

The 2nd Food Allergen Management Symposium 2017 (FAMS2017) & the Second Asia Pacific Food Allergen Management Workshop held at Australian National Maritime Museum, Sydney, Australia

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FAMS2017 and the second Asia Pacific Allergen Management Workshop was successfully held at the Australian National Maritime Museum in Sydney, Australia between 22 – 24 May. This symposium has gathered 165 delegates from 102 organisations and 10 countries to come together and discuss some of the hot topics about food allergy management.

Establishing population-based food allergen thresholds (reference doses) has become a very hot topic, which can benefit clinicians, the food industry, public health authorities as well as food allergic consumers (Taylor et al., 2009). With the available individual data about no-observed adverse effect levels (NOAELs) and lowest-observed adverse effect levels (LOAELs), an Interval-Censoring Survival Analysis was performed to estimate the population-based thresholds of 11 allergenic foods (peanut, cow's milk, wheat, soybean, cashew, shrimp, sesame seeds, mustard, lupin, egg and hazelnut) (Taylor et al., 2014). This is the science behind the action levels of the Voluntary Incidental Trace Allergen Labelling (VITAL[®]) Program established by the Allergen Bureau.

The VITAL program was repeatedly emphasised during the two food allergen management symposiums. Because it is an important tool to guide the food industry with proper use of precautionary labels of food allergen residues. In the keynote speech given by Associate Professor Joseph Baumert from the University of Nebraska, a Peanut Allergen Single Dose Study (Hourihane et al., 2017) was performed to further evaluate whether the reference dose adopted by the VITAL Program is clinically-proven safe. The oral food challenge results showed that 65% (245 out of 278) children experienced no reaction to the single dose of peanut which is 1.5 mg of peanut protein in a biscuit; and only 8 (2.1%) subjects experienced reactions that met the predetermined criteria which might be objectively peanut-allergic reactions (Hourihane et al., 2017). The study has strongly supported the safety of the peanut reference dose and the sufficiency of the statistical modelling for determination of population dose-distribution.

Food recalls caused by non-declared food allergens have continued to increase over the past decade (FSANZ, 2017). According to Ms Robin Sherlock, Allergen Bureau Director, though some information about recalled products and identified allergens was provided by FSANZ; the real contributors were not immediately obvious. The hidden information such as how the products were contaminated during processing and how analytical data was obtained to support the recalls will

provide great insights of how the risk assessment can be amended to improve current situation. From this talk about food allergen recalls, the importance of information sharing and information transparency has been highlighted to achieve better food allergy management.

During the panel discussion about the issue of allergens in spices, the presence of peanut residues in garlic powder was brought up as a typical example. Professor Steve Taylor from the University of Nebraska pointed out that it was very difficult to trace the source of the peanut residues, but China, being the largest garlic exporter worldwide, was recognised as a supplier of some garlic powders which had been implicated. It appears that certain Chinese suppliers who implemented risk assessment and management of the harvesting of garlics from farms seemed were able to manage the issue however not all suppliers have been able to do so effectively. Information relating to this issue and the challenges should be shared more widely to assist with the prevention the reoccurrence of such situations. This again highlighted the importance of information sharing and information transparency.

All these talks were surrounding the theme of this year's symposium – global harmonisation. With novel approaches to determine population-based thresholds to guide clinicians, health authorities and the food industry; and easier access to more transparent information and analytical data to implement risk assessment, we can create a better world for food allergy management.

References

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