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Data Brief

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Diagnosed Allergic Conditions in Adults: United States, 2024

Lauren Bottoms-McClain, M.P.H., Abhigya Giri, M.P.H., and Amanda E. Ng, Ph.D., M.P.H.

Key findings

Data from the National Health Interview Survey

- In 2024, 31.7% of adults had a diagnosed seasonal allergy, diagnosed eczema, or a diagnosed food allergy.
- The percentage of adults with a diagnosed seasonal allergy was higher among those living in nonmetropolitan areas than those in metropolitan areas.
- Women were more likely to have diagnosed eczema (9.5%) compared with men (5.7%).
- Diagnosed food allergies were more prevalent in Black non-Hispanic adults (9.9%) compared with Hispanic (5.4%), Asian non-Hispanic (5.5%), and White non-Hispanic (6.4%) adults.

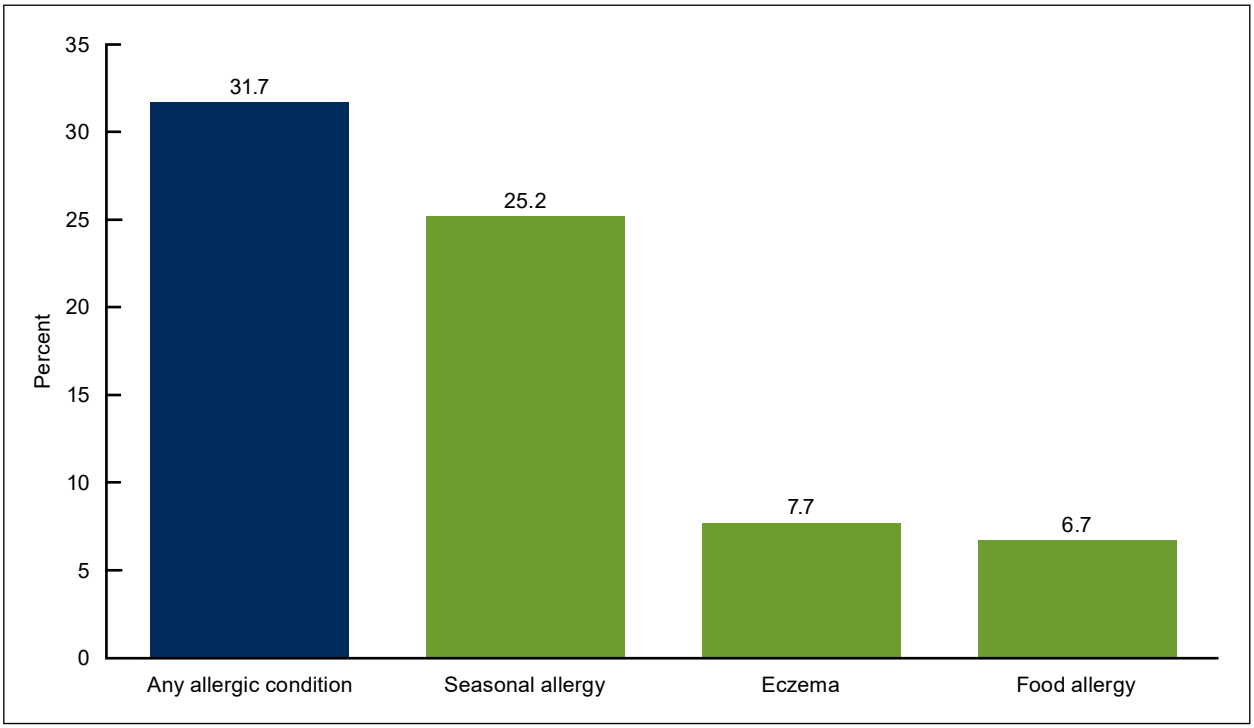
Introduction

Allergies are common in the U.S. adult population (1). An allergy happens when a person's immune system overreacts with a specific, reproducible response on exposure to typically harmless substances (2,3). The severity of allergic reaction symptoms varies and can range from mild symptoms like itchy, watery eyes or hives to serious, life-threatening symptoms like anaphylaxis (2,4). This report uses data from the 2024 National Health Interview Survey (NHIS) to describe the prevalence of diagnosed seasonal allergies, eczema, and food allergies in adults in the United States by age, sex, race and Hispanic origin, and urbanization level.

