





Groundbreaking Allergy Advice Platform to Help Bridge the Gap in Care for Rural Australians

A groundbreaking new platform, believed to be the first of its kind globally, is set to transform the landscape of allergy care for rural and remote Australians.

The National Allergy Council, in partnership with the Australian College of Rural and Remote Medicine (ACRRM), has launched *allergy* $assist^{TM}$, a free online platform designed to provide timely, specialist advice to General Practitioners (GPs) and Rural Generalists.

With over 5 million Australians affected by allergic conditions—including food allergies, insect sting and bite allergies, allergic rhinitis, and anaphylaxis—the need for patients to be effectively managed by their GP or Rural Generalist, has never been greater. This initiative offers a lifeline to those in rural and remote areas who are unable to access specialist care due to distance.

The allergy assistTM platform—an initiative of the National Allergy Council's Shared Care for Allergy Project—is funded by the Australian Government Department of Health and Aged Care in response to the Parliamentary Inquiry into Allergies and Anaphylaxis. Expected to assist thousands of doctors and, in turn, their patients, allergy assistTM aims to bridge the gap in healthcare access for rural, remote and First Nations communities while alleviating healthcare costs by reducing unnecessary referrals visits. This supports the Shared Care for Allergy Project's aim of patients receiving the right care, at the right time, from the right healthcare professional, in the right place.

Assistant Minister for Health and Aged Care Ged Kearney says, "All Australians deserve best possible healthcare, including those living rurally or remotely. *allergy assistTM* is a major step forward in achieving that, empowering local doctors to provide timely specialist care.

"As a nurse I saw just how debilitating and common allergies can be. So, now it's important to me that the Albanese Labor Government supports this initiative."

The allergy assist[™] platform provides healthcare professionals with access to an education and advice hub, featuring online learning modules, diagnostic support, and links to ASCIA resources. It allows GPs to submit de-identified patient cases via a secure system, where a panel of clinical immunology/allergy specialists can review and provide guidance within 48 hours.

The platform also supports GPs in diagnosing allergies, selecting appropriate testing and treatments, ensuring proper patient use of medications, and determining risk levels— enabling local management when appropriate or referral in cases of anaphylaxis risk.

Hosted on ACRRM's learning management system, it is available at no cost to ACRRM members, and other doctors who apply for access in regional, rural, and remote areas across Australia.

Addressing a Growing Crisis

Allergy is among the fastest growing chronic conditions in Australia, affecting approximately 1 in 5 Australians, with food allergies alone affecting 10% of babies in Australia¹. For many families, allergies aren't just an inconvenience—they are life-threatening conditions that demand prompt identification of the allergen and education of the patient and their families to avoid further exposure and reactions.

"For families in rural areas, conditions like allergic rhinitis, commonly known as hay fever, are often trivialised, yet they can significantly impact a person's quality of life—affecting their sleep, work, and social interactions," said Maria Said, National Allergy Council Director and Co-chair, and CEO of Allergy & Anaphylaxis Australia. "People with allergic rhinitis often face long waits to see a specialist in a tertiary hospital due to triage systems that don't prioritise their condition. *allergy assistTM* brings vital expertise closer to home, empowering GPs to manage patients locally where possible and providing families with the support and care they need."

Building on Proven Success

The platform builds on the success of ACRRM's Tele-Derm, an online dermatology service that has supported over 5,000 rural doctors with specialist advice for more than 20 years.

ACRRM President Dr Rod Martin says, "By applying the successful model of Tele-Derm to allergy care, we're giving rural doctors a tool that can make an immediate difference. This initiative strengthens the capabilities of Rural Generalists while ensuring their patients receive the care they deserve."

Dr Melanie Wong, National Allergy Council Director, and Clinical immunology/allergy specialist, adds "This platform is not only a game-changer for allergy care in rural Australia, but as a likely world-first, it positions Australia as a leader in innovative solutions to healthcare inequities. By educating and upskilling doctors, it ensures better outcomes for their patients. It's a transformative tool that addresses the unique challenges of rural healthcare and empowers local doctors to deliver life-changing care closer to home."

