

Key messages - Understanding international provision of allergen information

Results available: Results available

Area of research interest: [Food hypersensitivity](#)

Research topics: [Food hypersensitivity and allergy](#)

Conducted by: RSM UK Consulting LLP

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Our rapid evidence assessment aimed to develop an understanding of the international provision of allergen information in the non-prepacked food sector. A mixed-methods approach was used, including a rapid literature and data review, stakeholder interviews, as well as co-production panel review with our advisor (Dr Audrey DunnGalvin) and members of Allergy UK and the FSA.

We found legislation on nine of the 18 countries within the scope for this project. These included three EU countries who have also brought in additional national requirements to EU legislation (Lithuania, Republic of Ireland, and Netherlands); two non-EU countries that align to EU legislation and have additional legislation in place (Switzerland, and Norway); three non-European countries (US, Philippines, and Canada) have legislation in place or draft form; and the UK. While legislation was not found in English for the other countries, all 27 EU member states follow the EU legislation as a minimum requirement. The UK follows EU legislation as we were a member state at the time of implementation. The UK has since left the EU; however the legislation has been retained. The UK has additional legislation for food that is prepacked for direct sale (PPDS), but not other types of non-prepacked food. There is considerable variation across countries and regions, in terms of type of allergens and foods covered, the required format of provision of allergen information (e.g., verbal or written) and the food establishments included within the legislation. Across all countries included within the review, the use of precautionary allergen labelling was voluntary.

The overall objective of this rapid evidence assessment was to develop recommendations for the FSA to inform future policy and regulation decisions based on evidence of 'what works'. However, the reviewed literature provided no evidence of whether approaches are associated with improved safety, compliance, unintended consequences, or feasibility. We were also unable to infer effectiveness via data on reported trends in deaths or incidents pre and post implementation of legislation, as these data was not found for any country. Similarly, there was not enough evidence to allow a systematic analysis of incidents associated with different types or categories of food business operators (FBOs) selling non-prepacked foods. We are therefore unable to provide clear recommendations of 'what works' from the evidence. We have instead gathered information on the ideas or potential solutions suggested in the literature.