Introducing peanuts in infants

Key learnings from the LEAP study

The prevalence of peanut allergy in children has doubled in the past 10 years¹. Those with and asthma and/or egg allergy appear to be more likely to develop peanut allergy¹, so diagnosing and managing allergies is becoming an increasingly large issue. The LEAP study was designed to investigate the best way to manage this high-risk group.

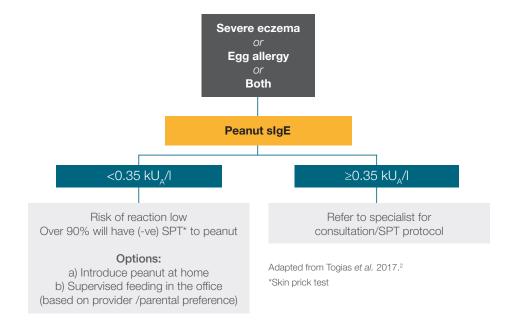
The LEAP study

Children with eczema and/or egg allergy are at increased risk of developing peanut allergy. The Learning Early about Peanut Allergy (LEAP) study was a randomised control trial carried out to determine if early introduction of peanuts would decrease the frequency of peanut allergy in children.¹

The results of the LEAP trial enabled the creation of guidelines by the National Institute of Allergy and Infectious Diseases to aid diagnosis and management of the introduction of peanuts to children with co-existing eczema and/or egg allergy.²

What the guidelines say - knowing when weaning should be supervised

By understanding the potential risk of reaction, an appropriate monitoring plan can be put in place. Peanut specific IgE (sIgE) blood testing can support your decision to refer for specialist care for further investigation or introduce peanut in a controlled setting.





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How to test



Using your local
pathology request
process, request an
ImmunoCAP™ Allergen
(f13) Peanut specific IgE
blood test (also known
as RAST, slgE, splgE)



ImmunoCAP Specific
IgE blood testing is
the gold standard
specific IgE test^{3,4} as
validated in over
6,000⁵ publications
and guidelines



ImmunoCAP
Specific IgE blood
testing is widely
used and is available
upon request from
your local pathology
laboratory

A confirmatory specific IgE blood test result can give you the confidence to select the most efficacious management strategy

