

Reply, by Koplin.

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To the Editor:

Di Mario et al¹ make an extremely important point about the nuances of infant feeding guidelines and the continued confusion that will result if we are not judicious in our interpretation of the science at hand.² They argue that care should be taken to ensure precise descriptions of the outcomes of studies so that recommendations can be clear and consistent. In the case of infant feeding, this means interpreting the Learning Early About Peanut Allergy (LEAP) study results on the basis of design and findings of the trial. Because the intervention included introduction of peanut between age 4 and 11 months, it is not yet clear which part of this window of opportunity will provide the most prevention benefit. As such, we argue that updated guidelines should recommend that peanut be introduced in the first year of life, and await further trials before any more prescriptive window of introduction is recommended.³⁻⁵ It should be noted, however, that controversy around this remains, with recently updated National Institute of Allergy and Infectious Diseases guidelines⁶ recommending a more prescriptive window of introduction of peanut at age 4 to 6 months for high-risk infants. An additional issue is that the LEAP trial does not provide evidence for the optimal timing of introduction of other allergenic solids or even when the first solid food should be introduced. Finally, we believe it is vital that all stakeholders (not just those with allergy expertise) should be engaged when introducing guideline changes that apply to the whole population of infants.⁵ To this end, the Centre for Food and Allergy Research recently hosted an Australian Infant Feeding Summit in May 2016 that engaged a diverse range of stakeholders including the Australasian Society of Clinical Immunology and Allergy, the National Health and Medical Research Council, National Allergy Strategy, Allergy Anaphylaxis Australia, Breastfeeding Australia, Lactation Consultants, and representatives from state and federal health agencies. Consensus was achieved for the Australian context and each group has agreed to update guidelines in line with the 3 new statements outlined below that are grounded in the current evidence and also consistent with World Health Organization recommendations:

1. When your infant is ready, at around 6 months, but not before 4 months, start to introduce various solid foods, starting with iron-rich foods, while continuing breast-feeding.

2. All infants should be given allergenic solid foods including peanut butter, cooked egg, dairy, and wheat products in the first year of life. This includes infants at high risk of allergy.
3. Hydrolyzed (partially or extensively) infant formula is not recommended for prevention of allergic disease.

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