# Demographic Characteristics associated with Food Allergy in a Nationwide Canadian Study 

Ann Clarke ${ }^{1}$, Susan Elliott ${ }^{2}$, Yvan St. Pierre ${ }^{3}$, Lianne Soller ${ }^{4}$, Sebastien La Vieille ${ }^{5}$, and Moshe Ben Shoshan ${ }^{6}$<br>${ }^{1}$ University of Calgary Cumming School of Medicine<br>${ }^{2}$ University of Waterloo<br>${ }^{3}$ McGill University Health Centre<br>${ }^{4}$ BC Children's Hospital<br>${ }^{5}$ Health Canada<br>${ }^{6}$ McGill University and McGill University Health CentreG

January 30, 2024

## Demographic Characteristics associated with Food Allergy in a Nationwide Canadian Study

To the Editor,
We conducted a nationwide Canadian telephone survey on food allergy (FA) prevalence between 02/2016 and 01/2017 (SPAACE [ $S$ urveying $P$ revalence of Food $A$ llergy in $A$ ll $C$ anadian $E$ nvironments] to SPAACE $[\mathrm{S} 2 \mathrm{~S}]^{1}$ ], targeting vulnerable populations (New, Indigenous, and lower-income Canadians) using 2006 Canadian Census data (Appendix). We compared prevalence between vulnerable and non-vulnerable populations ${ }^{2}$ and reported (in univariable analysis) that prevalence was lower in immigrants and less-educated adults. We now examine the independent effect of these and other characteristics (age, sex, race/ethnicity, and household size) on FA.
The adult household respondent completed the Food Allergy Prevalence Questionnaire (FAPQ) ${ }^{1,3,4}$ for each household member (Appendix). Food allergy was defined as perceived (self-report of any FA) or probable (self-report of a convincing history (Appendix) and/or physician diagnosis of a peanut, tree nut, fish, shellfish, sesame, milk, egg, wheat, and/or soy allergy). ${ }^{1,4}$ The Research Ethics Boards of the Universities of Calgary and Waterloo approved the study. The association between perceived and probable FA and demographic characteristics was assessed through weighted univariable and multivariable random effects logistic regressions (Appendix).

Of 11,592 eligible households, 5874 completed the FAPQ ( $50.7 \%$ household response rate), providing data on 14,818 individuals (Table 1).

In multivariable analyses, adults [?]45 years (OR 0.69, 95\% confidence interval (CI) 0.56, 0.86), New Canadians (OR $0.51,95 \%$ CI $0.38,0.69$ ), those immigrating to Canada [?] 10 years prior (OR $0.75,95 \%$ CI 0.62 , 0.92 ), and those residing in larger households (OR $0.82,95 \% \mathrm{CI} 0.75,0.90$ ) were less likely to report any perceived FA (Table 2). Females (OR $1.49,95 \%$ CI $1.27,1.74$ ) and adults with post-secondary education (OR $1.20,95 \%$ CI $1.02,1.43$ ) were more likely to reportperceived FA.
New Canadians (OR $0.46,95 \%$ CI $0.30,0.68$ ), those immigrating [?] 10 years prior (OR $0.64,95 \%$ CI 0.49 , 0.82 ), and those residing in larger households (OR $0.85,95 \%$ CI $0.77,0.94$ ) were less likely to reportprobable FA, whereas children (OR $1.95,95 \%$ CI $1.38,2.75$ ), females (OR $1.49,95 \%$ CI $1.22,1.82$ ), and adults with post-secondary education (OR $1.55,95 \%$ CI $1.23,1.96$ ) were more likely to reportprobable FA.

