



**All Children  
Deserve to Live  
Without the  
Burdens of a  
Peanut Allergy**

The Food and Nutrition Service, USDA, has [proposed updates](#) to food packages for families at nutritional risk served through the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). The changes, according to USDA, will provide participants with “a wider variety of foods that align with the latest nutritional science.”

**As proposed, the updated WIC food packages fail to encourage or support the early introduction of peanut-containing foods to prevent peanut allergies** — a practice solidly supported by science and recommended in the current Dietary Guidelines for Americans (and by the National Institute of Allergy and Infectious Diseases and the American Academy of Pediatrics).

## **Why WIC Should Align With Science- Based Early Introduction Guidance**

Feeding infants peanut-containing foods, beginning as early as 4-6 months, **reduces the risk of peanut allergy by up to 86 percent** — making it one of few conditions with a clear dietary intervention that prevents the disease.

In addition to aligning with the Dietary Guidelines for Americans, **early introduction advances the WIC mission** and objectives identified for revising food packages.

This simple intervention will **encourage consumption** of affordable and accessible nutrient dense foods and **reduce overall healthcare costs** for individuals and federal programs.

Early introduction has the potential to **prevent an estimated 34,000 peanut allergies annually among WIC recipients alone** — helping them enjoy the same protections as other children and live free from the emotional, psychosocial and financial burdens food allergies bring. Without it, food allergies will **disproportionately affect under-resourced families and health inequity will increase**.

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**\$4.88 per child one time**

(Cost of peanut butter for an infant from 6 months through 11 months)

Vs.

**\$4,184-\$7,261 per child annually**

(Estimated cost of managing food/peanut allergy)

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### **What WIC Can Consider**

#### **Add peanut butter to Food**

**Package II** (for infants ages 6 months through 11 months) and ensure peanut butter is available to older children and all caregivers.

#### **Provide education and training**

for staff and parents on current early introduction guidelines and best practices.

#### **Address misconceptions and other**

barriers — including concerns about choking, allergic reactions and the impact of introducing complementary foods on breastfeeding — to make adoption of feeding infants peanut-containing foods easy and safe.

More @ [EarlyIntroductionForAll.org](https://EarlyIntroductionForAll.org). [Submit Comments here](#). **Deadline is 2/21/23.**



## BACKGROUND AND CITATIONS

**Early peanut introduction among infants is an evidence-based intervention**, rooted in findings from the groundbreaking 2015 [LEAP](#) (Learning Early About Peanut) Study in which the practice reduced development of a peanut allergy by up to 86 percent.<sup>1</sup>

Today, the [Dietary Guidelines for Americans](#),<sup>2</sup> [Addendum Guidelines from the National Institute of Allergy and Infectious Diseases](#)<sup>3</sup> and the [American Academy of Pediatrics](#)<sup>4</sup> encourage feeding infant-safe peanut foods beginning around 4-6 months of age.

**Food packages “provide supplemental foods designed to meet the special nutritional needs of low-income pregnant, breastfeeding, non-breastfeeding postpartum women, infants and children up to five years of age who are at nutritional risk.”** USDA says they “are the chief means by which WIC affects the dietary quality and habits of participants.” By law, food packages must be reviewed at least every 10 years.<sup>5</sup>

**Food allergies disproportionately burden those who can least afford additional costs**, and further narrow options parents have for providing nutrient dense foods into a child’s diet.

Estimates of the economic cost of managing a food allergy is \$4,184 per child annually [2013].<sup>6</sup>

Peanut allergy is often a lifetime allergy, with an estimated total annual all-cause costs (inpatient, outpatient, and pharmacy) of \$7,261 (SD \$26,938) per individual aged 1-18 years [2022].<sup>7</sup>

Food allergies place an additional strain on food insecure families, as the need for allergen-free foods further limits their access to nutritious food options.<sup>8</sup> They also have a significant psychosocial impact, resulting in a lower quality of life and disproportionately affecting mothers.<sup>9</sup>

According to USDA, WIC is “uniquely positioned to reduce racial disparities in maternal and child health

outcomes.”

