

MEDIA RELEASE - Embargoed until Sunday 14 May 2017

NEW RESEARCH: IGNORANCE FEEDS ALLERGY RISKS

Sunday 14 May 2017: New research reveals four out of five Australian adults would not be able to recognise if someone was having a potentially fatal allergic reaction and the vast majority would have no idea how to help.¹

The findings of the national study have alarmed experts who warn "allergy ignorance" costs lives.

The Galaxy Research study, based on responses from a representative sample of 1000 Australian adults¹, showed:

- 69% would not know how to help someone having a severe allergic reaction (anaphylaxis),
- 70% did not know how to use a potentially life-saving adrenaline autoinjector (or EpiPen) and nearly 31% didn't know what an adrenaline autoinjector was,
- 56% thought people with a food allergy were "over cautious" about what they ate and 27% went as far as to say that there was "a lot of fuss" about food allergy and we had become "over-protective".
- Only 4% knew that you could be allergic to any food and 49% did not know that you could develop an allergy to a food that you have eaten before without a reaction.

Maria Said, Allergy & Anaphylaxis Australia (A&AA) CEO, said the research was worrying and highlighted a critical need for widespread community education.

"The research reveals an extremely dangerous combination of lack of awareness and complacency. Australians need to recognise people with food allergies are not making a 'fuss' and that this is a medical issue we need to all take seriously," explained Ms Said.

"Australia has one of the highest rates of food allergies in the developed world and it is increasing at a frightening rate². One in ten babies born today will develop a food allergy.³

"To have any chance of preventing food allergic reactions, including fatalities, we need to significantly increase community awareness so that those with food allergy can work toward avoidance and everyone can spot the signs of anaphylaxis and know what to do in an emergency.

"We all need to be allergy aware – how to use an adrenaline auto-injector must become common first aid knowledge, just like CPR."

The new research, commissioned by Allergy & Anaphylaxis Australia, was released today to mark the start of Food Allergy Week (14 – 20 May 2017). The initiative aims to raise awareness about the importance of understanding this potentially life-threatening condition. This year, for the first time, Allergy & Anaphylaxis Australia is also calling on Australians help raise funds to boost community education.

"Community education is essential to prevent life threatening reactions including fatalities and this new research shows we have a huge task ahead of us. The research also found most Australians (62%) would like to have a better understanding about food allergy, which is heartening," concluded Ms Said.

It is estimated that more than 650,000 Australians have a diagnosed food allergy with around 30,000 new cases in Australia every year. ^{3,4}



The Galaxy Research study also showed while most respondents were aware that more common allergies like peanut (81%), shellfish (65%) and seafood (52%) could be life-threatening, few realised that reactions to any food including other triggers like banana (8%), kiwifruit (9%), and celery (6%) could also be potentially fatal.

Food Allergy Week begins today and runs until Saturday 20 May. To donate to Allergy & Anaphylaxis Australia community education programs simply **text ALLERGY to 0455 021 021**. For more information on how you can support Food Allergy Week please visit - http://www.foodallergyaware.com.au/

Be Allergy Aware:

What are the signs of a severe allergic reaction?

One or more of the following symptoms can indicate a severe allergic reaction:

- Dizziness
- Collapse
- Pale and floppy (young children)
- Swelling of the tongue
- Difficulty talking and/or hoarse voice
- Difficult breathing/noisy breathing
- Wheeze or persistent cough
- Swelling or tightness in the throat

It is important to remember a mild or moderate allergic reaction can quickly progress to anaphylaxis.

What should you do if someone is having a severe allergic reaction?

- 1. Lay person flat and raise their legs if possible (if breathing is difficult allow to sit)
- 2. Administer the adrenaline autoinjector (EpiPen)
- 3. Call an ambulance
- 4. Call their emergency contact
- 5. After 5 minutes, if there is no response or their condition is worsening, administer a second adrenaline autoinjector (if available)

Also remember that if someone with known food or insect allergy suddenly develops severe asthma-like symptoms, give adrenaline autoinjector FIRST, then asthma reliever.

Media Resources:

A graphic on recognising symptoms and how to help - http://bit.ly/BeAllergyAware An animated video on how to use an EpiPen - http://bit.ly/BeAllergyAware

Food Allergy Week is made possible by unrestricted educational grants from Coles, Mylan and other sponsors.

For media enquiries please contact Bite Communications on (02) 9977 8195 Kate Gabbott: 0434 886 678 or Katie Adema: 0481 350 668

About Allergy & Anaphylaxis Australia A&AA is a charitable, not-for-profit organisation that aims to improve awareness of allergy in the community through education, advocacy and support. A&AA develops a range of educational materials, resources, workshops and seminars. Part of an international alliance of like-minded organisations, A&AA works closely with peak medical bodies including the Australasian Society of Clinical Immunology and Allergy (ASCIA).

References:

2. Australasian Society of Clinical Immunology and Allergy (ASCIA) 2013. http://www.allergy.org.au/patients/food-allergy/food-allergy

4. Allergy & Anaphylaxis Australia (2016)

^{1.} The research was conducted by Galaxy Research and commissioned by Allergy & Anaphylaxis Australia between Thursday 20 April and Sunday 23 April 2017 among a representative sample of 1,000 respondents aged 18 years and older across Australia.

^{3.} Osborne et al. Prevalence of challenge-proven IgE-mediated food allergy using population-based sampling and predetermined challenge criteria in infants. J Allergy Clin Immunolol 2011; 127: 668-676