



7/18/08

Ok, so my first newsletter isn't the prettiest one you have ever seen. Due to some technical glitches and a busy travel schedule this is the best I can do. Thanks for everyone's patience. I promise the newsletter will return to its grand and glorious format next quarter. In the meantime, I hope you enjoy a recap of our last meeting. We had a wonderful guest speaker who taught us a lot about Allergens. If you weren't able to attend – we missed you and hope to see you in August!

Debbie Harrison

Message from the outgoing President:

It was a great pleasure to serve as President of SCAFT this past year. It was rewarding to see such a high level of member participation at our meetings, especially at the See's Candy meeting in February. Special thanks to Marty Gushwa for allowing us to tour his facility and then volunteering to be Treasurer. Thanks to Margaret Burton, Kerry Bridges, Turonda Crumpler and Debbie Harrison for volunteering their valuable time to serving SCAFP in 2008. Most of all thanks to you our members for an outstanding year.

Rebecca Bednar
Past President, SCAFP

Save this Date for the next SCAFP Meeting!!

When: August 13: 10 am – 12:30 pm

Location: **Fresh Start Bakery**
1220 South Baker Ave.
Ontario, CA 91761

Speakers: Margaret Burton and Thilde A. Peterson
Topic: ***Review Presentations from IAFP***

Cost: \$20.00 (Tax Deductible)
Please RSVP no later than 12:00 noon on 8/8/08
crumtx@bp.com

SCAFP June 2008

**Thank you Suzanne S. Teuber, M.D., Professor of Medicine, Training Program Director,
Allergy and Immunology, UC Davis Medical Center**

Suzanne Teuber, M.D. presented the SCAFP with a very interesting talk on Allergens during our June meeting. It gave all of us a new perspective on the complexities of allergen reactions and the need for our society to reveal potential allergens to all who consume our product and meals. Here are a few excerpts from her presentation:

Adverse food reactions can be classified as "Toxic" (Pharmacologic) or "Non-Toxic" (Intolerance). Toxic reactions can be from Bacterial food poisoning, Heavy Metal, Scombroid Fish Poisoning, Caffeine, Alcohol or Histamine. Non-toxic reactions can occur because of Lactose Deficiency, Galactosemia, Pancreatic Insufficiency, Gallbladder/Liver disease, Hiatal Hernia, Anorexia Nervosa or Gustatory rhinitis.

In children the most common food allergies include Milk, egg, soy, peanuts and tree nuts. In adults the most common allergies are to peanuts, tree nuts, shellfish, fish, fruits and vegetables. The statement that "90% of the food allergies are caused by the "Big 8" is true only in children with atopic dermatitis, not the general population with anaphylaxis. Emergency room studies show that fruits and vegetable allergies are equal to peanuts. Crustaceans cause the highest percentage of allergy related visits to the ER. A common misunderstanding is that seafood allergies are caused by the Iodine rather than protein. One man was diagnosed with an allergen to the iodine in seafood at age 25. He avoided foods with iodized salt and seafood until the age of 79 when he had another reaction. He then learned that his allergy was not to iodine and all seafood, it was to the protein in shrimp. Misdiagnosis and poor information caused him to avoid many foods throughout the years.

Pan Allergens are proteins in food, pollen or plants that possess homologous IgE binding epitopes across species. Examples include Tropomyosins, found in dust mites, crustacea, cockroaches and mollusks; Parvalbumins, found in fish; Bovine IgG, found in beef, lamb, venison and cow's milk; Lipid Transfer Protein, found in fruits, vegetables, peanuts and tree nuts; Profilin, found in fruits and vegetables; and Class I Chitinases, found in fruit, wheat and latex. Suzanne led us through a chart describing how the immune mechanisms work in our bodies.

She then described the risk factors for developing food allergies and went on to describe food allergy disorders. Food allergies are the number one cause of anaphylaxis. A food-induced allergy usually has a rapid onset, can be a general reaction or localized to one organ in the body, is potentially fatal and could be caused by any food. The highest risk foods include Peanut, Tree Nut and Seafood. Food related allergies can also be triggered by exercise. Specific foods, especially wheat and celery can trigger a reaction during periods of exercise.