In addition to many of the characteristics associated with any FA, race/ethnicity was also associated with some individual FA (Supplemental Table 1A\&B).
When the sample was restricted to parents with at least one Canadian-born child, Asian-born parents were less likely to report anyperceived (OR $0.40,95 \%$ CI $0.24,0.66$ ) and probable FA (OR $0.29,95 \% \mathrm{CI} 0.14,0.61$ ) (Supplemental Table 2). However, Canadian-born children of Asian-born parents were more likely to report anyperceived (OR 1.77, $95 \%$ CI 1.13, 2.76) and probable FA (OR 2.11, 95\% CI 1.29, 3.43).

We have shown that while children, females, and adults with post-secondary education were more likely to report at least oneperceived or probable FA and adults [?] 45 years, immigrants, and those in larger households were less likely to report FA, Asian and Indigenous race/ethnicity were associated with specific foods. It is likely that our observed association between FA and higher education and Canadian birthplace is attributable to increased FA awareness, better healthcare access, and differing genetic and environmental influences. The association between larger household size and decreased FA supports the hygiene hypothesis. ${ }^{5}$ Our paradoxical finding of a lower odds of FA in Asian-born parents of Canadian-born children and a higher odds of FA in Canadian-born children of Asian-born parents suggests that early life environmental exposures, such as climate, dietary, and microbial, exert a differential effect depending on genetic background.
Although our nationwide sampling frame precluded food challenges and only included households with landlines and nonresponse bias may have influenced our results, we have demonstrated clear associations between demographic characteristics and FA, potentially important clues to environmental determinants.

## ACKNOWLEDGEMENTS

We are grateful to the Survey Research Centre, University of Waterloo, Waterloo, Ontario, Canada for expert administration of the SPAACE 2 SPAACE telephone survey.

## REFERENCES

1. Clarke AE, Elliott SJ, St Pierre Y, Soller L, La Vieille S, Ben-Shoshan M. Temporal trends in prevalence of food allergy in Canada. J Allergy Clin Immunol Pract 2020 Apr;8(4):1428-1430.
2. Clarke AE, Elliott SJ, St. Pierre Y, Soller L, La Vieille S, Ben-Shoshan M. Comparing Food Allergy Prevalence in Vulnerable and non-Vulnerable Canadians. J Allergy Clin Immunol Pract 2020 Jul-Aug;8(7):24252430.
3. Sicherer H, Munoz-Furlong A, Burks AW, Sampson HA. Prevalence of peanut and tree nut allergy in the US determined by a random digit dial telephone survey. J Allergy Clin Immunol 1999 April;103(4):559-562.
4. Soller L, Ben-Shoshan M, Harrington DW, Knoll M, Fragapane J, Joseph L, St Pierre Y, La Vieille S, Wilson K, Elliott SJ, Clarke AE. Prevalence and predictors of food allergy in Canada: a focus on vulnerable populations. J Allergy Clin Immunol Pract 2015 Jan-Feb;3(1):42-49.
5. Strachan DP. Hay fever, hygiene, and household size. Br Med J 1989;299(6710):1259-60.
6. Statistics Canada. Low Income Lines: What they are and how they are created 2016 (Income Research Paper Series). https://www150.statcan.gc.ca/n1/en/pub/75f0002m/75f0002m2016002-eng.pdf?st=sp-Q5BaZ Accessed March 27, 2020.

## TABLES

Table 1. Demographic Characteristics among Full Sample and those Without and With Perceived and Probable + Food Allergy


${ }^{1}$ Race/ethnicity options include: Asian (Chinese, Japanese, Korean, Filipino, South Asian, and Southeast Asian), Black, Indigenous (self-identified with First Nations, Metis, or Inuit), White, and other (Arab, Latin American, West Asian (Middle East countries), other, multiple, and unknown race/ethnicity).
${ }^{2}$ Children $<18$ years were not asked this information.
${ }^{3}$ Lower-income Canadians were those whose self-reported before tax total household income was below the relevant low-income cut-off (LICO), as calculated yearly by Statistics Canada, for each of 7 household sizes and 5 community sizes. The LICO (before tax) is the income level at which families or unattached individuals spend on average $55 \%$ of before tax income on food, shelter, and clothing. Given we collected data on household income, household size, and postal code, we were able to ascertain if a household was below the LICO threshold. ${ }^{6}$

