

National Allergy Strategy Submission - Proposal P1028: Infant formula

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Submission

The National Allergy Strategy submission is limited to Item 5 – Regulatory framework for IFPSDU, and particularly in relation to food allergy.

Question 5) To health professionals: Is there any evidence that current practice in relation to low lactose products or the manganese content of products for metabolic, immunological, renal, hepatic and malabsorptive conditions pose a health concern or risk? If you consider that there is a health concern or risk, please provide relevant details and data, where available.

National Allergy Strategy response

The National Allergy Strategy recommends the inclusion of wording on low lactose and lactose-free infant formula products stating these products contain cow's milk protein and therefore should not be given to babies with cow's milk (dairy) allergy.

In a recent survey of long day care services conducted by the National Allergy Strategy [1], 15.5% of respondents (51 of 328) indicated that they used a lactose free product as a substitute for cow's milk (dairy) products for children with cow's milk allergy. The results of this survey indicate that there is still confusion regarding what lactose free means and therefore, we need to explicitly label lactose free products as not suitable for babies (and children) with milk (dairy) allergy.

Question 8) To health professionals: You have told us that partially hydrolysed IFP are not efficacious in preventing allergy; are they useful in the dietary management of allergy? Please provide supporting detail and data, where available.

National Allergy Strategy response in relation to IgE mediated food allergy

With regards to food allergy, when formula is required, specialised infant formula is recommended for infants:

- With confirmed or suspected cow's milk allergy.
- Non-IgE mediated symptoms in breastfed infants who are non-responsive to maternal exclusion of cow's milk protein.

The Australasian Society of Clinical Immunology and Allergy (ASCIA) currently recommends the following [2]:

- Amino acid formula (AAF) should be used in cases of anaphylaxis to cow's milk, or when a trial of soy and extensively hydrolysed formula (EHF) has failed to resolve allergic symptoms.
- A range of soy formulas are available. Soy formulas are only recommended from six months of age.
- Partially hydrolysed formula (PHF) does not have a role in the treatment or prevention of cow's milk allergy.
- Formula labelled from birth are suitable for infants from 0-12 months and beyond.

A systematic review and meta-analysis published in 2016, reported no convincing evidence to support the use of partially or extensively hydrolysed formulas for primary prevention of eczema, food allergy, asthma or allergic rhinitis in infants or children [3]. As a result, the updated *ASCIA guidelines for infant feeding and allergy prevention* [4,5] do not recommend the use of these formulas for the prevention of early onset allergic disease.

Some international guidelines have not yet adopted ASCIA's position in this area:

- The European Academy of Allergy and Clinical Immunology (EAACI) guidelines released in 2014 recommend hydrolysed formula until 4 months of age, then standard cow's milk formula [6]. The most recent EAACI guidelines does not make a recommendation regarding hydrolysed infant formulas for allergy prevention [7].
- The 2014 German Society for Allergology and Clinical Immunology and the German Society for Paediatric and Adolescent Medicine guidelines recommend hydrolysed infant formula until 4 months of age, then standard cow's milk formula [8].
- The 2015 Hong Kong guidelines recommend consideration of hydrolysed formula for high-risk infants [9].
- The 2010 National Institute of Allergy and Infectious Diseases (NIAID) guidelines recommend consideration of hydrolysed formula for high-risk infants [10].
- The 2017 Philippine Society of Allergy, Asthma and Immunology (PSAAI) and the Philippine Society for Paediatric Gastroenterology, Hepatology and Nutrition (PSPGHN) guidelines recommend PHF or EHF for at least 6 months [11].
- The 2010 Academy of Medicine, Singapore Ministry of Health guidelines recommend hydrolysed formula [12].

Since the release of the systematic review and meta-analysis [3], only the Philippine guidelines continue to recommend hydrolysed formula. The other guidelines (listed above) have not been updated since 2016 and therefore are based on the outdated Cochrane review published in 2006 [13] or have not included a recommendation regarding hydrolysed infant formula [7].

With regards to the types of hydrolysed infant formula products, based on the current evidence base and ASCIA recommendations, there does not appear to be any use for PHF for managing allergy or for allergy prevention [4,5].

EHF however, may be used for infants with cow's milk allergy who are not at risk of anaphylaxis and where the extensively hydrolysed infant formula is tolerated without allergic symptoms [2].

Internationally, all guidelines are consistent in stating that soy based formula is not recommended for allergy prevention [14].

National Allergy Strategy response in relation to gastrointestinal syndromes associated with food allergy

EHF is useful for managing gastrointestinal syndromes associated with food allergy. EHF is recommended for many gastrointestinal syndromes associated with food allergy as the first choice of hydrolysed infant formula. Where EHF is not tolerated (i.e. symptoms persist), AAF is recommended [2].

A summary of gastrointestinal syndromes associated with food allergy and ASCIA's infant formula recommendations are summarised below [2,15]:

- For food protein induced enteropathy, EHF is recommended if tolerated. If EHF is not tolerated, AAF is recommended.
- For food protein induced enterocolitis syndrome, EHF is recommended if tolerated. If EHF is not tolerated, AAF is recommended. Approximately 20-50% of children with cow's milk FPIES will also have FPIES to soy, therefore soy formula is not recommended. Rice protein base EHF should not be used in children with FPIES to rice.
- For food protein induced proctocolitis, EHF is recommended if tolerated. If EHF is not tolerated, AAF is recommended.
- For eosinophilic oesophagitis (EoE), AAF may be required if milk needs to be excluded.

The National Allergy Strategy has viewed the Allergy & Anaphylaxis Australia submission and the ASCIA submission and supports the recommendations made in those submissions

References

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