Looking Ahead

The 12-month pilot of *allergy assist*[™] will run until February 2026, during which its impact will be evaluated. If successful, the platform has the potential to become a permanent fixture in Australia's healthcare landscape, reducing inequities and ensuring rural communities receive quality care. The pilot will be evaluated and has ethics approval through The University of Western Australia Human Research Ethics Committee (Approval number: 2025/ET000027).

"This is about bringing equality to healthcare," Maria Said concluded. "No matter where you live, you deserve access to quality allergy care."

As Australia grapples with the rising tide of allergies, *allergy* $assist^{TM}$ offers a lifeline to those who need it most—a bridge to better health for all Australians.

For more information, visit: <u>https://nationalallergycouncil.org.au/projects/shared-care-for-allergy/allergy-assist</u>

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NOTES FOR EDITORS:

Spokespeople available for interview include:

• Maria Said

National Allergy Council Director and Co-Chair, CEO of Allergy & Anaphylaxis Australia

Expertise: The patient perspective, challenges of managing anaphylaxis and other allergies in rural and remote communities, and the development and impact of *allergy* $assist^{TM}$.

• Dr Melanie Wong

National Allergy Council Director and Paediatric Clinical immunology/allergy specialist

Expertise: Representative: Clinical insights into allergy care, the Shared Care for Allergy Project, and the potential of *allergy* $assist^{TM}$ to improve rural healthcare outcomes

• Dr Katie Frith

Co-chair of the National Allergy Council Shared Care for Allergy project, Chair of the ASCIA Anaphylaxis Committee and Paediatric Clinical immunology/allergy specialist Expertise: Clinical insights into allergy care, the Shared Care for Allergy Project, and the potential of *allergy assist*TM to improve rural healthcare outcomes.

• Dr Rod Martin

President of the Australian College of Rural and Remote Medicine (ACRRM) Expertise: The role of ACRRM in supporting rural doctors, the success of *Tele-Derm*, and how *allergy assistTM* will benefit rural healthcare professionals and patients.

- Dr Chris McCue, Rural Generalist, ACRRM Fellow.
- Case studies from Taree (Tinonee and Burril Creek) NSW; Tanban NSW; Melbourne VIC; Collie WA; Glenunga SA; Anguston SA. Overview available <u>here</u>
- Range of state-based experts and case studies may be available on request.

Media Assets available here

About the National Allergy Council

The National Allergy Council is a partnership between the Australasian Society of Clinical Immunology and Allergy (ASCIA) and Allergy & Anaphylaxis Australia (A&AA). The National Allergy Council aims to improve the health and quality of life of Australians with allergic diseases and minimise the burden on individuals, carers, healthcare services, and the community. For more information, visit: <u>www.nationalallergycouncil.org.au</u>.

About the Australian College of Rural and Remote Medicine (ACRRM)

The Australian College of Rural and Remote Medicine is the only College in Australia entirely dedicated to training and supporting Rural Generalists and rural General Practitioners to provide high-quality healthcare where it is most needed. Our vision is for healthy rural, remote and First Nations communities through excellence, social accountability, and innovation. For more information, visit: <u>www.acrrm.org.au</u>.

Allergy facts

- Allergic diseases are among the fastest growing chronic conditions in Australia, affecting approximately one in five 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 and low number of appropriately trained healthcare professionals¹.

- Food allergy affects 1 in 10 of babies¹, 1 in 20 children aged 10 to 14² and approximately 2 in 50 adults³.
- Food allergy induced anaphylaxis doubled between 2003 and 2013⁴.
- Annual food anaphylaxis admission rates increased nine-fold between 1998/99 and 2018/19 – the highest absolute rates in those aged less than one year⁵. However, the annual rate of increase slowed in those aged one to nine after changes to ASCIA infant feeding guidelines, supporting the Nip allergies in the Bub allergy prevention project.
- Deaths from anaphylaxis in Australia have increased by seven per cent 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 anxiety⁶⁻⁸.
- Fatalities from food-induced anaphylaxis increase by around 10 per cent each year⁹.

Rural health information

- The Australian Government, Department of Health and Aging defines all areas outside of major cities as regional and rural areas¹⁰.
- Current Australian data indicates that approximately 7 million Australians live in regional and rural areas. This equates to 29% of the Australian population¹⁰.
- Approximately 25,000 medical practitioners work outside of major cities¹¹.

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