January 31, 2024

Jim Chapman  
Director of Board Relations  
James Monroe Bldg. 
101 N. 14th St., 25th Floor 
Richmond, VA 23219

Dear Mr. Chapman,

On behalf of the Asthma and Allergy Foundation of America (AAFA) and the more than 20 million Americans living with life-threatening food allergies, I am writing to express AAFA’s support for revisions to the Standards for Licensed Child Day Centers (“Standards”), as required by Elijah’s Law. AAFA is the leading patient organization for people with asthma and allergies, and the oldest asthma and allergy patient organization in the world. Kids with Food Allergies, a division of AAFA, offers tools, education, and community to families and children coping with food allergies across the country.

This bill was named in honor of Elijah Silvera who passed away at age 3 while enrolled in a day care program in Harlem in November 2017. Even though the childcare facility had documentation of Elijah’s life-threatening dairy allergy, asthma, and other allergies, Elijah was fed a grilled cheese sandwich. The facility failed to follow emergency anaphylaxis protocol and was not required to have one in place.

The prevalence of severe food allergies is high and growing. Nearly one in ten children, or 9.3 percent, have food allergies, and that number is rising, with infants and toddlers ages 0–4 having a higher rate than any other age group. Exposure to the allergen can cause severe reactions, including anaphylaxis and, in rare cases, death. Because there is no cure for food allergies, awareness and preparedness are key for protecting health and saving lives.

The proposed revisions to the Standards would apply important allergy requirements to all childcare providers. Providers would have to take concrete steps to manage food allergies for the children in their care, including training and awareness for

anaphylactic events for infants and toddlers and stocking epinephrine as required by § 22.1-289.059 of the Code of Virginia.

Epinephrine is the only treatment for anaphylaxis. Young children in Virginia who have severe food allergies always need access to epinephrine to promptly treat anaphylaxis and a trained adult who can administer it.

One preventable death of a young child is one too many. These revisions are evidence-based and will reduce reactions and risk for young children across the state. We are grateful for your concern for the safety of Virginia children and families managing food allergies.

Sincerely,

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