

**MEDIA RELEASE**

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## **Anaphylaxis now more prevalent in older children and adolescents**

Rates of hospitalisation from anaphylaxis have increased by 50 per cent between 2005 and 2012, a study by Dr Raymond Mullins (Health Sciences, University of Canberra) and Prof Mimi Tang (Murdoch Childrens Research Institute, Melbourne) has found.

In the article published online today in *The Journal of Allergy and Clinical Immunology (JACI)*, Mullins and colleagues examined hospital admission rates to Australian hospitals for treatment of severe life-threatening allergic reactions (anaphylaxis) in the 14 years between 1998 and 2012. The aim was to determine whether childhood food allergy and anaphylaxis has increased further since 2005.

Hospitalisation rates increased in all age groups, and the highest rates were still found in very young children aged less than 5 years. Food allergy was the main cause and the main reason for these higher rates.

“We saw an overall 50% increase in anaphylaxis admissions, and between a 30 and 50% increase in most age groups”, said lead researcher Dr Raymond Mullins.

“Importantly, although the highest rates were seen in children under 5 years of age, we noted that for older children aged 5-14 years, there was a 110% increase (more than doubling) in rates over this period, much greater than for other age groups. Now 1 out of every 500 hospital admissions in this age group are to treat anaphylaxis. What was most interesting was that while the rate of increase is steady in most groups, we saw an *acceleration in the rate of increase* in this age group” said Mullins.

“The food allergy generation was born over a decade ago. We are now seeing food allergy and anaphylaxis turn into a chronic condition that for many individuals will not disappear, with a possible eventual flow on effect to rates of fatal food allergic reactions which are most common in these age groups.”

“The challenge for our healthcare system will be how we can try to prevent the development of new food allergy development in very young children, how best to care for the increasing numbers of new cases in younger children and how to manage the shifting burden of disease with the greatest increases in older teenagers and young adults”

Food allergy and anaphylaxis have emerged as a major personal and public health burden in developed countries over the last 20 years, contributing to a significant economic cost of care and reduced quality of life for food allergic children and their families.

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