Food allergies are responsible for approximately 150 deaths per year. 90% of the fatalities are due to Peanuts and Tree Nuts. Most food allergy "events" occur away from home at a restaurant, friends house, etc. Risk factors that could result in a higher likelihood of death include underlying Asthma, Symptom denial, delayed Epinephrine treatment and previous severe reactions.

Food allergy disorders include cutaneous, respiratory, pollen-food syndrome and GI reactions. Cutaneous responses on the skin are common in children and food handlers. 1/3 of kids with moderate to severe atopic dermatitis may have food allergies, especially to cows milk, soy, egg and wheat. Respiratory responses can involve the upper and lower respiratory tract and usually

accompany skin and GI symptoms. Respiratory symptoms can be severe. Pollen-food allergens have a rapid onset and include mouth itching, burning and swelling. They are rarely progressive. A pollen/food allergen is one where there is a cross reaction between food and pollen. Examples include: An allergen to Birch can also mean an allergen to Apple, Carrot, Celery, Cherry, Pear and Hazelnut. An allergen to Grass can translate into an allergen to Melon, Tomato and/or Orange.

Disorders not associated with food allergies include migraine headaches, Arthritis, Seizures, Inflammatory Bowel disease and Behavioral/Developmental Disorders.

Food allergies are more prevalent in those individuals with Atopic Dermatitis, certain pollen allergies and latex allergies. The prevalence of food allergies appears to be increasing. Approximately 85% of allergies to cows milk, soy, egg and wheat are resolved by age 3. Allergies to peanuts, tree nuts, seafood and seeds typically persist. Approximately 20% of peanut allergies resolve by age 5.

Diagnosis and management of food allergens is based upon history, diet details and a physical exam. Examinations can include skin tests, biopsy, endoscopy, breath hydrogen or sweat tests. Skin "prick" tests are false + approximately 50% of the time.

The treatment of food allergies includes complete avoidance of foods containing the specific allergen, education and having an emergency anaphylaxis emergency action plan in place. Most food allergies occur away from home.

As far as peanut allergy reaction following exposure to saliva, a study at UC Davis revealed that 5.3% of participants reported reactions following kissing someone who had consumed peanuts. Sometimes the reaction occurred several hours following exposure. The study also reported that brushing teeth following consumption of peanuts did not help prevent the allergic reaction in the person with peanut sensitivity. Waiting several hours and ingesting non-peanut containing food appeared to prevent allergic reaction more than brushing teeth.

Secret ingredients used by chefs have proven to be a major problem for people with food allergens. Suzanne described several instances where consumers had an allergic reaction following consumption of an allergen in a prepared meal. They were assured by wait staff that the recipe did not contain any allergens. According to Suzanne, the majority of restaurant servers thought it was acceptable to pick allergens off of the plate prior to serving it to a customer.

The top allergens vary from country to country. In the US, the top eight allergens include Soy, Milk, Peanuts, Tree Nuts, Fish, Hens Eggs, Wheat and Crustaceans. In Japan the top allergens are Cows milk, Hens eggs, wheat, peanuts and buckwheat. Current laws don't help people with allergies to less common food allergens (i.e. spices).

Suzanne completed her presentation by discussing future food allergen therapies. Some of the most unique therapies include heat killed E. coli encoding mutated allergens, Chinese herbal remedies and oral tolerance induction.

Tour of Frito Lay Facility

Following the very informative presentation on Food Allergens a wonderful tour of the Frito Lay distribution center was provided by Chico Manning, Zone Operations Manager. The Southern California facility is one of 170 centers in the United States and is 76,000 sq ft in size (with an additional 25,000 sq ft of offices). Approximately 330 Frito Lay and Oberto items are distributed from the center to areas extending from the Mexican border to Bakersfield. Some of the most popular items distributed by facility include "Flamin Hot Funyuns" and "Hot Cheeto Puffs". The

centers inventory is held in 2800 pallet slots and turns around every 6.5 days. The center is a 24/7 operation and does approximately \$100 Million in annual sales.

Thank you Chico for a very interesting tour! We all enjoyed the Cracker Jack and Funyun samples!

Remember to check out the new SCAFP website! The address is <http://www.scafp.info>. You will find lots of great information regarding the association and upcoming meetings. Hope to see you on August 13th!