

Election platform

The National Allergy Strategy is a partnership between the Australasian Society of Clinical Immunology and Allergy (ASCIA) and Allergy & Anaphylaxis Australia, the leading medical and patient organisations for allergy in Australia, developed in collaboration with key stakeholder organisations. The National Allergy Strategy aims to improve the health and quality of life of Australians with allergic diseases, and minimise the burden of allergic diseases on individuals, their carers, healthcare services and the community. Our key guiding principle is that patients and consumers must be at the centre of everything we do, including taking into account quality of life issues, equity of access, optimal care and consideration of carers.

The National Allergy Strategy has received funding from the Australian Government Department of Health. To date we have received almost \$2 million. As a result of this funding we have achieved the establishment of the much needed 250K youth project, the food service project, drug allergy scoping work and the food allergy prevention project (Nip allergies in the Bub).

Allergic conditions are a public health issue in Australia.

- Food allergy induced anaphylaxis has doubled in the last 10 years¹.
- One in 10 infants now have a food allergy¹ and 1 in 20 children aged 10-14 years of age have a food allergy².
- Hospital admissions for anaphylaxis have increased 5-fold in the last 20 years¹.
- Deaths from anaphylaxis in Australia have increased by 7% per year (1997-2013)¹.
- Those at risk of anaphylaxis live with the very real daily fear of a life-threatening severe allergic reaction. Individuals at risk of food allergy induced anaphylaxis and their carers have higher than average rates of anxiety¹.
- Up to 1 in 10 adults with suspected but unconfirmed drug allergy are often unnecessarily treated with more expensive drugs¹.
- Although 5% of adults may be allergic to one or more drugs, up to 15% believe that they have drug allergy, and therefore are frequently unnecessarily denied treatment with an indicated drug³.
- Inappropriately documenting that patients are penicillin allergic can result in the use of more broad-spectrum antibiotics, increasing the risk of antibiotic resistant strains, increased morbidity with more intensive care admissions and longer hospital stays¹.

Food allergy affects the whole community in addition to patients and their families. Appropriate and readily available food allergy management education and training is required for a wide range of stakeholders (including schools, education and care services and food industry) as well as health professionals.

Optimal clinical care is essential for the diagnosis and management of allergic diseases and to ensure optimal patient outcomes and can reduce the likelihood of development of associated allergic diseases and complications⁴. Untreated or poorly managed allergic diseases result in preventable morbidity and unnecessary hospital admissions as well as contributing to poor academic performance, restricted social interaction and absenteeism or lost productivity¹. Therefore, it is important to ensure appropriate education, communication and patient record systems are in place to ensure patient safety and improve patient wellbeing. Further to this, current effective treatments and emerging treatments (e.g. oral immunotherapy for food allergy) can significantly improve the quality of life of individuals with allergic conditions and their carers.

The National Allergy Strategy is seeking an election promise of \$20 million over 5 years to fund the progression and expansion of National Allergy Strategy projects and resources. Significant additional funding is required for the improvement of allergy management at every level, including prevention, diagnosis, ongoing management and emergency care. Allergic disease once developed, for the most part can be managed, but not cured. This funding will help us to:

Start to change cultural attitudes towards food allergies of health professionals, food service providers, regulators and the broader community. The funding will allow us to:

- Increase awareness of allergic diseases across the community and provide access to education resources to increase knowledge of health professionals, food service providers, regulators and the broader community.

Improve the health and quality of life of individuals with allergic disease and of those who care for them. The funding will allow us to:

- Expand current allergy prevention strategies to help prevent the development of allergic diseases including food allergy and some forms of asthma.
- Implement a comprehensive approach to food allergy management in all food service (e.g. schools, education and care services, hospitals, aged care facilities, airlines etc), expanding on the initial work that has been undertaken.
- Effectively engage with teens and young adults (at highest risk of fatal anaphylaxis) to help them to manage their severe allergies, particularly food allergies.
- Implement an anaphylaxis register or notification system that meets the needs of all Australian states and territories to allow collection of nationally representative de-identified data to better understand the gaps in knowledge regarding anaphylaxis, and to allow for rapid removal of incorrectly labelled or allergen contaminated foods from the marketplace.
- Implement a Shared Care Model for allergic diseases to improve access to quality care for all Australians.
- Provide access to oral immunotherapy for food in highly regarded allergy clinics, which is currently unavailable in Australia (except in limited research trials), resulting in many Australians having to travel and live overseas to access treatment.

Improve the likelihood that patients with documented severe drug allergies must never receive the drug they are allergic to. The funding will allow us to:

- Implement a comprehensive approach to drug allergy management including the implementation of a drug allergy register.

The National Allergy Strategy has a proven track record in delivering initiatives that make a difference and we engage with key stakeholders to achieve successful outcomes. We have scoped and successfully launched several initiatives with relatively small amounts of government funding. While some good progress in improving care for those with allergic diseases has been made, more funding is urgently needed to achieve the goals of the Strategy.

References

1. National Allergy Strategy. 2015. www.nationalallergystrategy.org.au
2. Sasaki M, Koplin JJ, Dharmage SC, et al. Prevalence of clinic-defined food allergy in early adolescence: the School Nuts study. *J Allergy Clin Immunol* 2017. DOI: <http://dx.doi.org/10.1016/j.jaci.2017.05.041>
3. De Swarte R. Drug allergy – problems and strategies. *J Allergy Clin Immunol.* 1984; 74: 209-221.
4. Bantz SK, Zhu Z, Zheng T. The Atopic March: Progression from Atopic Dermatitis to Allergic Rhinitis and Asthma. *Journal of clinical & cellular immunology.* 2014; 5(2): 202.