infants in this category may have dietary peanut introduced at home without an in-office evaluation. However, the expert panel recognizes that some caregivers and healthcare providers may desire an in-office supervised feeding, evaluation, or both.

Guideline 3

The expert panel suggests that infants without eczema or any food allergy have age-appropriate peanut-containing foods freely introduced in the diet, together with other solid foods, and in accordance with family preferences and cultural practices.



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