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## **First National Allergy Strategy released**

***Australian children and adults with allergy are often being poorly managed, with resources being wasted and their health and wellbeing at risk - but the launch of the new National Allergy Strategy has solutions.***

“More than 4 million Australians are currently affected by allergic diseases and that number is growing fast,” claims leading paediatric allergy specialist Clinical Associate Professor Richard Loh. “It’s a serious public health issue which requires more than just lip service. We now need action by all levels of government and the community.”

“We’re dealing with under diagnosis which leads to under treatment as well as incorrect or inappropriate treatment, both of which may harm consumers,” says Maria Said, the President of Allergy & Anaphylaxis Australia, the leading consumer organisation in the field.

“The case for change is clear” says A/Professor Loh of the Australasian Society of Clinical Immunology and Allergy (ASCI), who, with Ms Said, co-chaired the development of the National Allergy Strategy. “Almost 20% of the Australian population has a confirmed allergic disease and that’s increasing. Hospital admissions for anaphylaxis (life-threatening allergic reactions) have increased 5-fold in the last 20 years and 10% of infants have an immediate food allergy. We also now have evidence that anaphylaxis in older children has more than doubled in the last 7 years alone.”

“Up to 15% of people incorrectly believe that they have drug allergy, and therefore are unnecessarily denied treatment or treated with less effective or more expensive drugs, when the reality is that only 5% are actually allergic. Drug allergy induced anaphylaxis deaths have increased by 300% and drug allergy induced anaphylaxis presentations have trebled over the last 14 years.”

“In addition, there are often misconceptions about ‘allergy’ and a temptation to label many medically unexplained symptoms as being due to an ‘allergy’. This can result in the use of unproven and potentially unsafe alternative tests and therapies,” says Dr Melanie Wong, President of ASCIA.

“That’s why we’ve developed the first National Allergy Strategy for Australia, in collaboration with other stakeholder organisations,” says Maria Said. “We’ve harnessed the evidence about what’s known to work and given governments solutions such as greater efficiency by reducing duplication; consistent approaches to allergy prevention, particularly in the first year of life; more effective ways of organising care so expertise is more available to patients and families, and better and consistent education and training of our health professionals.”

A/Professor Loh explains, “We know that patients are often referred to a succession of different health professionals, potentially resulting in confusion, and sometimes these health professionals fail to recognise how complex allergic disease can be focusing on their area of expertise and not other associated conditions. For example, a child with peanut allergy will often also have eczema, allergic rhinitis (hay fever) and asthma. A skin specialist’s focus will be eczema and whilst they do oversee asthma management, they do not necessarily review how well it is being managed and we know that poorly controlled asthma in a patient with food allergy is a risk factor for life-threatening and fatal allergic reactions.”

“However the good news is that this strategy is comprehensive and gives us a way forward,” explains Dr Wong. “Improved communication and collaboration throughout Australia will result in substantial and cost effective achievements, including better outcomes and an increase in quality of life for patients with chronic conditions.”

A copy of the National Allergy Strategy is available from: [www.nationalallergystrategy.org.au](http://www.nationalallergystrategy.org.au)

### **Examples of recommendations**

There should be national, standardised and evidence-based guidelines or protocols for:

1. Acute management of anaphylaxis for health professionals
2. Allergy and anaphylaxis management and training for all staff in schools, childcare and child-based sporting facilities
3. Infant feeding guidelines for health professionals and parents
4. Allergy testing for health professionals
5. Management of patients with less complex allergic diseases by primary healthcare providers including shared care of patients with specialists
6. Referral of appropriate patients with complex allergic diseases to specialists including shared care of patients with primary healthcare providers
7. Food allergen safety management and training for food service staff
8. Informing consumers about products recalled due to undeclared allergens

### **Background**

Allergic diseases include food allergy, drug allergy, insect allergy, asthma, eczema and allergic rhinitis (hay fever).

### **The impact of allergic diseases**

- More than \$30 billion (2005 estimate) with medication costs related to treatment of allergic rhinitis alone estimated to be \$226.8 million (2010).
- Even non life-threatening allergic diseases can lead to lost productivity by those attending work when ill ('presenteeism'), poor academic performance and restricted social interaction due to the symptoms and the need to avoid certain allergens.
- Many patients have increased visits to their GP, if their allergic diseases are not being looked after effectively.
- Allergies to food, insects and drugs can be life threatening and particularly for food and insect allergy, this can greatly affect a person's quality of life. Those at risk of anaphylaxis live with the very real daily fear of a life-threatening allergic reaction.
- Appropriate management of allergic diseases can reduce the likelihood of further development of associated allergic diseases and complications (e.g. treating allergic rhinitis may reduce the risk of developing asthma or obstructive sleep apnoea).
- Food allergies and eczema disproportionately affect children and teenagers, affecting their school performance, social life and general quality of life. Despite this, school staff are often not prepared when facing treatment of a child having a severe allergic reaction during school hours.
- Allergic diseases affect not only the patient but also their families and carers (e.g. time off work to attend medical appointments, cost of allergy medications many of which are not PBS subsidised, extra time caring for the child with allergic disease).
- Allergic diseases may affect career choices, including those pursuing careers within the Australian Defence Forces, where the presence of food, drug or insect sting allergy precludes enlistment according to current policies.
- Allergies to natural latex rubber or food allergy may limit or restrict ongoing careers in nursing, medical or food catering services.

The **National Allergy Strategy** has been developed over the last 12 months involving scores of experts and over 50 stakeholder groups, including consumers, who have sifted through the evidence, consulted widely and produced coherent, achievable options for governments, health organisations, food industry and employers.

Led by the Australasian Society of Clinical Immunology and Allergy (ASCIA) and Allergy & Anaphylaxis Australia (A&AA), as the leading medical and patient organisations for allergy in Australia, the Strategy aims to address public health issues relating to the rapid and continuing rise of allergy in Australia and improve the health and quality of life of people with allergic diseases, their families and carers, and the community

Further information is available at: [www.nationalallergystrategy.org.au](http://www.nationalallergystrategy.org.au)

### **The Australasian Society of Clinical Immunology and Allergy (ASCIA)**

The Australasian Society of Clinical Immunology and Allergy (ASCIA) was established in 1990 as a not for profit, peak professional medical organisation for allergy and clinical immunology in Australia and New Zealand. ASCIA members include clinical immunology/allergy specialists, other medical practitioners, scientists and allied health professionals who work in the areas of allergy and immunology.

The mission of ASCIA is to advance the science and practice of allergy and clinical immunology, by promoting the highest standard of medical practice, education and research, to improve the health and quality of life of people with allergic diseases, immunodeficiencies and other immune diseases.

For further information go to: [www.allergy.org.au](http://www.allergy.org.au)

### **Allergy & Anaphylaxis Australia (A&AA)**

Allergy & Anaphylaxis Australia (A&AA) was established in 1993 as a charitable, not for profit organisation, to improve awareness of allergy and anaphylaxis in the Australian community, by sharing current information, education, advocacy, research, guidance and support.

A&AA is primarily a volunteer based organisation that is supported by membership fees, sale of resources and donations. Their outreach extends to individuals, families, school, workplaces, health professionals, government, food industry and all Australians.

A&AA is part of an international alliance of similar organisations and works closely with peak medical bodies, including ASCIA. Their medical advisory board comprises ASCIA members who are specialist immunology and allergy physicians from across Australia.

For further information go to: [www.allergyfacts.org.au](http://www.allergyfacts.org.au)

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*Distributed by Lanham PR on behalf of the Australasian Society of Clinical Immunology and Allergy (ASCIA).*