



australasian society of clinical immunology and allergy inc.

MEDIA RELEASE – APRIL 2014
World Allergy Week (7-13 April 2014)
“Anaphylaxis – when allergies can be severe and fatal”

ASCIA is supporting World Allergy Week with the release of three new resources for patients at risk of anaphylaxis.

Anaphylaxis is a potentially life-threatening allergic reaction that requires urgent medical treatment. It is therefore essential to know how to recognise and respond to an anaphylaxis emergency as well as implement appropriate risk minimisation strategies to prevent exposure to known allergens.

Recent Australian data indicates that 1 in 10 children will have food allergy by the age of one year¹. While the cause of the growing epidemic remains unknown, food allergy related anaphylaxis is more common than ever.

Whilst it is essential for health professionals to know how to treat anaphylaxis in an emergency and also provide appropriate ongoing management of patients at risk of anaphylaxis, it is also vital that patients are educated about how to manage their severe allergy.

ASCIA has developed the following important resources to assist patients at risk of anaphylaxis:

- **Anaphylaxis Checklist** – to be completed by medical practitioners to ensure they address all the needs of the patient at risk of anaphylaxis, including teaching the patient how to use their adrenaline autoinjector using a trainer device.
- **Transitioning from Paediatric to Adult Care for Severe Allergies** – a patient information sheet to help teenagers transition from paediatric to adult care. Teenagers and young adults have been identified as a high risk group for fatal anaphylaxis²⁻⁴. Therefore, it is important they have the skills to manage their severe allergies as well as know how to access their health care professionals.
- **Asthma and Anaphylaxis patient information** – asthma, food allergy and high risk of anaphylaxis frequently occur together and asthma increases the risk of fatal anaphylaxis²⁻⁴ and therefore it is essential that patients at risk of anaphylaxis who also have asthma, ensure their asthma is well managed.

The new ASCIA resources are available free of charge from the ASCIA website and complement the ASCIA anaphylaxis e-training for health professionals, also freely available from the ASCIA website.

Anaphylaxis checklist:

www.allergy.org.au/health-professionals/anaphylaxis-resources/anaphylaxis-checklist

Transitioning from paediatric to adult care for severe allergies:

www.allergy.org.au/patients/allergy-treatment/transitioning-from-paediatric-to-adult-care

Asthma and anaphylaxis patient information:

www.allergy.org.au/patients/asthma-and-allergy/asthma-and-anaphylaxis

Further information/Contacts:

For further information visit www.allergy.org.au or email projects@allergy.org.au

Background Information

ASCIA is the peak professional medical society for immunology and allergy in Australia and New Zealand and is a member society of the World Allergy Organisation (WAO). As such, ASCIA has the benefit of:

- Providing the most up to date evidence based training resources that are available on the ASCIA website (www.allergy.org.au);
- Drawing on the expertise of the ASCIA membership and key stakeholder organisations to ensure that the training resources are accurate and appropriate for the intended target audience;
- Established relationships with stakeholder organisations who are involved in the consultation process.

Information about anaphylaxis is available on the ASCIA website Anaphylaxis Resources section www.allergy.org.au/health-professionals/anaphylaxis-resources which includes the latest versions of ASCIA Action Plans for Anaphylaxis, ASCIA Action Plans for Allergic Reactions, FAQ and instructions on how to use adrenaline autoinjectors.

References:

1. Osborne NJ, Koplin JJ, Martin PE, Gurrin LC, Lowe AJ, Matheson MC, Ponsonby AL, Wake M, Tang ML, Dharmage SC, Allen KJ; HealthNuts Investigators. Prevalence of challenge-proven IgE-mediated food allergy using population-based sampling and predetermined challenge criteria in infants. *J Allergy Clin Immunol.* 2011 Mar;127(3):668-76.e1-2.
2. Bock SA. Fatal Anaphylaxis. *UpToDate.* 2010.
3. Bock SA. Further fatalities, caused by anaphylactic reactions to food, 2001-2006. *JACI* 2007; 119 (4): 106-1018 (Letter to the editor).
4. Bock SA et al. Fatalities due to anaphylactic reactions to foods. *JACI* 2001; 107 (1): 191