

Pre-budget Submission

From the
Australasian Society of Clinical Immunology and Allergy (ASCIA)
and
Allergy & Anaphylaxis Australia (A&AA)

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Fast facts

- Allergic diseases are among the fastest growing chronic conditions in Australia, affecting approximately 1 in 5 Australians¹.
- Hospital admissions for anaphylaxis (severe, life threatening allergic reactions) have increased 4-fold in the last 20 years².
- Food allergy induced anaphylaxis has doubled in the last 10 years. One in 10 infants now have a food allergy³.
- Up to 1 in 10 adults with suspected but unconfirmed drug allergy are often unnecessarily treated with more expensive drugs⁴.
- Delayed access to medical care and long waiting times for management of allergic diseases in all areas (rural, remote and metropolitan) is a major problem, due to the high number of diagnosed patients, newly diagnosed patients and low number of appropriately trained health care professionals¹.
- Allergic diseases affect the whole community in addition to patients and their families. Appropriate and readily available education and training in the management of allergic diseases is required for a wide range of stakeholders (including schools, childcare and food industry) as well as health professionals.

National Allergy Strategy

The purpose of this submission is to advocate for funding of key areas identified by the National Allergy Strategy as requiring urgent attention.

What is the solution to improving the management of allergic diseases in Australia?

Allergic diseases are amongst the fastest growing chronic health conditions, affecting 1 in 5 Australians, resulting in increased costs of care. To address these issues, the Australasian Society of Clinical Immunology (ASCIA) and Allergy & Anaphylaxis Australia (A&AA), as the leading medical and patient organisations for allergy in Australia, have developed a National Allergy Strategy in collaboration with key stakeholder organisations. ASCIA and A&AA are progressing with the implementation of the National Allergy Strategy and have made the following progress:

- A National Allergy Strategy Governance Group has been established and comprises representation from ASCIA, A&AA and key stakeholders. The aim of this group is to oversee and guide implementation of the National Allergy Strategy. The National Allergy Strategy Working Groups comprising of key expertise in specific areas (e.g. education and training), are overseen by the Governance Group.
- A partnership has been developed with the Western Australian Primary Health Alliance (WAPHA) to pilot a Health Pathway for allergic conditions across both metropolitan and rural areas of Western Australia. This will be undertaken in partnership with the Western Sydney Primary Health Network who are already piloting an allergy Health Pathway.
- Development of a partnerships with key stakeholders to progress specific projects (e.g. partnership with ARACY to develop initiatives specifically for teens and young adults).
- Education of consumers and the food service sector to reduce the number of allergic reactions (including fatalities) when eating away from home.

To date, the development of the National Allergy Strategy and progression to implementation, has been achieved without any funding contribution from the Australian Government.

Where support is needed from the Australian Government

Three areas have been identified as requiring urgent attention that cannot be completed without some resourcing:

- Standardising drug allergy management.
- Improving allergy management for teens and young adults
- Allergy management in food service

The details of these projects, the partner organisations and funding needs are detailed in the Budget Request section.

Cost savings that can be achieved

Standardising drug allergy management will contribute to cost savings both in the health sector and for consumers and reduce the burden on consumers, the health sector and every sector that is involved in the management of allergic disease including schools, sport facilities and workplaces. For example:

- Access to food challenges to confirm food allergies and risk of anaphylaxis will reduce unnecessary prescription of adrenaline autoinjectors and ensure that those individuals who need an adrenaline autoinjector, receive this confirmation.
- Accurate diagnosis of drug allergy and de-labelling of individuals who do not have true drug allergy will enable the use of more appropriate and often less expensive antibiotics with potentially less side effects.
- Less emergency department visits as food service industry and allergic consumers are better informed about management and communication. Improved quality of life for consumers who are then more able to contribute to society.

Current government policy

The Australian Government recognises the burden of chronic diseases and is working to address this through the **National Strategic Framework for Chronic Conditions**. Recently the Australian Government has engaged with ASCIA and Allergy & Anaphylaxis Australia to discuss the National Allergy Strategy, recognising allergic diseases as a chronic condition.

Summary of National Allergy Strategy budget request

	Cost over 3 years
Recommendation 1	
Standardising management of drug allergy	\$ 401K
Recommendation 2	
Improving allergy management for teens and young adults	\$ 575K
Recommendation 3	
Allergy management in food service	\$ 135K
TOTAL	\$1,111K

Budget request

1. Standardising management of drug allergy

Untreated or poorly managed allergic diseases result in preventable morbidity and unnecessary doctor visits and hospital admissions. Optimal clinical care is essential for the diagnosis and management of allergic diseases and to ensure optimal patient outcomes. There are several issues regarding drug allergy that require urgent attention which will improve patient outcomes, reduce allergy specialist waiting times for more timely access for individuals with more complex diagnosis and management and reduce the use of more expensive antibiotic medications.

