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No Reservations

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Food Allergies News Article

Living with a Food Allergy: When Any Bite could be your last, vigilance is never-ending. By Danielle Braff, Tribune Newspapers

One of Matthew Mitchell's earliest memories involves a fast-food hamburger in a drive-thru late at night. It wasn't a happy meal. Mitchell, now 25, was just three at the time, but he was already hyper alert about his food. So when his mother passed the patty to the back seat, Mitchell instantly knew something was wrong. "I was never allowed to eat the bun because of my dairy allergy, and this time the patty looked different, even though it was late and it was dark outside," he said. But his mother said it was the same that he always ate – a plain burger. Seconds later, Mitchell's toddler suspicions were confirmed. There was cheese on the burger, triggering his dairy allergy. He started vomiting and went into anaphylactic shock, a serious allergic reaction that can come on in seconds and can kill.

This wasn't the first time it had happened, and it would be far from the last time. Allergy to milk is the most common food allergy in infants and children, though it's different from lactose intolerance, which is an overreaction to a specific food protein. About 2.5 percent of children younger than age 3 are allergic to milk, according to Food Allergy Research & Education Inc. And recent studies show children are not outgrowing it early in life as previously thought, said Dr. James Baker Jr., CEO of Food Allergy Research & Education.

Mitchell is one of them. And for him, it's a very big deal. Although food allergies result in only about 150 reported deaths in the United States each year, allergy sufferers live a life of countless close calls. "Some people may not understand how serious a milk allergy can be, because past studies have shown that the majority of fatal food-induced anaphylactic reactions are associated with peanuts and tree nuts," Barker said. "But the fact is, milk allergy is not only potentially life-threatening but life-altering, because it can be very challenging to avoid."

The first sign of problems for Mitchell started when he was an infant. "He was having colicky symptoms, hay fever and sneezing," said his mom, Lynda Mitchell, senior vice president of community services for the Asthma and Allergy Foundation of America, a Pennsylvania-based nonprofit education and advocacy foundation. Lynda Mitchell had been breast-feeding her son, so she switched to a milk-based formula. Matthew's symptoms got worse. She switched to a soy formula, and when he stopped tolerating that, she switched to a hypoallergenic formula. "That made him go into anaphylactic shock," she said. His face was swollen, he was gasping for breath, he was broken out into hives. I knew he needed to get to an emergency room, but I wasn't aware at the time that he could have died."

That was Mathew's first emergency room visit. He was 11 months old and was officially allergic to every formula on the market. Lynda Mitchell switched him to water and started cooking everything from scratch, using plain foods like potatoes and meat. Her methods worked at home, but she knew it wouldn't be long before she would have to release her son into the big, bad world of preschool – and for this, she'd have to be utterly prepared. After all, one drop of a milk product potentially could kill her son. If any of the preschoolers dared to share a cookie with her little boy, it could be a deadly treat. "When I was looking for a preschool, I wasn't looking for one that had the best academics or the best facilities," she said. "I was looking for someone who was willing to keep him safe and who was willing to take this on."

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But she knew that one schoolteacher couldn't handle this on his own. "Whenever there was a food-related activity, I would be there," Lynda Mitchell said. "I would bring safe ingredients for him." She couldn't be there every second of every day, however. And that's when mistakes happened. Mathew was 7 when the next life-threatening scrape occurred. He was in the hospital for stomach surgery, and his mother put up a sign in his room regarding his allergy, put a bracelet on her son and told all the doctors, nurses and attendants. It was the fortified whey in his hospital orange juice that got him. Once again, Matthew went into anaphylactic shock. "He wasn't able to throw up because he had just had stomach surgery, and he had breathing problems," his mother said. "By that time, I knew that anaphylactic shock could be fatal." Mathew said he remembers wanting to throw up but couldn't, and he said he passed out and can't remember the details other than being very scared. Three or four doctors rushed into the room, and Mathew eventually recovered.

