



Media Release

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Australia leading the world: Federal funding secured for allergy prevention and management

Allergy experts have applauded the \$26.9 million investment into allergy prevention and management announced in the Federal Government's 2022 pre-election budget.

The funding will lead to the creation of two vital organisations, the National Allergy Council and National Allergy Centre of Excellence (NACE), that will work together to deliver world-leading initiatives and research to improve consumer safety and prevent anaphylaxis deaths.

"Australia has been termed the 'allergy capital of the world' with more than 5 million Australians living with allergic disease. Allergy diagnoses and hospital admissions for life-threatening allergic reactions continue to rise," Maria Said, Co-Chair of the National Allergy Strategy and CEO of Allergy & Anaphylaxis Australia said.

"This funding will revolutionise Australian allergy research, clinical care, education, and prevention, solidifying us as a world leader in this space. Ultimately, we need to reduce the alarming trend of anaphylaxis rates and tragic deaths, prevent development of allergic disease, and more effectively manage allergies that affect 20 per cent of the community."

Allergic diseases include food, medication and insect allergies, and allergic asthma and allergic rhinitis. Eczema is also associated with allergic disease. The funding is in response to the 2019 Parliamentary Inquiry into Allergies and Anaphylaxis and the 24 recommendations in the [Walking the allergy tightrope](#) report, which highlighted the critical need for further investment to address this continuing public health challenge.

Establishing a **National Allergy Council (NAC)** is a natural progression of the highly valued and successful National Allergy Strategy. The National Allergy Council will continue to be a partnership between the Australasian Society of Clinical Immunology and Allergy (ASCIA) and Allergy & Anaphylaxis Australia (A&AA), the leading medical and patient support organisations for allergy in Australia.

The Centre for Food & Allergy Research (CFAR) will expand to become the **National Allergy Centre of Excellence (NACE)**. NACE will generate and synthesise the evidence base that underpins the activities of the proposed National Allergy Council (NAC), to ensure that Australia remains at the forefront of evidence-based management of allergic disease.

Working together, these organisations will deliver:

- A shared care program to **significantly cut wait times** to see a specialist by at least 50 per cent and improve access to quality allergy care for all Australians, especially in rural and remote areas



- The digital infrastructure for a **National Allergy Registry and Biobank** to facilitate precision medicine, allowing individualised allergy healthcare for children and adults. This would include a live anaphylaxis reporting system
- A **world-first National Allergy Clinical Trials Network** to provide Australians with accelerated access to safe and effective allergy treatments.
- Continued **public health guidelines and prevention programs** such as the successful 'Nip allergies in the Bub' program, which includes practical resources for parents and educational resources to support healthcare providers.
- **New clinical and research capabilities** to enable Australia to maintain its world-leading status in allergy research and to answer the most important questions in allergy that will guide the way forward.

Associate Professor Kirsten Perrett, Acting Director of the Centre for Food & Allergy Research and Co-Group Leader of Population Allergy at the Murdoch Children's Research Institute (MCRI) said, "The establishment of the National Allergy Centre of Excellence will be a huge leap forward for our understanding of allergies, especially in an Australian context, and will provide a solid evidence-base for initiatives of the National Allergy Council. Together, we will implement the first national allergy registry alongside a live anaphylaxis reporting system, which will facilitate precision medicine and improve consumer safety and prevent anaphylaxis deaths."

Dr Preeti Joshi, ASCIA Co-chair of the National Allergy Strategy and representative of the peak clinical body, the Australasian society of clinical immunology and allergy (ASCIA) said the funding would allow urgent projects to progress.

"Over the past seven years, the National Allergy Strategy has engaged with key stakeholders to implement urgent projects with support from the Australian Government Department of Health. However, many projects have not been progressed because of the need for significant funding support. This includes a shared care program, which is essentially a patient centred approach to care that uses the skills and knowledge of a range of health care professionals who share joint responsibility with the patient, ensuring the patient receives the right care, at the right time, from the right health professionals, in the right place. We also urgently need an anaphylaxis registry that will ultimately help us save lives. These projects have the potential to make the biggest impact on the lives of people living with allergic diseases."

"Today, we are thankful that the Australian Government has given their support for these critical initiatives, The National Allergy Strategy, ASCIA, A&AA and the Centre for Food & Allergy Research (CFAR) would like to thank the Australian Government, and Minister Hunt in particular, for investing in the health and wellbeing of the many Australians living with allergic diseases. We would also like to acknowledge the leadership of the Hon Trent Zimmerman and the committee who led the Parliamentary Inquiry into Allergies and Anaphylaxis. We are also grateful to Dr Katie Allen, Member for Higgins, for her ongoing advocacy and support. This funding investment will ensure that there will be greater and equal access to quality care, particularly in rural, regional and remote areas," finished Dr Joshi.



