



australasian society of clinical immunology and allergy

Feedback on Recommendations in the Report from the Allergies and Anaphylaxis Parliamentary Inquiry

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Introduction

The Australasian Society of Clinical Immunology and Allergy (ASCIA) thanks the Australian Government, Committee Members and Secretariat for their work in conducting the Parliamentary Inquiry into Allergies and Anaphylaxis.

This document summarises the ASCIA feedback (in order of our priorities), on each of the 24 recommendations listed in the Inquiry Report, that was tabled on Monday 15 June 2020 in the Parliament of the Commonwealth of Australia:

[Walking the allergy tightrope - Addressing the rise of allergies and anaphylaxis in Australia](#)

The intention of this feedback is to assist in discussions between ASCIA and the Australian Government regarding implementing the recommendations in the Inquiry Report, to improve the care of Australians with allergic disease.

Other bodies mentioned in this document include:

- **National Allergy Strategy**, a partnership between **ASCIA** (the peak professional body of clinical immunology/allergy specialists in Australia and New Zealand), and **Allergy & Anaphylaxis Australia** (A&AA), the national patient support organisation for allergy and anaphylaxis in Australia.
- **Centre of Food & Allergy Research (CFAR)**, a stakeholder collaborating in the National Allergy Strategy and the ASCIA Annual Conference.

Education, Training and Resources for Health Professionals

Recommendation 5:

The Committee recommends that the Australasian Society of Clinical Immunology and Allergy (ASCIA) receive ongoing long term funding to continue its partnership work with the Department of Health and the National Allergy Strategy, to develop minimum standards of allergy training for health professionals including:

- funding for the promotion of the e-resources ASCIA has already developed to all relevant communities throughout Australia;
- minimum standards of allergy training in the curriculum for all university medical schools and training of general practitioners, physicians and paediatricians, nurse practitioners, psychologists, dietitians, and paramedics; and
- funding support for ASCIA to provide training for all health professionals listed above.

ASCIA feedback:

- ASCIA welcomes recommendation 5 and appreciates the recognition of the importance of allergy and anaphylaxis education, training and resources for health professionals. This includes ASCIA e-resources that health professionals provide to their patients and/or carers.
- To date, ASCIA has not received funding from the Australian Government for its allergy and anaphylaxis education, training and resources, so this has been subsidised by ASCIA since 2010. ASCIA income currently relies on ASCIA annual membership fees, the ASCIA annual conference (postponed until 2021) and unrestricted educational grants from industry. This is not a sustainable model into the future.
- Funding for ASCIA to continue to provide and promote allergy and anaphylaxis training for all health professionals listed above is included in the pre-budget submission that ASCIA lodged in January 2020. **This funding is vital to guarantee ongoing maintenance and distribution of ASCIA educational resources and training courses.**
- Without ongoing and sustained funding from the Australian Government, ASCIA would need to commence charging for the use of our training resources, resulting in a significant reduction in allergy and anaphylaxis training for health professionals and the community.
- ASCIA will continue to work together with the National Allergy Strategy to define the minimum standards of allergy and anaphylaxis training in healthcare curriculums.

The primary outcome of implementing this recommendation will be broad accessibility of current, consistent and evidence based allergy and anaphylaxis training for all Australian health professionals. This includes medical students in training as well as doctors, nurses and dietitians working in rural and regional areas who have limited access to clinical immunology/allergy specialists.

Access to Care – Workforce, Telehealth and Item Numbers

Recommendation 6

The Committee recommends that the Australian Government provide telehealth funding support for doctors and allied health workers in order to provide professional services and support to allergy patients in rural, regional and remote Australia.

ASCIA feedback:

- ASCIA notes that the introduction of item numbers for initial and subsequent attendances provided by videoconference or telephone have been implemented during the COVID-19 pandemic, and have been effective in supporting access to appropriate care for patients with allergy across Australia.
- ASCIA believes that item numbers should continue to be made available to support delivery of care by videoconference and telephone, in addition to face to face consultations, for all patients with allergy, with the preferred method of service delivery decided by the patient and their treating clinician for both new and follow up appointments.
- ASCIA is keen to assist the Australian Government in making further improvements to telehealth services, in collaboration with the National Allergy Strategy.