Another time, his mother studiously read a label to discover that a candy bar was dairy-free before stuffing the chocolate into his Christmas stocking. Mathew was in high school at the time, and by the end of Christmas morning he'd started breaking out in hives. "We went to the hospital, and the lab results came back saying that the chocolate had .001 percent dairy, so now, if you look at the label of a candy, it says that it may contain milk – because of me," he said. Having a dairy allergy has affected all aspects of Matthew's life, and now that he's in his 20's, it's affected his dating life. And not in a good way. He had a date recently with a woman who wanted to cook him dinner. "I said, I'll give you the ingredients,' but she brought a baguette that was made in the store," Matthew said. The baguette itself didn't have any dairy in it, but he knew it could be cross-contaminated. Still, Matthew said, he was feeling the dating pressure and didn't want to look uncool. So he kept quiet and only took a small bite. The small bite was big enough to cause a major reaction. "I ended up breaking out in hives, and it was pretty mortifying," Matthew said. "It was only the third date, and she was already taking me to the hospital." They had one more date before the relationship ended. Mathew lives in Maryland and works as a junior human systems specialist for RED-INC, which is a Defense Department contractor. He said the key to living with a severe allergy is having good friends who understand it, and he does have these. "My friends understand that we have to compromise on where to go and what the plans are," he said. "I learned from my mom: having a lot of foresight and asking questions – 'Where am I going to get my food these days?" It's something I always have to think about. I don't have the freedom of getting into the car and driving somewhere and hoping that it'll work out."

Church Potluck Luncheon, Lancaster, OH.

August 2015

April's botulism outbreak in Ohio was the nation's largest in 40 years, and one of the first patients to become ill died. But CDC's Morbidity and Mortality Weekly Report (MMWR) is crediting early recognition and fast action with limiting the damage.
The single fatality in the Ohio botulism outbreak blamed on a church potluck luncheon was the first since 1978 involving an outbreak with more than 10 cases, according to MMWR's report.

Potato salad prepared with home-canned potatoes was implicated as the source of the botulism outbreak associated with the potluck luncheon at a church in Lancaster, OH. MMWR for July 31, 2015, states that 29 cases of botulism were experienced by those participating in the potluck, and that one person died.

The last time a death resulted from an outbreak of 10 or more cases of botulism in the United States was in 1978 when 34 county club diners in New Mexico eating bean and potato salad were stricken with botulism and one died.

In the recent Ohio outbreak, the federal Centers for Disease Control and Prevention (CDC) publication stated that 77 took part in the potluck luncheon at the Lancaster church, 25 met the confirmed case definition, and four met the probable case definition.
"The median age of patients was 64 years (range = 9-87 years); 17 (59 percent) were female. Among 26 (90 percent) patients who reported onset dates, illness began a median of two days after the potluck (range 1-6 days)."

Twenty-seven of the 29 patients went initially to Fairfield Medical Center, and 22 (76 percent) were transferred from FMC to six hospitals in the Columbus metropolitan area, which is about 30 miles from Lancaster.

"Botulism is a severe, potentially fatal neuroparalytic illness." MMWR states. "A single case is a public health emergency, because it can signal an outbreak."

When the first cases began arriving at FMC on April 21, and later than afternoon, a patient arriving at the Emergency Room died of respiratory failure and the Ohio Department of Health was notified.

Once it was determined that the source was likely something on the menu at the April 19 potluck luncheon, CDC's Strategic National Stockpile sent 50 doses of botulinum antitoxin to Ohio.

"FMC, the Fairfield Department of Health, ODH and CDC rapidly responded to confirm the diagnosis, identify and treat additional patients, and determine the source, "according to the MMWR wrap-up on the incident.

Twenty-five doses of the antitoxin were used and 11 patients (38 percent) also required endotracheal intubation and mechanical ventilation. Within the week of arrival at the ER, 16 of the botulism patients were able to be discharged from the hospitals.
"This outbreak response illustrates the benefits of coordination among responders during botulism outbreaks," MMWR concluded. "Close adherence to established home-canning guidelines can prevent botulism and ensure safe sharing of home-canned produce."

CDC also found that the person who made the potato salad with home-canned potatoes reported using a boiling water canner, which does not kill C. botulinum spores, rather than a pressure canner, which does eliminate those spores.
"In addition, the potatoes were not heated after removal from the can, a step that can inactivate botulinum toxin," MMWR adds.
"The combined evidence implicated potato salad prepared with improperly home-canned potatoes, a known vehicle for botulism."

http://www.foodsafetynews.com/2015/08

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