+ Probable food allergy was defined as any individual who was reported, by the household respondent, to have symptoms/signs compatible with a convincing history and/or a physician diagnosis of a peanut, tree nut, fish, shellfish, sesame, milk, egg, wheat, and/or soy allergy. Refer to Appendix for definition of convincing history.
*Except for household size where the mean (SD) number of household members is reported.
Abbreviations: FA: food allergy
Boldface cell indicate significant results.
Table 2. Univariable and Multivariable Logistic Regression Models: Demographic Characteristics Associated with any Perceivedor Probable ${ }^{+}$Food Allergy, Odds Ratio (95\% CI), $\mathrm{n}=14,818$

|  | Any Perceived Food Allergy | Any Perceived Food Allergy | Any of 9 <br> Probable Food Allergy | Any of 9 <br> Probable Food <br> Allergy |
| :---: | :---: | :---: | :---: | :---: |
| Variable | Univariable Model | Multivariable Model | Univariable Model | Multivariable Model |
| Age group ${ }^{1}$ |  |  |  |  |
| 0-17 yrs | 0.91 (0.73, 1.12) | - | 1.17 (0.91, 1.51) | 1.95 (1.38, 2.75) |
| [?] 45 yrs | 0.97 (0.83, 1.14) | 0.69 (0.56, 0.86) | 0.96 (0.78, 1.18) | - |
| Female | $\begin{aligned} & 1.46(1.25 \\ & 1.70) \end{aligned}$ | $\begin{aligned} & 1.49(1.27, \\ & 1.74) \end{aligned}$ | $\begin{aligned} & 1.47(1.20 . \\ & 1.80) \end{aligned}$ | $\begin{aligned} & 1.49 \\ & 1.82) \end{aligned}$ |
| Race/ Ethnicity ${ }^{2}$ |  |  |  |  |
| Asian | 0.80 (0.64, 0.998 ) | - | 0.82 (0.62, 1.08) | - |
| Black | $0.84(0.59,1.19)$ | - | 1.09 (0.72, 1.65) | - |
| Indigenous | 1.02 (0.71, 1.46) | - | 0.72 (0.42, 1.23) | - |
| Other | 0.81 (0.61, 1.07) | - | $0.84(0.60,1.18)$ | - |
| Immigration status ${ }^{3}$ |  |  |  |  |
| New Canadians, immigrated $<10$ yrs prior | 0.45 (0.34, 0.61) | 0.51 (0.38, 0.69) | 0.39 (0.27, 0.57) | 0.46 (0.30, 0.68) |
| Immigrant [?] 10 yrs | $\begin{aligned} & 0.71(0.59 \\ & 0.84) \end{aligned}$ | $\begin{aligned} & 0.75(0.62 \\ & 0.92) \end{aligned}$ | $\begin{aligned} & 0.60(0.47, \\ & 0.76) \end{aligned}$ | $\begin{aligned} & 0.64(0.49 \\ & 0.82) \end{aligned}$ |
| Post-secondary education ${ }^{4}$ | $\begin{aligned} & 1.25(1.06, \\ & 1.47) \end{aligned}$ | $\begin{aligned} & 1.20(1.02, \\ & 1.43) \end{aligned}$ | $\begin{aligned} & 1.33(1.08 \\ & 1.64) \end{aligned}$ | $\begin{aligned} & 1.55(1.23 \\ & 1.96) \end{aligned}$ |
| Household income |  |  |  |  |
| Income missing | 1.02 (0.80, 1.32) | - | 1.01 (0.72, 1.40) | - |
| Low income ${ }^{5}$ | 0.94 (0.77, 1.14) | - | 0.96 (0.75, 1.21) | - |
| Household size ${ }^{6}$ | $\begin{aligned} & 0.85(0.80 \\ & 0.92) \end{aligned}$ | $\begin{aligned} & 0.82(0.75 \\ & 0.90) \end{aligned}$ | $\begin{aligned} & 0.88(0.81 \\ & 0.95) \end{aligned}$ | $\begin{aligned} & 0.85(0.77 \\ & 0.94) \end{aligned}$ |

