Since the prevalence of food allergy has increased over time, preventing food allergy has become an important public health goal. Recently the Canadian Pediatric Society (CPS) released a new practice point reflecting emerging evidence that early introduction of commonly allergenic foods* may have a role in preventing food allergy, particularly for egg and peanut, in infants at high risk for allergic disease**.

How does this new evidence impact AHS Nutrition Services recommendations on the introduction of complementary foods? AHS Nutrition Services supports the CPS practice point and will update nutrition guidelines and resources accordingly. Our foundational recommendations about the introduction of complementary foods have not changed – we continue to recommend introducing iron-rich complementary foods to all infants at around 6 months of age, led by the infant’s signs of developmental readiness.

What’s NEW?
The new AHS Nutrition Services recommendation is to intentionally introduce commonly allergenic foods (e.g. peanut, egg) when starting complementary foods, at around 6 months of age. Continue to offer each commonly allergenic food a few times a week to maintain tolerance.

How is this new?
This is a shift from previous guidance that said there is no need to delay the introduction of commonly allergenic foods beyond 6 months of age. Now, there is more specific direction to intentionally introduce commonly allergenic foods when starting complementary foods.

Does this recommendation apply to all infants?
Emerging evidence that early introduction of commonly allergic foods may have a role in preventing food allergy is focused on infants at high risk for allergic disease; however, AHS Nutrition Services recommends that all infants be intentionally introduced to commonly allergenic foods when starting complementary foods (around 6 months of age for term infants and 4–6 months corrected age for preterm infants). This allows for one, simple public health message and does not depend on the reliability of screening to determine if an infant is at high or low risk for allergic disease.

**High risk for allergic disease:**
Having either a personal history of atopy (tendency to produce IgE antibodies in response to allergens), including eczema, or having a first-degree relative with atopy such as eczema, food allergy, allergic rhinitis, or asthma.

Individual guidance:
Infants identified as high risk for allergic disease** may receive individual guidance from their physician or dietitian to introduce commonly allergenic foods earlier than 'around 6 months' of age. Families may follow this individual guidance as long as the infant is at least 4 months of age and showing signs of readiness.
Practical advice for introducing commonly allergenic foods:
• As with any complementary food, ensure the texture, size, and shape of commonly allergenic foods are age-appropriate to prevent choking. For example, smooth peanut butter can be diluted with breastmilk, infant formula or water, or mixed into another previously tolerated food such as infant cereal.
• Introduce commonly allergenic foods one at a time. This makes it easier to identify a food that may have caused a reaction.
• Continue to offer the commonly allergenic food a few times a week to maintain tolerance.
• If an adverse reaction is observed, stop offering the food and consult with a physician.

Where can I find additional information on food allergies?
The Allergy Prevention Nutrition Guideline has been retired as of May 2019. More recommendations on food allergy prevention can be found in the following guidelines:
• Pregnancy Nutrition Guideline
• Nutrition for the Breastfeeding Mother Nutrition Guideline
• Infant Formulas for Healthy Term Infants – Compendium

Information on food allergy symptoms, diagnosis and management can be found in the Food Allergies Nutrition Guideline.

Please contact your local public health dietitian or e-mail publichealth.nutrition@ahs.ca with any questions.