Diagnosed allergic conditions

- In 2024, 31.7% of adults had a diagnosed seasonal allergy (subsequently, seasonal allergy), diagnosed eczema (subsequently, eczema), or a diagnosed food allergy (subsequently, food allergy) (Figure 1, Table 1).
- One-quarter of adults had a seasonal allergy (25.2%), 7.7% had eczema, and 6.7% had a food allergy.

Figure 1. Percentage of adults with a diagnosed seasonal allergy, eczema, food allergy, or any of these allergic conditions: United States, 2024



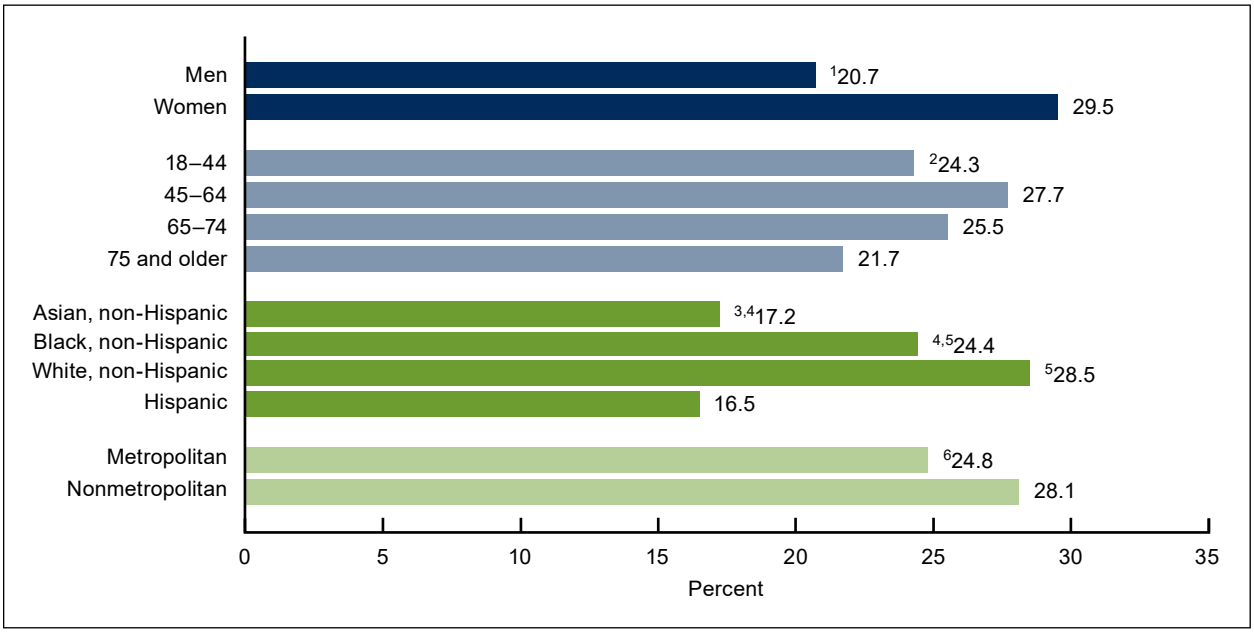
NOTES: Adults were considered to have any allergic condition if they were diagnosed with one or more of three selected conditions: seasonal allergy, eczema, or food allergy. Categories for each allergic condition were not mutually exclusive. Estimates are based on household interviews of a sample of the U.S. civilian noninstitutionalized population.
SOURCE: National Center for Health Statistics, National Health Interview Survey, 2024.

Diagnosed seasonal allergy

- Women were more likely to have a seasonal allergy (29.5%) compared with men (20.7%) (Figure 2, Table 2).
- The prevalence of seasonal allergies increased from 24.3% in adults ages 18–44 to 27.7% in those 45–64, and declined to 25.5% in those 65–74 and 21.7% in those age 75 and older.
- White non-Hispanic (subsequently, White) adults were more likely to have a seasonal allergy (28.5%) compared with Black non-Hispanic (subsequently, Black) (24.4%) Asian non-Hispanic (subsequently, Asian) (17.2%), and Hispanic (16.5%) adults.

- Black adults were more likely to have a seasonal allergy compared with Asian and Hispanic adults.
- Adults living in nonmetropolitan areas were more likely to have a seasonal allergy (28.1%) compared with adults in metropolitan areas (24.8%).

