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PARLIAMENTARY DEBATES



**HOUSE OF REPRESENTATIVES**

**PROOF**

**Federation Chamber**

**ADJOURNMENT**

**National Allergy Strategy**

**SPEECH**

**Thursday, 13 August 2015**

BY AUTHORITY OF THE HOUSE OF REPRESENTATIVES

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## SPEECH

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**Ms BURKE** (Chisholm) (11:52): I rise to congratulate the Australasian Society of Clinical Immunology and Allergy, ASCIA, and Allergy and Anaphylaxis Australia, on the successful launch of the National Allergy Strategy last week. I really commend this document to all of my colleagues in this parliament, because there is somebody in your electorate, somebody in your family, who is afflicted by an allergy that could be serious and life threatening. The launch of the strategy is the culmination of years of research, extensive consultation and hard work, and it offers a comprehensive set of solutions to the problems of managing the serious risks to health and life that allergic diseases pose.

More than four million Australians are currently affected by allergic disease. It is one of the fastest growing diseases in Australia, although we do not entirely know why. Almost 20 per cent of the Australian population has a confirmed allergic disease, hospital admissions for anaphylaxis have increased fivefold in the last 20 years and 10 per cent of infants have an immediate food allergy. That is one in 10 babies with a potentially life threatening food allergy. For new parents it is often difficult to navigate the sometimes conflicting advice about what food to introduce, and when, in their child's first year—conflicting advice that has developed through a lack of proper awareness of what is actually best practice, and unclear and inconsistent clinical guidelines across jurisdictions. Many parents may still be told to hold back on foods that are likely to cause allergic reactions until after their child is older than 12 months, when in fact the most up-to-date research suggests that the later those foods are introduced, the more likely it is that the child will develop an allergy to them. The National Allergy Strategy brings together all of the evidence about what is known to work and offers governments vital tools, such as a consistent approach to allergy prevention and more effective ways of organising care, so that expertise is more available to patients and families.

I was very pleased to be joined this week by leading paediatric allergy specialist Associate Professor Richard Loh and Maria Said, President of Allergy and Anaphylaxis Australia, who together chaired the National Allergy Strategy steering committee along with Dr Melanie Wong, president of ASCIA, and a significant number of other colleagues from across the parliament for our launch of the Parliamentary Allergy Alliance on Monday. I would like to thank the co-chairs, Senator Richard Di Natale and the member for Boothby. Richard and Maria have been driving forces for change in the way we approach allergy and I want to put on record my thanks to them and to everyone in the organisations they represent for their advocacy and persistence. It is hard work and they do it with passion and expertise. They do it on top of everything in their busy lives. It is also work that is helping to change lives.

Dr Chiu Lam and his daughter told us about the tragedy of their experience with anaphylaxis. Dr Lam told us about his two beautiful daughters, Penelope and Isobelle, who both developed serious allergies when they were very young. Among their many food allergies—and they are numerous—was a milk allergy. A milk allergy is one of the most serious allergies and, sadly, many people confuse it with being lactose intolerant, which it is not. A milk allergy causes an anaphylactic reaction to particular milk proteins. The family were always extremely careful about the food their children ate. One night, a friend brought a dessert to their home. They discussed what the ingredients were, they itemised everything and they thought that it would be safe for the girls to eat. They were assured that it was a particular dessert containing only flour, sugar and water. It did not; it also contained milk. The two girls, Isobelle and Penelope, had anaphylactic reactions. Tragically, later that night Penelope, just eight years old, died. Isobelle, fortunately, went on to make a full recovery. She is now a gorgeous seven-year-old girl—eight in October, she tells us. She desperately misses her sister, a sister she loved more than anything. On Monday, this brave seven—soon to be eight—year-old stood in front of a room of members and senators in this place and told us in her own words how she does not want this to happen to anybody else ever again.

This is exactly the kind of tragedy that the National Allergy Strategy can help us prevent through a consistent national approach and through formal recognition of allergic disease, a chronic condition that requires treatment and proper management. It is a disease that can kill people and we need to understand this tragedy. It is excellent news that the Minister for Health has asked the department to provide funding to ASCIA to assist in consulting

with the states and territories on the strategy—and I thank her—but I encourage the minister and future health ministers to seriously consider the genuine merits of the National Allergy Strategy and become the health minister who ensures it is implemented across the country and that allergic disease is listed alongside diseases like asthma and diabetes as a chronic condition—a life-threatening condition that can take the life of a beautiful child who will not get to grow and see even year 7.