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What's New in Peanut Allergy

Pediatricians are often the first step in peanut allergy care, making them essential partners in early recognition and ongoing management.[1,2]

Pediatricians Play a Central Role Across the Peanut Allergy Journey

Document
Reaction history, symptoms, and responses to any medications taken.[1,2]

Refer
To an allergist for definitive diagnosis and personalized management.[1,2]

Educate
Families on anaphylaxis action plans and guidance on proper dietary avoidance.[1,2]

Partner
Referral to an allergist is a partnership, not a handoff. Pediatricians remain central to ongoing care.[1,2]

A Ready-to-Use Tool for Your Practice

The AAP Allergy and Anaphylaxis Emergency Plan is a free, one-page action plan that pediatricians can complete and give to patients, families, schools, and other caregivers.

Scan the QR code or visit **www.aap.org/aaep** to download or complete the plan.

Timing Matters: Early Introduction and Intervention Can Improve Outcomes

~81%

In the LEAP trial, **early peanut introduction** (4-6 months of age) reduced peanut allergy prevalence by **~81%**[3]

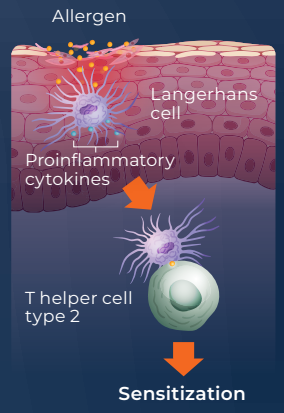
As a result, consensus guidelines and NIAID recommendations include **early introduction of dietary peanut** for high-risk infants[4-6]

Similarly, younger children with peanut allergy tend to have lower allergen-specific IgE and **higher desensitization rates than older children with peanut allergy**[7]

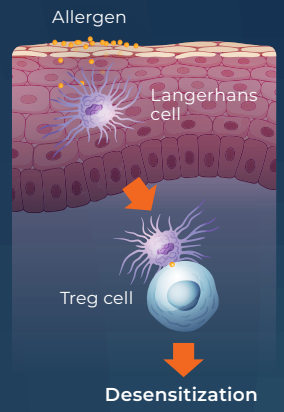
Skin: Friend or Foe? The Answer Depends on Context[8,9]

For years, the skin was viewed mainly as a route through which allergic sensitization occurs.

Emerging research tells a more nuanced story. Depending on its condition, the skin can play a role in either sensitization or desensitization.[8,9]



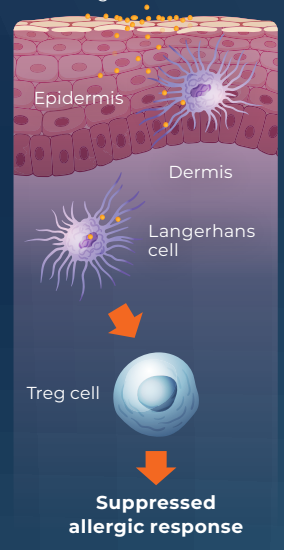
Inflamed or damaged skin: may favor an immune response that leads to allergic sensitization[8,9]



Healthy, intact skin: can support immune responses associated with desensitization[8,9]

Harnessing the Immune Properties of the Skin

A growing area of research is focused on using the **skin's unique properties to help retrain** the **immune system toward desensitization** in patients with peanut allergy.[10]



Epicutaneous immunotherapy, or EPIT, introduces a tiny amount of allergen to healthy, intact skin[10]

The allergen is captured by immune cells that induce the production of Tregs to help **retrain the immune system**[10]

Preclinical data show that EPIT has the potential to be disease modifying[10]

EPIT is an innovative approach to allergen immunotherapy that is currently being evaluated in a clinical program for the treatment of peanut allergy[11]

Contact Us

General Inquiries
general@dbv-technologies.com

Medical Information
medicalinformation@dbv-technologies.com

Learn More at
dbv-technologies.com

1. Gupta RS, Epstein E, Wood RA. *Front Pediatr*. 2024;12:1373373. **2.** Wright BL et al. *Pediatr Clin North Am*. 2015;62(6):1409-1424. **3.** Du Toit G et al. *N Engl J Med*. 2016;374(15):1435-1443. **4.** Fleischer DM et al. *Allergy Asthma Clin Immunol*. 2015;11(1):23. **5.** Togias A et al. *J Allergy Clin Immunol*. 2017;139(1):29-44. **6.** Fleischer DM et al. *J Allergy Clin Immunol Pract*. 2021;9(1):22-43e4. **7.** Smeekens JM et al. *Pediatr Allergy Immunol*. 2025;36(10):e70193. **8.** Bird JA et al. *World Allergy Organ J*. 2018;11(1):38. **9.** Hervé PL et al. *Front Allergy*. 2023;4:1290003. **10.** Ravindran M et al. *Allergy*. 2025;80(1):63-76. **11.** Data on File. DBV Technologies.

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