Figure 2. Percentage of adults with a diagnosed seasonal allergy, by sex, age group, race and Hispanic origin, and urbanization level: United States, 2024

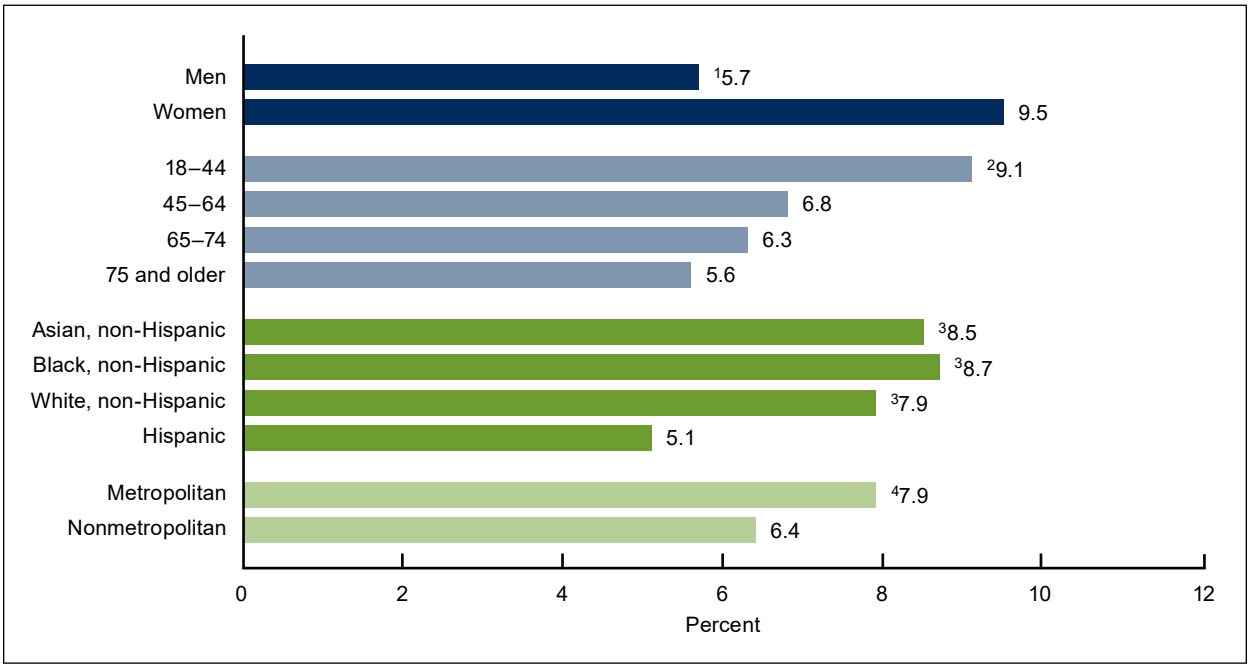


[1]Significantly different from women ($p < 0.05$).
[2]Significant quadratic trend by age ($p < 0.05$).
[3]Significantly different from Black adults ($p < 0.05$).
[4]Significantly different from White adults ($p < 0.05$).
[5]Significantly different from Hispanic adults ($p < 0.05$).
[6]Significantly different from adults living in nonmetropolitan areas ($p < 0.05$).
NOTE: Estimates are based on household interviews of a sample of the U.S. civilian noninstitutionalized population.
SOURCE: National Center for Health Statistics, National Health Interview Survey, 2024.

Diagnosed eczema

- Women were more likely to have eczema (9.5%) compared with men (5.7%) (Figure 3, Table 3).
- Adults ages 18–44 were more likely to have eczema (9.1%) than those ages 45–64 (6.8%), 65–74 (6.3%), or 75 and older (5.6%).
- Adults ages 45–64 were more likely than adults age 75 and older to have eczema.
- Black (8.7%), Asian (8.5%), and White (7.9%) adults were more likely to have eczema compared with Hispanic adults (5.1%).
- Adults living in metropolitan areas were more likely to have eczema (7.9%) compared with adults in nonmetropolitan areas (6.4%).

