Health literacy among caregivers of children with IgE-mediated allergy at risk of anaphylaxis

Kamal El Abd

Pediatric pneumology and allergology, CHC Liège

Kamal.elabd@chc.be

As per every year's wont, the joy of the return to school for parents of children with a food allergy (FA) mingles with many adrenaline peaks inherent in their quest for the best possible safety for their offspring in nurseries or schools. Most of the information transmitted to the communities is unfortunately done only via the parents of allergic pupils instead healthcare professionals, such that the pediatrician or allergo-pediatrician, prescriber of eviction diets and emergency kit, remains under the impression of having thrown a bottle into the sea for want of knowledge about the follow-up to their recommendations. FA, which mainly affects children, is becoming a real public health problem in Europe given the increase in its prevalence over the past two decades and an age of spontaneous recovery that occurs increasingly later (1). It affects up to 8% of children, or about two children in a class of 25 students (2). Whilst it is estimated that around 20% of children with FA experience a reaction at school, it is of greater concern that 25% of allergic reactions occurred in children who were not known to have previously had FA or who had an allergy that had not been disclosed to school staff (3, 4). Subsequent to the demise of allergic children in the school environment, recommendations have been published emphasizing the essential role of information and training for staff in nurseries and schools (5).

As documented in this volume's article devoted to the topic of FA, the benefits of short multidisciplinary training courses (allergo-pediatrician, dietitian, psychologist) received by community personnel, have been substantiated in numerous European studies, notably in Italy and Spain (6, 7). For a better integration of children, France adopted in 1999 the project of individualized reception, which outlined the adjustments to be made in community to the life of infants at risk of allergy. In the US and Canada, recent laws require nurseries and schools to have unassigned epinephrine auto-injectors, like the automatic external defibrillators present in public places (9,10).

In Belgium, one of the last countries in Europe where allergology is not yet recognized as a medical specialty, there are no FA prevalence figures nor anaphylaxis registry, in spite of the infant casualties reported in rare publications (10). What is being done at the federal or regional level to avoid dramatic situations in nurseries and schools? Not much to be fair, apart from the local initiatives, such as that of Allergienet vzw and Prevention of Allergies asbl, and the diffusion in the South of the country, in 2014, of circular 4888 dedicated to the care and administration of medication to pupils of kindergarten to secondary school. Hardly have these initiatives been used by school principals or school doctors, thereby not bearing fruit. From a legal standpoint, in order for a community staff member to be able to perform an act reserved for nurses or doctors, qualification is needed which is synonymous with being able to identify the urgency of the situation and receiving training in the performance of the act ; otherwise neither they nor their organization could be liable for duty to rescue charges (12).

Given that the nursery and the school are the places where our young allergic patients spend the majority of their time, the organization by the public authorities of a simple 2-hour information and training session for the staff would improve the management of allergic reactions, thereby reducing the psycho-social impact of FA on the child and his parents, with legal protection to boot.

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