${ }^{1}$ Reference group: $18-44$ years
${ }^{2}$ Race/ethnicity options include: Asian (Chinese, Japanese, Korean, Filipino, South Asian, and Southeast Asian), Black, Indigenous (self-identified with First Nations, Metis, or Inuit), White, and other (Arab, Latin American, West Asian (Middle East countries), other, multiple, and unknown race/ethnicity).

Reference group: White
${ }^{3}$ Reference group: Canadian-born
${ }^{4}$ Children $<18$ years were not asked this information. Reference group: adults without post-secondary education
${ }^{5}$ Lower-income Canadians were those whose self-reported before tax total household income was below the relevant low-income cut-off (LICO), as calculated yearly by Statistics Canada, for each of 7 household sizes and 5 community sizes. The LICO (before tax) is the income level at which families or unattached individuals spend on average $55 \%$ of before tax income on food, shelter, and clothing. Given we collected data on household income, household size, and postal code, we were able to ascertain if a household was below the LICO threshold. ${ }^{6}$ Reference group: Households that were not low income
${ }^{6}$ Household size is a continuous variable referring to number of members in the household.

+ Probable food allergy was defined as any individual who was reported, by the household respondent, to have symptoms/signs compatible with a convincing history and/or a physician diagnosis of a peanut, tree nut, fish, shellfish, sesame, milk, egg, wheat, and/or soy allergy. Refer to Appendix for definition of convincing history.
Empty cells indicate the variable was not included in the selected model.
Boldface cells indicate significant results.


## AUTHORS

Ann E. Clarke, MD, MSc ${ }^{1}$, Susan J. Elliott, PhD ${ }^{2}$, Yvan St. Pierre, MSc ${ }^{3}$, Lianne Soller, $\mathrm{PhD}^{4}$, Sebastien La Vieille, MD, MSc ${ }^{5,6}$, Moshe Ben-Shoshan, MD, MSc ${ }^{7}$
Word count: 598
Table count: 2
Figure count: 0

## Institutional affiliations:

${ }^{1}$ Division of Rheumatology, Cumming School of Medicine, University of Calgary, Calgary, Alberta, Canada
${ }^{2}$ Department of Geography and Environmental Management, University of Waterloo, Waterloo, Ontario, Canada
${ }^{3}$ Division of Clinical Epidemiology, Department of Medicine, McGill University Health Centre, Montreal, Quebec, Canada
${ }^{4}$ Division of Allergy and Immunology, Department of Pediatrics, University of British Columbia, Vancouver, British Columbia, Canada
${ }^{5}$ Bureau of Chemical Safety, Health Canada, Ottawa, Ontario, Canada
${ }^{6}$ Food Science Department, Faculty of Agricultural and Nutrition Sciences, Laval University, Quebec City, Quebec, Canada
${ }^{7}$ Division of Allergy and Clinical Immunology, Department of Pediatrics, Montreal Children's Hospital, McGill University Health Centre, Montreal, Quebec, Canada
Corresponding author:
Ann E. Clarke
Division of Rheumatology, Department of Medicine, University of Calgary, HRIC Building, Room 3AA18, 3280 Hospital Drive, Calgary, Alberta T2N 4Z6, Canada
aeclarke@ucalgary.ca

## Funding sources:

The research was funded by the Canadian Allergy, Genes, and Environment Network of Centres of Excellence (AllerGen NCE) and Health Canada.

Conflicts of Interest:
L. Soller participates in research sponsored by DBV Technologies and S. La Vieille is an employee of Health Canada. The rest of the authors declare that they have no relevant conflicts of interest.