Figure 3. Percentage of adults with diagnosed eczema, by sex, age group, race and Hispanic origin, and urbanization level: United States, 2024

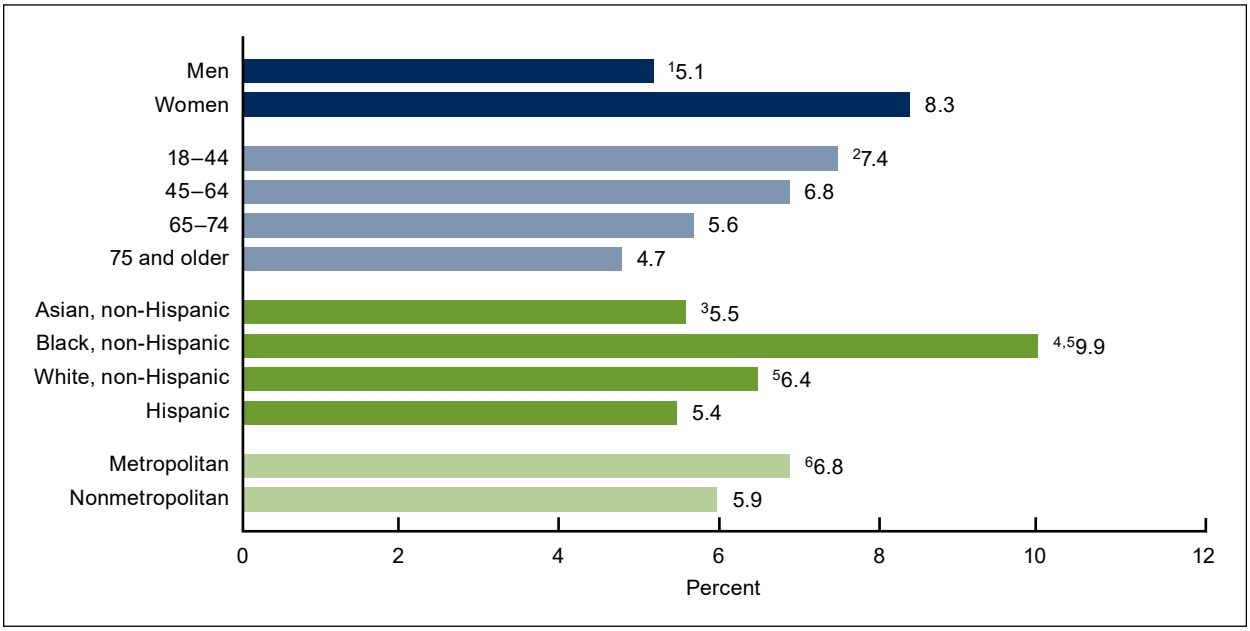


[1]Significantly different from women ($p < 0.05$).
[2]Significant quadratic trend by age ($p < 0.05$).
[3]Significantly different from Hispanic adults ($p < 0.05$).
[4]Significantly different from adults living in nonmetropolitan areas ($p < 0.05$).
NOTE: Estimates are based on household interviews of a sample of the U.S. civilian noninstitutionalized population.
SOURCE: National Center for Health Statistics, National Health Interview Survey, 2024.

Diagnosed food allergy

- Women were more likely to have a food allergy (8.3%) compared with men (5.1%) (Figure 4, Table 4).
- The percentage of adults with a food allergy decreased with increasing age, from 7.4% in adults ages 18–44 to 4.7% in adults age 75 and older.
- Black adults were more likely to have a food allergy (9.9%) compared with White (6.4%), Asian (5.5%), and Hispanic (5.4%) adults.
- White adults were more likely to have a food allergy compared with Hispanic adults. The observed difference between White and Asian adults was not significant.
- Adults living in metropolitan areas were more likely to have a food allergy (6.8%) compared with adults in nonmetropolitan areas (5.9%).

Figure 4. Percentage of adults with a diagnosed food allergy, by sex, age group, race and Hispanic origin, and urbanization level: United States, 2024



[1]Significantly different from women ($p < 0.05$).
[2]Significant linear trend by age ($p < 0.05$).
[3]Significantly different from Black adults ($p < 0.05$).
[4]Significantly different from White adults ($p < 0.05$).
[5]Significantly different from Hispanic adults ($p < 0.05$).
[6]Significantly different from adults living in nonmetropolitan areas ($p < 0.05$).
NOTE: Estimates are based on household interviews of a sample of the U.S. civilian noninstitutionalized population.
SOURCE: National Center for Health Statistics, National Health Interview Survey, 2024.

