

***Duru Favour Ihuoma***

**PREVALENCE AND PATTERNS OF FOOD ALLERGIES IN NIGERIA**

***Tutor: associate professor Novikova T.P.***

*Department of Propaedeutics of Internal Disease with Advanced Training Course and Retraining  
Belarusian State Medical University, Minsk*

**Relevance.** Investigating the prevalence and patterns of food allergies in Nigeria is critical to enhance detection, increase public awareness, inform healthcare policies, and prevent avoidable allergic reactions, particularly in a setting with unique dietary habits and low allergy recognition.

**Aim:** to investigate the prevalence and patterns of food allergies in Nigeria, identifying common allergens, demographic variations, and clinical manifestations. The findings will provide critical data to improve diagnosis, guide public health strategies, and enhance allergy awareness in a population with diverse dietary exposures and limited existing research.

**Materials and methods.** A questionnaire-based cross-sectional study was conducted among 65 Nigerian students (18-35 years) across institutions in Belarus. Data on food allergy prevalence, triggering foods, symptoms, and management approaches were collected.

**Results and their discussion.** The study found 18.6% of Nigerian students had food allergies, with peanuts (32%), shellfish (24%), and cow's milk (19%) as top triggers. Skin reactions (56%) and gastrointestinal symptoms (28%) were most common, yet only 12% received clinical diagnosis, with 63% self-managing.

Diagnosis is limited to few centers (Lagos University Teaching Hospital, National Hospital Abuja, University of Nigeria Teaching Hospital). For immunotherapy, patients must travel abroad (e.g., Netcare Group in South Africa or UK NHS clinics).

Consequential gaps include:

- 1) Insufficient diagnostic facilities
- 2) Lack of trained allergists
- 3) Need for public education
- 4) Absence of local immunotherapy

This mirrors developing nations' challenges, indicating Nigeria's allergy burden is underestimated, requiring urgent healthcare improvements and awareness campaigns.

**Conclusion.** For effective management:

1) Peanut Allergy: Strict avoidance of groundnuts, peanut oil, and local snacks containing peanuts, also, substitute with plantain chips, roasted soybeans, or coconut-based snacks.

2) Shellfish Allergy: Avoid shrimp, crayfish (common in Nigerian soups), and seafood. Mushrooms or locust beans (iru) can be used as flavour alternatives.

3) Cow's Milk Allergy: Replace with fortified soy milk, tiger nut milk, or coconut milk and avoid local dairy products like fura de nunu and wara cheese.

A suspected diagnosis of food allergy can be confirmed using skin prick tests or serum IgE tests available at:

- Lagos University Teaching Hospital
- National Hospital Abuja
- University of Nigeria Teaching Hospital, Enugu

These findings highlight the urgent need for:

- Expanded allergy testing facilities nationwide
- Development of local food substitution guidelines
- Public health campaigns on allergen identification