Requirements for appropriate management of drug allergy:

- I. **Effective drug allergy alert processes** to prevent drug allergy deaths in hospitals are urgently required.
- II. **Appropriate allergy testing and drug avoidance protocols** to reduce unnecessary avoidance of penicillin group of antibiotics which will decrease the use of more expensive antibiotic medications.
- III. Management of patients with drug allergy in Australia is suboptimal due to the lack of standardisation of management, including clinical documentation. This highlights an urgent need for better **educational support** for primary and secondary healthcare practitioners treating patients with drug allergy.
- IV. **Data on the prevalence and clinical impact** of drug allergy in Australia are sparse and national documentation of drug allergy may inform future management policies.
- V. A significant number of patients are referred to clinical immunology/allergy specialists when, with the right guidance, can be managed at **primary or secondary care** level.
- VI. A national registry or **drug allergy database**, for patients with confirmed drug allergy will allow for a comprehensive collection of health information in regards to these cases. This data is critical to understand the extent of drug allergy in Australia, compare state and Australian data with overseas registries and deliver information for future national strategies for optimal management of drug allergy.

Cost: 0.5 FTE project officer (\$75K/year for first 2 years) reduced to 0.4FTE (\$60K for 3rd year) + IT costs for education resources and database (\$150K) + development meeting education resources and database (\$35K) + teleconferences (\$6K/3yrs).
Total for 3 years: \$401K

2. Improving allergy management for teens and young adults

Teens and young adults are a high risk group for fatal anaphylaxis. There are limited resources for this group and effective ways of educating are urgently required.

The proposed strategy is to conduct a round table inviting teens and young adults to discuss allergy management barriers, areas of need and effective communication/education methods.

The round table discussions would guide resource development and may include website development, social media platforms and online forums with mentors.

The final component of this strategy would be to conduct two pilot teen camps which would bring teens with allergic conditions together in a fun and interactive environment. The camps would be conducted over a weekend and would provide an opportunity for older teens to mentor younger teens. It is important to acknowledge the psychological impact of food allergy – teens need to belong and food allergy makes them feel different. A camp allows teens to connect and potentially belong to a group with food allergy.

An allergy nurse and clinical immunology/allergy specialist would also attend the camp. Catering for the camp would provide an opportunity to bring in camp catering companies to help educate them about providing food appropriate for individuals with food allergy. There is also the opportunity to provide an education session for parents when they bring their children to the camp site.

ARACY would be a partner organisation in this strategy and would provide in kind support. Additional in kind support would be sought from chefs, food industry, grocery stores, Trapeze and the Australian Camps Association. Other potential partners include Australian Adolescent Health Association, Coalition for Young Australians, Foundation for Young Australians.

The strategy would be evaluated using pre-post surveys. Other evaluation methods would be employed, however, the type of method would be dependent on the types of resources produced as a result of the round table discussion.

Cost: 0.5 FTE project officer (\$75K/yr for 3 years) + round table discussion meeting (\$60K) + resource development costs (\$180) + 2 camps (\$110K)
Total for 3 years: \$575K

3. Allergy management in food service

Engaging with the food service sector remains a challenge. Whilst we will continue to educate consumers with food allergy on appropriate management and communication when eating food outside the home, the aim of this initiative is to improve the provision of appropriate food to individuals with food allergy, in the food service sector.

The current situation whereby, there is no standardised, easily accessible education for food service providers managing food allergy as a food safety issue, continues to impact on the quality of life of individuals with food allergy and contribute to mismanagement in food service despite best intentions. Further to this, food provided by food service providers (either in the community, camp or hospital settings) have resulted in preventable food-induced anaphylaxis including deaths in Australia.

This strategy proposed to engage with the food service sector through a round table discussion to discuss the issues and a way forward to improve the provision of appropriate food for individuals with food allergy.

The development of an online training course (with the potential for future accreditation use) would be developed. This would provide easily accessible standardised education for food service providers across Australia. Consumer education will continue through existing avenues.

Potential partners for this strategy who may be able to provide in kind support include Food Standards Australian New Zealand (FSANZ), Australian Food and Grocery Council (AFGC), Allergen Bureau, Australian Camps Association, Christian Venues Association, Environmental Health Australia (EHA), Department of Health Food Units and the Institute of Hospitality in HealthCare (IHHC).

Cost: Round table discussion meeting (\$70K) + online training course development (\$65K).
Total cost: \$135K

Lead organisations

Australasian Society of Clinical Immunology and Allergy (ASCIA)

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 specialist allergy and immunology physicians, 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.

ASCIA is a member society of the World Allergy Organisation (WAO) and the Asia Pacific Association of Allergy, Asthma and Clinical Immunology (APAAACI). ASCIA is also affiliated with the Royal Australasian College of Physicians (RACP) as a specialty society.

Allergy & Anaphylaxis Australia (A&AA)

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 like-minded 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.

Funding acknowledgements

The content of both the Allergy Summit and the National Allergy Strategy has been independently developed and has not been influenced by the following organisations that have provided unrestricted educational grants.