Food allergy rates are higher for Black, Hispanic- and Asian-Americans compared to White Americans, ultimately making the absence of early introduction methods and guidance a significant risk to long-term health in these populations.<sup>10</sup>

On the other hand, early introduction fosters nutrition security and aligns with WIC’s mission to “safeguard the health of low-income women, infants, and children who are at nutrition risk by providing nutritious foods to supplement diets, information on healthy eating, and referrals to health care.”<sup>11</sup>

**The costs to embrace early introduction are small. The benefits are enormous, enduring and transformative.**

### Cost to Include Peanut Butter in Food Package II

<b>\$2.58</b>	Average price for peanut butter in the United States for Q3 of 2022, per IRI retail scan data.
<b>6 g [2 T]</b>	Guidelines encourage 6 g of peanut protein per week (given as 2 g three times weekly) which equates to 2 T/week.
<b>\$0.1876</b>	Calculated cost of a 2 T serving (33 g) of peanut butter.
<b>\$4.88</b>	Calculated total cost per infant for an early introduction regimen, beginning at six months for twenty-six weeks

### Number of Preventable Peanut Allergies among WIC Families

<b>4 million</b>	Live births in the United States each year <sup>12</sup>
<b>80,000</b>	Infants will develop a peanut allergy (with no intervention at current prevalence rates).
<b>68,000</b>	Of those are preventable (assuming intervention and future prevention rates approximate LEAP results).
<b>34,000</b>	Are preventable among infants served by WIC (assuming intervention and future prevention rates approximate LEAP results).

<sup>1</sup> Du Toit, G. R. (2015). Randomized Trial of Peanut Consumption in Infants at Risk for Peanut Allergy. *New Eng J Medicine*, 803-813.

<sup>2</sup> Retrieved from Dietary Guidelines for Americans: [https://www.dietaryguidelines.gov/sites/default/files/2021-03/Dietary\\_Guidelines\\_for\\_Americans-2020-2025.pdf](https://www.dietaryguidelines.gov/sites/default/files/2021-03/Dietary_Guidelines_for_Americans-2020-2025.pdf)

<sup>3</sup> Retrieved from National Institute of Allergy and Infectious Diseases: <https://www.niaid.nih.gov/sites/default/files/addendum-peanut-allergy-prevention-guidelines.pdf>

<sup>4</sup> Retrieved from <https://publications.aap.org/pediatrics/article/143/4/e20190281/37226/The-Effects-of-Early-Nutritional-Interventions-on->

<sup>5</sup> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC): Revisions in the WIC Food Packages, 87 FR 71090

<sup>6</sup> Gupta, R. H. (2013). The Economic Impact of Childhood Food Allergy in the United States. *JAMA Pediatrics*, 1026-103

<sup>7</sup> Greenhawt M. (2022) The Impact of Allergy Specialty Care on Healthcare Utilization Among Peanut Allergy Children in the United States. *J Allergy Clin Immunol Pract*

<sup>8</sup> Shroba, J., (2022) Food Insecurity in the Food Allergic Population: A Work Group Report of the AAAAI Adverse Reactions to Foods Committee. *The journal of allergy and clinical immunology. In practice*, 10(1), 81–90. <https://doi.org/10.1016/j.jaip.2021.10.058>

<sup>9</sup> Feng, C. a. (2019). Beyond Avoidance: the Psychosocial Impact of Food Allergies. *Clin Reviews in Allergy & Immunol*, 74-82.

<sup>10</sup> Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7938932/>

<sup>11</sup> Retrieved from <https://www.fns.usda.gov/wic>

<sup>12</sup> [2016] Retrieved from <https://www.cdc.gov/nchs/data/vsrr/report002.pdf>