

## **Registry system for evaluation and therapeutic intervention of children with Food allergy in Iran**

**(1 month to 19 years)**

Food allergy among children is a serious health issue that can be life threatening. Reports indicate that the prevalence of food allergy, particularly allergy to peanuts, may be increasing among children.<sup>1-3</sup> However, there are few data sources available that can be used to make statistically reliable estimates of food allergy among all children in the Iran, on a nationally representative basis. As a result, descriptions of food allergy among Iranian children are lacking information about allergies in specific demographic groups (ie, according to age, gender, or race/ethnicity). Such information could reveal disparities in food allergy among subgroups of children. In addition, there is limited knowledge about health care utilization for food allergy among affected children on a national basis. Therefore, the purpose of this study was to describe trends in the prevalence of food allergy and food allergy-related health care use among children in the Iran, by using nationally representative survey data (1-3).

The main purposes of registry system include: determining the abundance of food allergies among children and adolescents, determining the clinical course and complications of food allergies in children, determining and evaluating health care services in this area and increasing the quality of care, developing a health care system to prevent and control of food allergies and its complications, design and implementation of epidemiological studies to identify factors associated with the exacerbation of food allergies, collecting and recording data for clinical trials in this field.

All people 18 years and younger that initial medical assessment in hospitals located throughout the country if they have food allergies are entered into the system. The information about the entered persons is collected according to the software questionnaire including demographic information, anthropometric measurements, laboratory results, risk factors for food allergies, interventions performed, outcomes and complications. All this information is provided by the relevant authorities in each center. At the Information Coordination Center, the person or persons informed and expert to monitor the information entered on a regular basis and, if there is any confusion, contact the relevant center and the registrant or speak to the patient if necessary. In this system the detection method will be inactive. After placing food allergies the list of reportable diseases, medical practitioners, nurses, and health care providers across the country after defining diagnostic procedures and ensuring the type of disease complete the standard pre-designated form

provided to all units for this purpose. In order to evaluate the quality of data collection at specified intervals (three months), several records are randomly selected and the accuracy of their data entry is examined by referring to the origin of the file or patient question.

The registration system will be active for 10 years, during which time the information of eligible people will be entered. All steps in setting up and running the system will be carried out under the supervision of the Strategic Committee. The task of the Strategic Committee is to determine the strategies needed to achieve the predetermined goals. The Data Coordination Center, which is overseen by the Strategic Committee, is responsible for controlling the quality of information, how it is accessed, and how the database outputs for analysis. In addition, individuals are involved in the program to collect information or other information that all individuals are aware of in committee decisions through the Data Coordination Center.

## References

1. Sicherer SH, Sampson HA. Peanut allergy: emerging concepts and approaches for an apparent epidemic. *J Allergy Clin Immunol.* 2007;120(3):491–503 2.
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3. Grundy J, Matthews S, Bateman B, Dean T, Arshad SH. Rising prevalence of allergy to peanut in children: data from 2 sequential cohorts. *J Allergy Clin Immunol.* 2002; 110(5):784 –789