



TEXAS ALLERGY, ASTHMA AND IMMUNOLOGY SOCIETY

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March 29, 2011

**Testimony to the Texas Senate Public Education Committee
Regarding SB27**

My name is Connie Mawer and I have served as the Executive Director of the Texas Allergy, Asthma and Immunology Society (TAAIS) for the last 17 years. Our Society represents 240 allergists and immunologists throughout the State of Texas.

I am here today to affirm that the TAAIS enthusiastically endorses SB27 (and also HB639). We understand the importance of keeping food allergic children safe at school.

Here is some additional information about food allergies:

- Approximately 2 million school-age children (aged 5-17) in the U.S. have a food allergy, including approximately 175,000 in Texas.ⁱ ⁱⁱ This equates to approximately 1 out of every 25 Texas school children.
- Though the reasons are poorly understood, the prevalence of food allergies and associated anaphylaxis appears to be on the rise:
 - Peanut allergy alone tripled among children from 1997 to 2008.ⁱⁱⁱ
 - The CDC has reported that food allergy among children has increased 18% from 1997 to 2007.
 - The CDC reported an average of 317,000 food allergy-related, ambulatory care visits per year to emergency and outpatient departments and physicians' offices involving children under the age of 18.^{iv}
- Food allergies can be life-threatening.
- There is no cure for food allergies; strict avoidance is the only way to prevent a reaction.
- Studies show that prompt administration of epinephrine (also called adrenaline) is the key to surviving a life-threatening allergic reaction.

- Allergic reactions are unpredictable: they may present and progress differently than previous reactions and a seemingly mild reaction can turn serious very quickly.

The importance of managing students with food allergies has been recognized by the American Academy of Allergy, Asthma & Immunology^v

We believe that the risk of accidental exposure to foods can be reduced in the school setting if schools work with students, parents, and physicians to minimize risks and provide a safe educational environment for food-allergic students.

We are pleased to have TAAIS endorse SB27 (and HB639).

ⁱ Estimation based on 2009 population estimate from the US Census Bureau, State and County QuickFacts: <http://quickfacts.census.gov/qfd/states/48000.html>, accessed Nov 11, 2010.

ⁱⁱ Branum AM, Lukacs, SL. Food Allergy Among U.S. Children: Trends in Prevalence and Hospitalizations. National Center for Health Statistics Data Brief, No. 10, October, 2008.

ⁱⁱⁱ Sicherer S, Munoz-Furlong A, Godbold JH, Sampson HA. US prevalence of self-reported peanut, tree nut, and sesame allergy: 11-year follow-up. *Journal of Allergy and Clinical Immunology* 2010;125:1322-6.

^{iv} Branum AM and Lukacs SL. Food Allergy Among Children in the United States. *Pediatrics* 2009;124:1549-55.

^v Anaphylaxis in schools and other child-care settings. Position Statement 34 from the American Academy of Allergy, Asthma & Immunology.