

***Policy Items relating to***  
**ANAPHYLAXIS MOTION 546**

- 1. Federal Coordination** – of programs and services dealing with anaphylaxis and food allergy information
- 2. Coordinated Awareness Campaigns** – both targeted and general public information initiatives
- 3. Long Term Commitment to Research** – a strategic response and more dollars for research
- 4. Improved Allergen Labelling** - for foods, drugs, cosmetic and personal care products
- 5. Improved Transportation Safeguards** – airline and public transportation policies that reduce risk for food allergic passengers

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### **Allergic Disease**

There is an epidemic of allergies like asthma, hay fever, eczema, food and pet allergies and life-threatening anaphylaxis facing the industrialized world, and Canada is near the top of the list of nations facing a growing problem. Nearly one in three Canadians now suffers some form of allergic illness. The health care and socio-economic costs are huge and the potential impact on our next generation is extreme (AllerGen, n.d.).

### **Food Allergies**

“Between 6 and 8 per cent of Canadians have food allergies, says Dr. Ann Clarke, an allergist and leading researcher at the McGill University Health Centre. In human terms, that means up to one in 13 Canadians is food allergic” (Gagne, 2010).

“These figures are calculated from the nationwide SCAAALAR survey (which stands for Surveying Canadians to Assess the Prevalence of Common Food Allergies and Attitudes Towards Food Labelling and Risk), on which Clarke is a lead investigator. SCAAALAR is the first formal national tally of food allergies in Canada, with detailed information from 10,000 individuals” (Gagne, 2010).

## 1. FEDERAL COORDINATION OF ANAPHYLAXIS MATTERS

“Recent Canadian research estimates that food allergies affect more than two million people and one in two Canadians know someone with a serious food allergy. An allergic reaction can range from mild – such as a rash or hives – to the most serious – including difficulty breathing and sudden drop in blood pressure. If not treated quickly anaphylaxis can be fatal” (Warrington et al., 2010).

There is a crucial need for coordination of services and an information clearinghouse to provide guidance to the public and health care professionals.

### **Required Action:**

- Health Canada should create a primary contact to coordinate Federal Departments and Agencies (i.e. branches of Health Canada, Agriculture Canada, Labour, Industry Canada, Transportation and National Research Councils) in the combined response to the growing instances, costs and risks to our society of Canadians coping with anaphylaxis. This primary contact will partner with the major anaphylaxis organizations in Canada to inform the Prime Minister’s Office / Privy Council Office. The contact will also develop communications channels across federal, provincial/territorial and municipal governments and serve to coordinate intergovernmental health information.

**Health Canada should create a primary contact within government to coordinate information and services related to anaphylaxis.**

## 2. COORDINATED AWARENESS CAMPAIGNS

It is widely recognized “a significant gap exists between healthcare providers’ and patients’ perceptions about proper diagnosis and management of food allergy” (AllerGen, n.d.).

Challenges are compounded for food allergy sufferers and their families with the frequent misunderstanding and backlash from the media and general public.

“Although, early use of epinephrine in anaphylaxis is supported by national management guidelines and experts in the field, sometimes fatalities occur despite appropriately timed and dosed use of epinephrine” (Kumar, Teuber, & Gershwin, 2005). “This was seen in both the UK registry and the group studied by Bock et al. (2001)” (as cited in Kumar et al., 2005). This data makes education of patients regarding allergen avoidance, food labels, cross-contamination, and early recognition of the symptoms and signs of anaphylaxis all the more important. (Kumar et al., 2005)”

**Required Action:**

To combat lack of knowledge and misperceptions, Health Canada should lead a national anaphylaxis awareness campaign that will:

- provide accurate information targeted to specific groups (ex: medical profession, first aid/emergency training providers, child care workers, food service providers, hospitality industry, transportation industry)
- raise general public awareness focused on ‘prevention first’ and accurate, medically-recommended emergency response.
- establish awareness initiatives for publicly regulated workplaces and transportation vehicles and buildings/facilities.

