

Food allergy guidance in the United States military: A work group report from the American Academy of Allergy, Asthma & Immunology's Military Allergy and Immunology Assembly



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A diagnosis of food allergy adversely affects one's ability to join or remain in the military. Inadequate knowledge or misconceptions of current military-specific standards regarding food allergy and how these apply to enlistment, induction, and retention in the US military can lead potentially to inaccurate counseling because each military service has specific regulations that affect the evaluation and decision-making process. Recognizing this knowledge gap, the American Academy of Allergy, Asthma & Immunology's Military Allergy and Immunology Assembly

established a work group that reviewed and summarized all aspects of military instructions, policies, and regulations regarding IgE-mediated food allergy. A flowchart was developed outlining each step of the military entry process for an applicant with a history of food allergy. Furthermore, summary tables were made to provide improved "fluency" regarding each service's medical regulations, whereas key considerations were outlined for the allergist who is evaluating a subject who is seeking military entry or retention. Both civilian and military allergists play an essential role in the evaluation, counseling, and management of patients with a food allergy history. Understanding the service-specific language and regulations regarding food allergy will improve the allergist's awareness, counseling, and management of these individuals. (J Allergy Clin Immunol 2018;142:54-9.)

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IgE-mediated food allergy is one of the most commonly identified atopic disorders, affecting approximately 8% of children and 4% of adults.¹ There is also an increased incidence of food allergy persisting into adolescence and adulthood.² Despite successful avoidance, patients with an IgE-mediated food allergy often have significant quality-of-life deficits and face an increased economic burden of illness. Specifically, having a diagnosis of food allergy adversely affects one's ability to join the military.³

At present, food allergy can affect between 1 in 13 and 1 in 25 persons who might desire to join military service, posing an unforeseen constraint in the country's ability to recruit and maintain

Abbreviations used

AAAAI:	American Academy of Allergy, Asthma & Immunology
AR:	Army Regulation
DoDI:	Department of Defense Instruction
MAIA:	Military Allergy and Immunology Assembly
MANMED:	Manual of the Medical Department
MEB:	Medical evaluation board

an effective and deployable fighting force. In 2017, approximately 4.2 million persons reached military age, and approximately 2.6 million persons served in the military.⁴ With the unique military requirements that persons be able to function in austere locations with limited food choices and varied medical support, a significant number of persons who desire to serve can be affected by current Department of Defense medical accession and retention standards. A query of the American Academy of Allergy, Asthma & Immunology (AAAAI)'s "Ask the Expert" for "military and food allergy" had only a single general scenario and response, but there are many service-specific standards and requirements regarding food allergy in the military that are not well known or not understood by many civilian and military health care providers and specialists.⁵ Furthermore, there are no allergist-specific publications that outline and summarize military-specific aspects regarding food allergy and how these standards apply to enlistment, induction, and retention in the US military. Inadequate knowledge or inaccurate counseling might lead to misconceptions because each military service (ie, Army, Navy, and Air Force) has specific regulations that can affect the evaluation and decision-making process.

Recognizing this knowledge gap, the 2017 AAAAI's Military Allergy and Immunology Assembly (MAIA) hosted a session entitled "Panel discussion: Service-unique strategies for evaluation and management of food allergy: entry and retention." During this session, the service-specific allergy consultants for the Army (K.W.), Navy (R.L.), and Air Force (C.C.) reviewed current service-specific policies and standards, presented "real-life" cases, and discussed the importance of the civilian-military allergist relationship. It was clear to the triservice panel and the audience that a work group should be formed to review and summarize all aspects of military instructions, policies, and regulations regarding IgE-mediated food allergy, which could aid both civilian and military allergists.

In addition, providing both an algorithm for initial enlistment and accession and service-specific resources would fill a knowledge gap acknowledged by both civilian and military allergists. Because each person's specific food allergy history, military branch, and occupation is unique, this document should be considered a guide that can be applied differently depending on the time of evaluation (ie, enlistment vs retention) and the service branch (ie, Army, Air Force, Navy).

MEDICAL CONSIDERATIONS FOR ACCESSION INTO THE US ARMED FORCES

The US Armed Forces consist of the Army, Air Force, Navy, Marine Corps, and Coast Guard. Reserve forces include the same branches as active duty forces, whereas the Army and Air Force also have National Guard units. Prospective service members are often recruited from high school or college, typically between the ages of 18 and 27 years. Adolescents who are 17 years of age can

enter with parental consent, and the maximum age to join is 39 years for some branches and occupations. The standards for military entry are uniform, regardless of the applicant's path of entry (eg, local recruiting office, Reserved Officer Training Corps, Service Academy, and Officer Candidate School) or desired service branch. The initial medical screening and examination occurs at a Military Entrance Processing Station to determine whether the person meets all medical standards.⁶

The guidance contained in the US Department of Defense Instruction (DoDI) 6130.03, entitled "Medical standards for appointment, enlistment, or induction in the military services," is to ensure that the person meets 5 main criteria³:

1. The person under consideration is free of contagious disease that will probably endanger the health of other personnel.
2. The person is free of medical conditions that require excessive time lost from duty for necessary treatment or hospitalization.
3. The person is medically capable of satisfactorily completing required training.
4. The person is medically adaptable to the military environment without the necessity of geographic limitations.
5. The person is medically capable of performing duties without aggravation of existing medical conditions.

However, the 52-page DoDI contains specific medical standards for every organ system and medical condition that does not meet medical standards for entry. As stated in part 24e of this document, a "History of systemic allergic reaction to food or food additives" is disqualifying.³ A *systemic allergic reaction* is defined as a temporally related, often multisystem reaction to a specific food. Food-specific IgE antibody without a correlated clinical history does meet the standard for entry.³ This latter standard is interpreted by the work group as a person who is "sensitized" but reports no clinical symptoms after ingestion of the implicated food or foods and therefore is not allergic to that food.

Although eosinophilic esophagitis (EoE) can occur independently of specific IgE-mediated food triggers and does not result in an epinephrine autoinjector prescription, it is a disqualifying condition, and waivers are generally not recommended for EoE because of the chronic and often significant aspects of this diagnosis.³ Retention for a patient with EoE is handled on a case-by-case basis, and decisions are highly dependent on specific military occupation, food avoidance requirements, frequency and severity of symptoms, and requirements for appropriate disease control. Finally, although oral allergy syndrome (ie, typical cross-reactive foods with reactions limited to the mouth and throat without other systemic features) is listed as a disqualifying condition in the current DoDI, these patients are typically granted a waiver by the initial examiner or service-specific allergy consultant.⁷

Persons with a history of food allergy can apply for military service, but there is a sequence of steps in which the applicant's food allergy history is assessed (Fig 1, Boxes 1-7).^{6,8-13} Furthermore, each service has its own specific regulations regarding food allergy for initial assessment or induction (Table 1).

US ARMY: ENLISTMENT, APPOINTMENT, INDUCTION, AND RETENTION

Along with DoDI 6130.03, Army Regulation (AR) 40-501 is the "Standards for medical fitness for the United States Army."¹⁴

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