



May 6, 2020

Dr. Robert R. Redfield
Director
Centers for Disease Control and Prevention
1600 Clifton Rd.
Atlanta, GA 30329

Dear Director Redfield,

We, the undersigned, appreciate all that you and your dedicated team are doing during the coronavirus disease 2019 (COVID-19) pandemic to help Americans overcome the greatest health challenge of our lifetimes. We know that these are difficult times and are grateful for CDC's efforts to protect our citizens from health threats as you guide our nation towards reopening portions of society including the more than 130,000 schools across the country.

Recent media reports indicate that [CDC has developed draft guidance](#) for schools that recommend "students eat lunch in their classrooms." While we recognize that these guidelines are voluntary, and that education is firmly rooted in local control, we ask that the CDC helps local authorities develop the best course of action with parents whose children are affected by life-threatening food allergies. We understand the need for a policy change with respect to how children eat at school to help maximize physical distancing during the pandemic.

Our concern is to ensure the safety of the millions of food allergic children attending school, where food allergens will now be increasingly present in the classroom as a result of the accommodations outlined in the draft guidance. Though such accommodation may be unavoidable, there is concern for the potential for increased risk from cross-contact of allergenic proteins in the classroom, and how to maintain the safety of any food allergic children in that class. As members of the food allergy and school health communities, we would recommend that the new draft guidance include a paragraph that addresses these concerns.

Our recommendation would be that in any classroom where there is a food allergic child, to reinforce strict handwashing with soap and water after food contact, disinfecting of surfaces after food contact is made, and blanket “do not share” food policy. Soap and water are preferable to alcohol-based hand sanitizer as the latter has been proven to not remove allergenic proteins from the hand. Data have shown that unintended reactions related to food exposure at school can occur. However, the aforementioned steps are evidence-based recommendations that can help decrease these risks. These strategies are consistent with those outlines in the CDC’s 2013 publication “[Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs](#),” and synergize with the principles of hand hygiene and surface washing that also reduce infection spread.

By adding a paragraph of additional information that emphasizes these recommendations to your initial guidance, we feel this would adequately help protect students with food allergies, and provide peace of mind to parents, consistent with the CDC’s goal of outlining steps to help ensure that all children can safely return to school. We would also suggest that prior to teachers and school leaders returning they should refresh their understanding of food allergies, the medical conditions of their individual students, and the symptoms of food allergic reactions as well as how to appropriately respond.

Should you have any questions or concerns about our recommendations, please contact Steve Danon, Senior Vice President of External Affairs at FARE (Food Allergy Research and Education) at SDanon@FoodAllergy.org or at (858) 774-1290.

Thank you.

Sincerely yours,



Lisa Gable
Chief Executive Officer
FARE



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Allergy Strong



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