Further information on the National Allergic Clinical Trial Network and National Allergy Registry and Biobank Below.

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Distributed by Lanham Media on behalf of National Allergy Strategy

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NOTES FOR EDITORS:

Spokespeople available for interview include:

- Dr Preeti Joshi, National Allergy Strategy Co-chair, ASCIA representative, paediatric clinical immunology/allergy specialist
- Ms Maria Said, Allergy & Anaphylaxis Australia CEO, National Allergy Strategy Co-chair
- Associate Professor Kirsten Perrett, Acting Director, Centre for Food & Allergy Research and Co-Group Leader of Population Allergy at the Murdoch Children's Research Institute (MCRI)
- Personal case studies available in NSW, VIC, WA, ACT. More may be available on request.

FURTHER BACKGROUND

World-first National Allergic Clinical Trial Network: The 'Walking the allergy tightrope' report recognised the urgent need for research into novel allergy therapies and nationwide access to treatment via participation in clinical trials. The NACE would form a **National Allergy Clinical Trials (NACT) network** to develop and implement national large-scale adaptive platform allergy trials embedded in routine clinical care across Australia. These innovative trials would accelerate access to allergy treatments in Australia, and ensure efficient, head-to-head comparisons of emerging treatments (with no placebo arm) with fewer participants, less time and greater probability of success. Protocols would be specifically tailored to participants' age and type of allergy. These platform trials (which are commonplace in oncology for cancer treatment) would allow futile allergy treatments to be dropped and new treatments to be added as they become available, ensuring that every Australian with allergy is offered the best available treatment and that clinical care guidelines are continuously updated with the latest evidence.

National Allergy Registry and Biobank: Despite the large, world-leading allergy cohort studies and clinical trials carried out in Australia in recent years, there is still much about the diagnosis, prognosis and treatment of the range of allergic diseases that cannot be adequately studied without a population-wide, whole-of-system approach that collates and analyses information from all aspects of an allergic patient's health data ecosystem. The NACE would establish a **National Allergy Registry and Biobank (NARB)**, incorporating health care usage, phenotypic data and biospecimens from children and adults with food, drug, vaccine, pollen and insect allergy. The NARB would function as a clinical quality registry, a platform for facilitating a paradigm shift in the understanding and management of



allergic diseases, presenting new opportunities for health care practice, research and discovery.

ABOUT THE NATIONAL ALLERGY STRATEGY

Led by the Australasian Society of Clinical Immunology and Allergy (ASCIA) and Allergy & Anaphylaxis Australia (A&AA), as the leading medical and patient support organisations for allergy in Australia, the **National Allergy 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. For more information about the NAS go to: www.nationalallergystrategy.org.au

ABOUT THE CENTRE FOR FOOD & ALLERGY RESEARCH (CFAR)

CFAR is an Australia-wide collaboration of researchers and clinicians working in paediatric food allergy. Our team includes researchers across the country working towards the prevention, treatment and management of food allergy. CFAR was established in March 2013 as a Centre of Research Excellence funded by the National Health and Medical Research Council (NHMRC) of Australia. www.foodallergyresearch.org.au

Allergy facts

- Allergic diseases are among the fastest growing chronic conditions in Australia, affecting approximately 1 in 5 Australians¹.
- 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.
- One in 10 infants now have a food allergy [1] and 1 in 20 children aged 10-14 years of age have a food allergy [2] and 2-4% of adults [3].
- Food allergy induced anaphylaxis has doubled between 2003 and 2013 [4].
- Annual food anaphylaxis admission rates increased nine-fold between 1998/99 and 2018/19, the highest absolute rates in those aged less than 1 year [5]. However, the annual rate of increase slowed in those aged 1-4 years and 5-9 years after changes to ASCIA infant feeding guidelines and in those aged 10-14 years [5], supporting the Nip allergies in the Bub allergy prevention project.
- Deaths from anaphylaxis in Australia have increased by 7% per year (1997-2013) [4].
- 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 anxiety [6-8].
- Fatalities from food-induced anaphylaxis increase by around 10% each year [9].
- Self-reported antibiotic allergy is common in Australian patients. The overall self-reported antibiotic allergy rate for all hospital patients is 18% for adults (10,11) and 24% reported for general medical inpatients in a multi-centre study in Victoria (10,12).
- Importantly, 90% of patients with an unconfirmed antibiotic allergy label are not allergic and can safely tolerate the antibiotic after undergoing validated drug allergy assessment (13). This over labelling results in inappropriate prescribing and increased use of broad-spectrum antimicrobials, poor patient outcomes and a financial impact on the health system.

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