**Health Canada should lead a national anaphylaxis awareness campaign.**

### 3. COMMITMENT TO RESEARCH

Food allergy is a growing public health issue, in Canada, the United States and world-wide. Basic and clinical research aimed at the discovery of new methods for preventing and treating food allergy and anaphylaxis is needed.

“Unfortunately, we do not understand why the disease is becoming so prevalent, how to stop this upward trend, or how to prevent food allergy from developing. In 2004, only 129 specialists were practicing in immunology and allergy in Canada (compared, for example, to 998 in cardiology). This translates into one specialist for every quarter million Canadians – for one of the fastest growing disease segments in the country. We need new researchers – we need new students in doctoral programs. We need to align research and development – we need to unite public and private partners. We need to bring all the scientific disciplines into one network – we need to get solutions to market faster.

We need to ***mobilize Canadian science*** to reduce the illness, mortality and socio-economic costs of allergic disease” (AllerGen, n.d.).

Results of a recent U.S. research review published in the *Journal of the American Medical Association*: “What the *JAMA* report provides is a review of 72 papers on food allergy diagnosis, management and prevention. ... The authors found that there isn’t a universally accepted definition of food allergy, and that there’s a lack of well-established guidelines for diagnosis. ... The systematic review of the food allergy literature published in *JAMA* is helpful in crystallizing the fact that food allergy is common, affecting millions of Americans, but also points out that we need much more research to better understand the exact prevalence, and how to prevent, more easily diagnose and treat this life-changing medical problem, Sicherer noted” (Gagne, 2010).

**Required Action:**

- Long term financial and program commitment to necessary research within Canada. In consultation with AllerGen, continue research activities and commit to increased funding to causes and cures.
- Develop standardized, evidence-based guidelines for the diagnosis, management and treatment of food allergy and anaphylaxis.
- Encourage students to consider careers in Allergy/ Asthma Medicine.

**The Canadian Government should commit to long term funding for food allergy research.**

#### **4. FOLLOW THROUGH ON COMMITMENT TO IMPROVED ALLERGEN LABELLING**

Since strict avoidance of allergens is the only way to prevent a reaction, food-allergic consumers are reliant on the information presented to them on food, drug, cosmetic and consumer goods labels.

"Perhaps the most disturbing finding is that early administration of epinephrine may not always be life-saving," says co-author Hugh Sampson a food-allergy pioneer at Mount Sinai School of Medicine in N.Y. "Four patients succumbed to a fatal reaction despite receiving epinephrine in a timely fashion" (Schardt, 2001).

That, says Sampson, "emphasizes the need for good education and good labeling. If treatment doesn't work, prevention becomes more critical" (Schardt, 2001).

**Required Action:**

- Government approval of the final draft of the *Proposed Amendments to Enhance the Labelling of Allergens, Gluten Sources and Added Sulphites* and publication in Canada Gazette Part II.
- Regulate the use of precautionary allergen statements. For example, statements such as "May Contain", "Processed in a Facility that ..." and "Made on Shared Equipment."
- Consider an "allergy aware" symbol indicating that the item has indeed been reviewed for the 10 major allergens.

**The Canadian Government should follow-through on commitments to improve allergen labelling.**

## 5. IMPROVED TRANSPORTATION SAFEGUARDS

Implementing new allergy safeguards for people travelling public transit (bus, rail and air) will reduce the risks of unnecessary anaphylactic attacks. People with food allergies potentially put their lives at risk during air travel.

- Establish a National/International Transportation Policy that implements risk reduction for anaphylactic passengers on public transportation.
- Air travel - require airlines to consult with the anaphylaxis community to develop policy and procedure that effectively reduces risk for travellers with life threatening allergy.
- Make an announcement to all passengers to please refrain from eating top allergens for the duration of the flight where passengers have disclosed a severe allergy.

**The Canadian Government should require federally regulated transportation providers to implement policies that reduce risk for food allergic passengers. The first focus should be with airlines.**

**References**

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