Major supporters of the Allergy Summits and National Allergy Strategy:

- Alphapharm
- bioCSL
- Stallergenes
- Bayer

Allergy Summit 2014 support:

- Nestlé Nutrition
- Merck Sharp Dohme
- Nutricia

Commitment to improve the management of allergic diseases

ASCIA and A&AA are committed to improving the health and quality of life of Australians with allergic diseases. Over the past 15 years ASCIA and A&AA have developed educational programs and patient support services in response to a need for education, training and resources in the area of allergic diseases.

ASCIA has proven its ability to bring key stakeholders together to achieve the development of resources appropriate for the end-user. ASCIA's consultation process has always been transparent and inclusive, informing and inviting key stakeholders including consumers, to engage in the development process.

ASCIA has sourced funding through unrestricted education grants from industry and state health and education departments to fund the development of resources, education and training programs, including:

- Web based patient information since 2000
- National ASCIA Action Plans for Anaphylaxis since 2003
- Anaphylaxis e-training for schools and childcare since 2010
- Anaphylaxis and food allergy e-training for health professionals since 2011
- Allergic Rhinitis and Immunotherapy e-training for health professionals since 2012
- Allergy e-training for pharmacists since 2013
- Allergy and anaphylaxis Active Learning Module for GPs since 2014

Over the past 5 years, ASCIA has spent approximately \$1M. The majority of these funds have been provided as unrestricted education grants from industry and some contribution from state health and education departments. This does not include the thousands of hours provided by ASCIA members, unremunerated to enable the development of ASCIA educational resources.

A&AA continues to provide ongoing support to:

- Patients, their families and carers
- Food industry
- Government
- Schools and childcare
- Workplaces
- Sporting clubs; and
- Other individuals or groups involved in the management of allergic disease.

A&AA sources unrestricted education grants from industry to fund this work. A&AA has also received \$75,000 per year for the past 7 years from the Department of Health & Ageing, and are yet to receive confirmation as to whether funding will continue beyond June 2015.

ASCIA and A&AA will continue to source additional funding from industry and philanthropic organisations to support their education, training and research programs. However, these grants are not recurrent and are becoming increasingly difficult to obtain. Resources that have been developed with these funds are at risk of cessation due to lack of funds to continue sustain. In addition, insufficient funds are available for new initiatives urgently required.

Stakeholder Organisations

List of stakeholders consulted in the development of the National Allergy Strategy

- Allergen Bureau
- Allergy & Anaphylaxis Australia (A&AA)
- Australian Support Network for Eosinophilic oEsophagitis (AusEE)
- Australasian College for Emergency Medicine (ACEM)
- Australasian Society of Clinical Immunology and Allergy (ASCIA)
- Australia and New Zealand Rhinologic Society (ANZRS)
- Australian and New Zealand Anaesthetic Allergy Group (ANZAAG)
- Australian Association for Adolescent Health (AAAH)
- Australian Breastfeeding Association (ABA)
- Australian Camps Association (ACA)
- Australian Children’s Education & Care Quality Authority (ACECQA)
- Australian College of Dermatologists (ACD)
- Australian College of Nursing (ACN)
- Australian College of Rural and Remote Medicine (ACRRM)
- Australian Food and Grocery Council (AFGC)
- Australian Hotels Association (AHA)
- Australian Medical Association (AMA)
- Australian Nursing & Midwifery Federation
- Australian Primary Principals Association (APPA)
- Australian Psychological Society (APS)
- Australian Restaurant & Catering Association
- Australian Resuscitation Council (ARC)
- Australian Secondary Principals Association (ASPA)
- Australian Society of Otolaryngology Head and Neck Surgery (ASOHNS)
- Centre for Food & Allergy Research (CFAR)
- Clubs Australia
- Defence Force Recruiting
- Department of Health Northern Territory
- Department of Health Queensland
- Department of Health South Australia
- Department of Health Tasmania
- Department of Health Victoria
- Department of Health Western Australia
- Dietitians Association of Australia (DAA)
- Eczema Association of Australia (EAA)
- Environmental Health Australia (EHA)
- Food & Beverage Importers Association (FBIA)
- Food Standards Australia New Zealand (FSANZ)
- Ilhan Foundation (now known as the Australian Food Allergy Foundation)
- Institute of Hospitality in HealthCare Ltd (IHHC)
- Medical Deans Australia and New Zealand
- National Asthma Council Australia (NAC)
- National Health Medical Research Council (NHMRC)
- National Prescribing Service (NPS)
- NSW Ministry of Health
- Pharmaceutical Society of Australia (PSA)
- Pharmacy Guild of Australia (PGA)
- Playgroup Australia
- Restaurant and Catering Association (RCA)
- Royal Australasian College of Physicians (RACP)

- Royal Australian College of General Practitioners (RACGP)
- Rural Doctors Association of Australia (RDAA)
- Society of Hospital Pharmacists of Australia (SHPA)
- St John Ambulance
- Surf Lifesaving Australia
- The Australasian Mastocytosis Society (TAMS)
- Thoracic Society of Australia & New Zealand (TSANZ)

References

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