



February 21, 2023

Cindy Long, MPA
Administrator, Food and Nutrition Service
United States Department of Agriculture
3101 Park Center Dr # 906
Alexandria, VA 22302
Submitted via www.regulations.gov

Re: Docket No. FNS-2022-0007-0001; Special Supplemental Nutrition Program for Women, Infants, and Children (WIC): Revisions in the WIC Food Packages (RIN 0584-AE82)

Dear Ms. Long,

On behalf of the Asthma and Allergy Foundation of America (AAFA), thank you for the opportunity to provide comments on the USDA's proposed revisions to the WIC food packages.

Approximately one in ten children and adults in the U.S have food allergies.^{1,2} Food allergies can result in a severe reaction caused anaphylaxis that in rare cases can lead to death. Unfortunately, the prevalence and impact of food allergies in the U.S. are increasing; for example, the rate of emergency room visits for food-related anaphylaxis increased by 124% from 2005 through 2014.³

¹ Gupta et al., Prevalence and Severity of Food Allergies Among US Adults. *JAMA Netw Open*. 2019 Jan 4;2(1)

² Gupta R, Warren C, Blumenstock J, Kotowska J, Mittal K, Smith B. The prevalence of childhood food allergy in the United States: An update. *Ann Allergy Asthma Immunol* (2017).

³ Motosue et al., "Increasing Emergency Department Visits for Anaphylaxis, 2005-2014." [J Allergy Clin Immunol Pract](#). 2017 Jan - Feb;5(1):171-175.



Current WIC policy requires tailoring of food packages to meet recipients' needs, including food allergies. However, certain existing program requirements limit the flexibility of the program to fully meet the needs of families with food allergies.

AAFA therefore strongly supports those elements of the proposal that would further promote both nutrition and safety for recipients living with food allergies:

- **Current FDA Proposal: Require One Other Form of Fruits and Vegetables in Addition to Fresh (§ 246.10(e)(3)(v), (e)(4)(ii), (ii), (ii), and (ii), and (9) Through (11)).**

Comment: AAFA strongly supports this proposal. As USDA notes, allowing certain processed forms of fruits or vegetables can help meet the needs of people who experience allergic reactions to fresh fruits or vegetables, such as those with oral allergy syndrome (OAS)⁴. People with OAS can have reactions to fresh fruit and vegetables, but are usually able to tolerate cooked and processed forms.

- **Current FDA Proposal: Add a Calcium Specification for Tofu and a Vitamin D Specification for Yogurt (§ 246.10(e)(12), Table 4).**

Comment: AAFA strongly supports this proposal. About 1.9% of U.S. children have milk allergy.⁵ Tofu can serve as a milk substitute for people with milk allergies in the WIC package. By specifying a minimum calcium level, USDA will help ensure that milk allergic individuals relying on this substitution for food allergy will receive adequate levels of calcium in their diets.

⁴ AAFA, "Seven things you should know about oral allergy syndrome" (2019). Available at <https://community.aafa.org/blog/7-things-you-should-know-about-oral-allergy-syndrome>

⁵ Gupta, R. S., Warren, C. M., Smith, B. M., Blumenstock, J. A., Jiang, J., Davis, M. M., & Nadeau, K. C. (2018). The Public Health Impact of Parent-Reported Childhood Food Allergies in the United States. *Pediatrics*, 142(6). <https://doi.org/10.1542/peds.2018-1235>



- **Current FDA Proposal: Expand Whole Grain Options (§ 246.10(e)(10) Through (12), Tables 2 Through 4).**

Comment: AAFA strongly supports the proposed addition of a range of options for the whole grain component of the WIC package. Studies estimate up to 1% of U.S. children have a wheat allergy and about 1% of adults and children in the U.S. have celiac disease. For recipients with wheat allergy or celiac disease, this proposal will offer more choices for healthy and safe whole grain consumption, including quinoa; wild rice; millet; triticale; amaranth; sorghum; tortillas made with folic acid-fortified corn masa flour (once available in the marketplace); corn meal (including blue); teff; and buckwheat.

- **Current FDA Proposal: Require Authorization of Legumes and Peanut Butter as Substitutes for Eggs and Allow State Agencies to Choose To Authorize Tofu To Substitute for Eggs (§ 246.10(e)(10) Through (12), Tables 2 Through 4).**

Comment: AAFA strongly supports the proposal to require states to authorize legumes and peanut butter as substitutes for eggs. Egg allergy impacts 1.3% of children under age 5 and is the second-most common food allergy in this age group.⁶ However, because many people have multiple food allergies, such as peanut and egg allergy, we urge USDA to “require”, rather than “allow”, states to authorize tofu as a substitute for eggs. Ensuring suitable substitutes for eggs for people with multiple allergies should not be discretionary.

⁶ Samady W, Warren C, Wang J, Das R, Gupta RS. Egg Allergy in US Children. J Allergy Clin Immunol Pract. 2020 Oct;8(9):3066-3073.e6.



- **Current FDA Proposal: Nutrition Tailoring (§ 246.10(c))**.

Comment: AAFA strongly supports the proposed clarification to the provision on nutrition tailoring to ensure that substitutions, rather than reductions in the benefit package, should be the first approach for recipients with food allergies.

AAFA also urges USDA to make the following additional change:

- **Mandate the inclusion of peanut products in infant Food Package II: Infants ages 6 through 11 months (Fully Breastfed, Partially Breastfed, and Fully Formula Fed) and for high-risk infants aged 4-6 months.**

Comment: As the Dietary Guidelines reflect, evidence demonstrates that early introduction of allergenic foods reduces the risk of food allergy. For peanut allergy, one of the most common in the U.S., the Guidelines recommend introduction during the first year of life, and between 4-6 months for infants at higher risk of peanut allergy due to severe eczema, egg allergy, or both.⁷ However, the WIC packages for infants do not include peanut products. We urge USDA to mandate the inclusion of peanut-based products in infant WIC packages for infants aged 6-11 months and for high-risk infants aged 4-6 months, along with educational materials and counseling regarding the proper introduction of allergenic foods to infants.

Conclusion

For families with food allergies, meeting nutritional needs while avoiding dangerous reactions is a constant challenge. As a pillar of food security for families nationwide, the WIC program should maintain a high level of flexibility to accommodate food allergies and to support early introduction of

⁷ U.S. Department of Agriculture and U.S. Department of Health and Human Services. Dietary Guidelines for Americans, 2020- 2025. 9th Edition. December 2020. Available at [DietaryGuidelines.gov](https://www.dietaryguidelines.gov)



Asthma and Allergy
Foundation of America

foods to reduce the prevalence of food allergies. AAFA stands ready to serve as a partner in educating the food allergy community about WIC.

If you have any questions, please contact Jenna Riemenschneider at jennar@aafa.org.

Sincerely,

Kenneth Mendez
President and Chief Executive Officer
Asthma and Allergy Foundation of America