Summary

In 2024, 31.7% of adults had a diagnosed seasonal allergy, eczema, or food allergy. One-quarter of adults had a seasonal allergy (25.2%), 7.7% had eczema, and 6.7% had a food allergy. Each of these allergic conditions was higher in women compared with men. While seasonal allergies were higher in nonmetropolitan areas compared with metropolitan areas, eczema and food allergies were higher in metropolitan areas compared with nonmetropolitan areas. The prevalence of these selected allergic conditions varied by age group and race and Hispanic origin.

Definitions

Any allergic condition: Adults were considered to have any allergic condition if they were diagnosed with one or more of three selected conditions: seasonal allergy, eczema, and food allergy.

Eczema: Based on a positive response to both survey questions, “Do you get an itchy rash due to eczema or atopic dermatitis?” and “Have you ever been told by a doctor or other health professional that you had eczema or atopic dermatitis?”

Food allergy: Based on a positive response to both survey questions, “Do you have an allergy to one or more foods?” and “Have you ever been told by a doctor or other health professional that you had an allergy to one or more foods?”

Race and Hispanic origin: Categories shown for non-Hispanic adults are for those who selected only one racial group; respondents had the option to select more than one racial group. Adults categorized as Hispanic may be of any race or combination of races. Estimates for non-Hispanic adults of races other than Asian, Black, or White are not shown, but are included in total estimates. Analyses were limited to the race and Hispanic-origin groups for which data were reliable and had a large enough sample to make group comparisons.

Seasonal allergy: Based on a positive response to both survey questions, “Do you get symptoms such as sneezing, runny nose, or itchy or watery eyes due to hay fever, seasonal, or year-round allergies?” and “Have you ever been told by a doctor or other health professional that you had hay fever, seasonal, or year-round allergies?”

Urbanization level: Urbanization level was divided into two categories using the 2023 NCHS Urban–Rural Classification Scheme for counties (5): metropolitan (large central metropolitan, large fringe metropolitan, and medium and small metropolitan counties) and nonmetropolitan (counties in micropolitan statistical areas and nonmetropolitan counties).

Data source and methods

Data from the 2024 NHIS were used for this analysis. NHIS is a nationally representative household survey of the U.S. civilian noninstitutionalized population. It is conducted continuously throughout the year by the National Center for Health Statistics (NCHS). Interviews are typically initiated face-to-face in respondents’ homes with follow-ups conducted by telephone as needed (6). For more information on the survey, visit the NHIS website: https://www.cdc.gov/nchs/nhis/index.htm.

Point estimates and the corresponding confidence intervals for this analysis were calculated using SAS-callable SUDAAN software (7) to account for the complex sample design of NHIS. All estimates are based on self-report and meet NCHS data presentation standards for proportions (8). Differences between percentages were evaluated using two-sided significance tests at the 0.05 level. Linear and quadratic trends by age group were evaluated using orthogonal polynomials.

About the authors

Lauren Bottoms-McClain, Abhigya Giri, and Amanda E. Ng are with the National Center for Health Statistics, Division of Health Interview Statistics.

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Figure tables

Data table for Figure 1. Percentage of adults with a diagnosed seasonal allergy, eczema, food allergy, or any of these allergic conditions: United States, 2024

Characteristic	Percent (95% confidence interval)	Standard error
Any allergic condition	31.7 (31.1–32.4)	0.34
Seasonal allergy	25.2 (24.6–25.8)	0.30
Eczema	7.7 (7.3–8.0)	0.19
Food allergy	6.7 (6.4–7.1)	0.18

NOTES: Adults were considered to have any allergic condition if they were diagnosed with one or more of three selected conditions: seasonal allergy, eczema, or food allergy. Categories for each allergic condition were not mutually exclusive. Estimates are based on household interviews of a sample of the U.S. civilian noninstitutionalized population.
SOURCE: National Center for Health Statistics, National Health Interview Survey, 2024.

