

## EFA's response to EFSA public consultation on the draft scientific opinion on the appropriate age for the introduction of complementary feeding into an infant's diet

The European Federation of Allergy and Airways Diseases Patients' Associations (EFA), representing people with allergy at the European level through its 42 member patient organisations in 25 countries, welcomes the initiative of the European Food Safety Authority to revise its scientific opinion on the appropriate age for introduction of complementary feeding (CF)<sup>1</sup> of infants considering the importance of the issue for people with allergy and/or atopic family history and the various practices and guidance implemented in different countries and (misleading) marketing on allergy. We consider EFSA's work as a testimony of the increasing interest in the topic by regulatory authorities, scientific communities, academics, food operators, and healthcare organisations across the EU.

This initiative is a much-needed effort to assemble and evaluate largely scattered scientific data, assess uncertainties due to data gaps and to bring the outcomes of the analysis to the attention of regulators and decision-makers and hopefully, patients and people. However, we regret the scarce time allowed for consultation (only 6 weeks), which limits the expert discussions within member-based organisations and EFSA official stakeholders like EFA, as well as the timing of the consultation, which has been launched before the scientific opinion by our partner organisation the European Academy of Allergy and Clinical Immunology on complementary feeding is substantially advanced.

Importantly, this consultation is undertaken in the context of the Regulation (EU) No 609/2013<sup>2</sup> on food intended for infants and young children, aiming to form the basis of future policy recommendations that are scientifically sound and ensure the highest level of protection for infants' health, including when it comes to allergy, which is a vulnerable and highly sensitive age group.

For the purpose of this scientific opinion, EFA's major concern refers to the potential adverse health effects or benefits from the introduction of allergenic food i.e. eggs, fish, cereals and peanuts, into the diet of infants whether it is for their prevention or in assuring adequate nutrition. Given the special focus the consultation (and research) give to potential links between the introduction of these CFs at the age of 3-4 months and the development of atopic diseases, compared to the introduction of CF in the currently recommended age of 6 months, EFA raises the following points:

1. As an overarching observation, we are glad to see that EFSA is taking steps to examine those aspects of CFs within infants that go **beyond nutritional values**. This consultation on potential

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<sup>1</sup> Public consultation on the draft scientific opinion on the appropriate age for the introduction of complementary feeding into an infant's diet

[https://www.efsa.europa.eu/sites/default/files/consultation/consultation/EFSA-Q-2016-00482\\_Scientific\\_Opinion\\_on\\_CF.pdf](https://www.efsa.europa.eu/sites/default/files/consultation/consultation/EFSA-Q-2016-00482_Scientific_Opinion_on_CF.pdf)

<sup>2</sup> <https://eur-lex.europa.eu/legal-content/EN/ALL/?uri=CELEX%3A32013R0609>

health impacts of CFs on infants –either benefits or adverse effects– broadens the scope of the nutrition debate and highlights the role of CFs in atopic disease (Chapter 8, pp 63-90), an area that has been under-researched to date.

2. In general, the discussion on the appropriate age for the introduction of CFs in infants' diets is characterised by different approaches. A typical example is the diversity found in the guidelines of the World Health Organisation (WHO), which suggests 6 months as the appropriate age (2010)<sup>3</sup>, and more recent ones coming from scientific communities, e.g. the European Academy of Allergy and Clinical Immunology (EAACI) and the American Academy of Paediatrics (AAP), who state that there is no evidence of allergy risk from complementary feeding even at 4 months of age<sup>4-5</sup>. Therefore, for the patients and carers there is an **urgent need for a clear guidance**, based on the latest scientific evidence. This clarity should also be defined regionally: while the WHO recommends exclusive breastfeeding for infants up to 6 months as a way to reduce infectious disease in babies in developing countries, European healthcare professionals and regulators leave it as a recommendation for the parents to introduce CF from 4 months onwards, regardless if the child is at risk of developing allergies or not. Effectively, this recommendation goes against the WHO guidance. In practice, allergic parents are often using their own precautionary principle, avoiding giving so-called allergic foodstuffs or those that they are themselves allergic to 'just in case'. They need strong and clear guidance, which is not only based on statistics.
3. In fact, EFA suggests developing more strongly the risk-benefits between **infection prevention through breastfeeding and natural desensitisation through food** i.e. the role of CFs introduction as a preventative mechanism for allergies and other atopic diseases, especially in infants from atopic families or C-section born, as well as their contribution in reducing the risk of the development of these diseases.
4. Linked to the above points, it would be useful if EFSA could clarify, in lay language, why the current draft scientific opinion has chosen to take **the age of 3-4 months as reference point** (for 'early' introduction) for most of the atopic diseases, given that currently there is no consensus to introduce CF before the age of 4 months. Moreover, there is a big difference in the maturity of an infant of 3 months compared to 4 months and it is necessary to include it into the paper.

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<sup>3</sup> WHO Nutrition (2010), *Exclusive Breastfeeding*  
[https://www.who.int/nutrition/topics/exclusive\\_breastfeeding/en/](https://www.who.int/nutrition/topics/exclusive_breastfeeding/en/)

<sup>4</sup> Muraro A, et al. (2014) *EAACI food allergy and anaphylaxis guidelines. Primary prevention of food allergy*.  
<https://onlinelibrary.wiley.com/doi/full/10.1111/all.12398>

<sup>5</sup> Frank R. Greer et al. (2008), *American Academy of Pediatrics, Effects of early nutritional interventions on the development of atopic disease in infants and children: the role of maternal dietary restriction, breastfeeding, timing of introduction of complementary foods, and hydrolyzed formulas*  
<https://pediatrics.aappublications.org/content/121/1/183>

5. Additionally, our community of atopic patients estimates that there is unclear **guidance on the role of allergen intake by expecting and breastfeeding mothers**. EFA would gladly welcome scientific-based guidance on the relationship between pregnant and breastfeeding mothers' diets, and the prevention or risk developing atopic disease while ensuring good nutrition for the child.

Should EFSA welcome or foresee the development of a lay-version of the Scientific Opinion when adopted, EFA would be glad to take part in its development and dissemination, together with our scientific partner EAACI.

Submitted on the 29<sup>th</sup> May 2019 by Panagiotis Chaslaridis (info@efanet.org) in coordination with EFA Food Allergy Working Group

For more information:

**The European Federation of Allergy and Airways Diseases Patients' Associations** (EFA) is a network of 42 allergy, asthma and COPD patients' organisations in 25 European countries and it works for European patients with allergy, asthma and chronic obstructive pulmonary disease (COPD) to live uncompromised lives, have the right and access to the best quality care and a safe environment.

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