Data table for Figure 2. Percentage of adults with a diagnosed seasonal allergy, by sex, age, race and Hispanic origin, and urbanization level: United States, 2024

Characteristic	Percent (95% confidence interval)	Standard error
Sex		
Men	[1]20.7 (19.9–21.6)	0.41
Women	29.5 (28.7–30.3)	0.43
Age group		
18–44	[2]24.3 (23.3–25.2)	0.49
45–64	27.7 (26.7–28.8)	0.52
65–74	25.5 (24.2–26.8)	0.65
75 and older	21.7 (20.3–23.1)	0.72
Race and Hispanic origin		
Asian, non-Hispanic	[3,4]17.2 (15.2–19.4)	1.05
Black, non-Hispanic	[4,5]24.4 (22.6–26.3)	0.91
White, non-Hispanic	[5]28.5 (27.8–29.3)	0.38
Hispanic	16.5 (15.3–17.8)	0.62
Urbanization level		
Metropolitan	[6]24.8 (24.1–25.4)	0.33
Nonmetropolitan	28.1 (26.5–29.8)	0.82

[1]Significantly different from women ($p < 0.05$).
[2]Significant quadratic trend by age ($p < 0.05$).
[3]Significantly different from Black non-Hispanic adults ($p < 0.05$).
[4]Significantly different from White non-Hispanic adults ($p < 0.05$).
[5]Significantly different from Hispanic adults ($p < 0.05$).
[6]Significantly different from adults living in nonmetropolitan areas ($p < 0.05$).
NOTE: Estimates are based on household interviews of a sample of the U.S. civilian noninstitutionalized population.
SOURCE: National Center for Health Statistics, National Health Interview Survey, 2024.

Data table for Figure 3. Percentage of adults with diagnosed eczema, by sex, age, race and Hispanic origin, and urbanization level: United States, 2024

Characteristic	Percent (95% confidence interval)	Standard error
Sex		
Men	[1]5.7 (5.3–6.2)	0.24
Women	9.5 (8.9–10.1)	0.29
Age group		
18–44	[2]9.1 (8.4–9.7)	0.33
45–64	6.8 (6.3–7.4)	0.30
65–74	6.3 (5.6–7.1)	0.39
75 and older	5.6 (4.9–6.4)	0.38
Race and Hispanic origin		
Asian, non-Hispanic	[3]8.5 (7.1–10.2)	0.76
Black, non-Hispanic	[3]8.7 (7.5–10.1)	0.66
White, non-Hispanic	[3]7.9 (7.4–8.4)	0.24
Hispanic	5.1 (4.4–5.9)	0.38
Urbanization level		
Metropolitan	[4]7.9 (7.4–8.3)	0.22
Nonmetropolitan	6.4 (5.7–7.2)	0.37

[1]Significantly different from women ($p < 0.05$).
[2]Significant quadratic trend by age ($p < 0.05$).
[3]Significantly different from Hispanic adults ($p < 0.05$).
[4]Significantly different from adults living in nonmetropolitan areas ($p < 0.05$).
NOTE: Estimates are based on household interviews of a sample of the U.S. civilian noninstitutionalized population.
SOURCE: National Center for Health Statistics, National Health Interview Survey, 2024.

Data table for Figure 4. Percentage of adults with a diagnosed food allergy, by sex, age, race and Hispanic origin, and urbanization level: United States, 2024

Characteristic	Percent (95% confidence interval)	Standard error
Sex		
Men	[1]5.1 (4.6–5.5)	0.22
Women	8.3 (7.7–8.8)	0.28
Age group		
18–44	[2]7.4 (6.8–8.0)	0.31
45–64	6.8 (6.3–7.4)	0.29
65–74	5.6 (4.9–6.3)	0.36
75 and older	4.7 (4.0–5.4)	0.34
Race and Hispanic origin		
Asian, non-Hispanic	[3]5.5 (4.2–7.1)	0.71
Black, non-Hispanic	[4,5]9.9 (8.6–11.4)	0.68
White, non-Hispanic	[5]6.4 (6.0–6.9)	0.21
Hispanic	5.4 (4.7–6.2)	0.37
Urbanization level		
Metropolitan	[6]6.8 (6.5–7.2)	0.20
Nonmetropolitan	5.9 (5.3–6.6)	0.33

[1]Significantly different from women ($p < 0.05$).
[2]Significant linear trend by age ($p < 0.05$).
[3]Significantly different from Black non-Hispanic adults ($p < 0.05$).
[4]Significantly different from White non-Hispanic adults ($p < 0.05$).
[5]Significantly different from Hispanic adults ($p < 0.05$).
[6]Significantly different from adults living in nonmetropolitan areas ($p < 0.05$).
NOTE: Estimates are based on household interviews of a sample of the U.S. civilian noninstitutionalized population.
SOURCE: National Center for Health Statistics, National Health Interview Survey, 2024.

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