The main outcome of implementing this recommendation will be improving access to efficient and effective care for all Australians with allergic disease.

Recommendation 7

The Committee recommends that the Australian Government consider a Medical Benefits Scheme (MBS) item number for food challenges carried out by appropriate clinicians.

ASCIA feedback:

- ASCIA welcomes recommendation 7 as an important step towards improving access to appropriate care for patients with food allergy.
- ASCIA has previously identified limited access to food challenges as one of the critical bottlenecks in providing effective care for Australians with food allergy, and has made two submissions for an MBS item number for food challenges that have both been unsuccessful.
- A meeting is urgently required between ASCIA and Medical Services Advisory Committee (MSAC), prior to ASCIA lodging another submission regarding an item number for food challenges in October 2020, for review at the March 2021 MSAC meeting.
- ASCIA would welcome any assistance the Australian Government can provide in facilitating this meeting and expediting the process of introducing an MBS item number for food challenges.

The main outcomes of implementing this recommendation will be to improve the quality of life in patients with food allergies, by providing increased access to food allergen challenges, decreased waiting times for food allergen challenges and potential cost savings for families and the community by confirming which patients still require ongoing management of their food allergies in both public and private hospitals and clinics.

Recommendation 8

The Committee recommends that the Australian Government provides funding for a public health system drug de-labelling program including:

- developing a program in the public health system to run community education campaigns to encourage people to participate in drug allergy de-labelling programs;
- create clinical guidelines for drug allergy de-labelling; and
- give consideration to the need for a Medicare Benefits Scheme (MBS) item number for drug allergy testing and drug allergy challenges.

ASCIA feedback:

- ASCIA welcomes recommendation 8.
- ASCIA has not yet made submissions for an MBS item number for drug challenges but is intending to make a submission in October 2020 for review at the March 2021 MSAC meeting.
- ASCIA has drafted drug challenge protocols, which will be finalised in July 2020, and will be instrumental in developing a submission for an item number.
- ASCIA would welcome any assistance the Australian Government can provide in expediting this process.
- ASCIA will continue to work in collaboration with the National Allergy Strategy in developing public health programs.
- A meeting is required between ASCIA and MSAC to discuss the reasons why this MBS item number is required, before ASCIA lodges a submission and ASCIA would welcome help from the Australian Government to facilitate this meeting.

The main outcomes of implementing this recommendation will be increased access to drug allergy testing, decreased waiting times for drug allergy challenges and potential cost savings and improved quality of care in alignment with the anti-microbial stewardship program.

Recommendation 13

The Committee recommends that the Australian Government work with states and territories to:

- review the sufficiency of the current allergist and immunologist workforce in hospitals throughout Australia; and
- ensure that there is funding for increased placements of these specialists in all hospitals (if a need is found).

ASCIA feedback:

- ASCIA welcomes recommendation 13 and the recognition of the workforce issues in allergy and immunology.
- ASCIA is keen to assist the Australian Government in implementing this recommendation.

The main outcomes of implementing this recommendation will be to improve access to best-practice allergy diagnosis and management and reduce waiting lists for patients.

Recommendation 23

The Committee recommends that the Australian Government give consideration of how best to increase the utilisation of nurses and allied health care workers to support the care of patients with allergic disease.

ASCIA feedback:

- ASCIA welcomes recommendation 23 and the recognition of the need for a coordinated approach to multidisciplinary care of people with allergic disease.
- ASCIA is keen to assist the Australian Government in implementing this recommendation, in collaboration with the National Allergy Strategy.

The main outcomes of implementing this recommendation will be to improve access to suitably trained allergy nurses as well as allied health professionals such as dietitians and psychologists to ensure quality holistic care for patients with allergies.

Collaborations and Research

Recommendation 1

The Committee recommends that the Australian Government work with the states and territories to establish a National Centre for Allergies and Anaphylaxis in Australia, to ensure there is a national standardised approach to allergy management.

ASCIA feedback:

- ASCIA welcomes recommendation 1 and is keen to assist the Australian Government to realise the Committee's vision of a National Centre (or Council) for Allergies and Anaphylaxis in Australia.
- ASCIA, the National Allergy Strategy, Allergy & Anaphylaxis Australia and the Centre for Food and Allergy Research have had preliminary discussions about collaborating in a National Council for Allergies and Anaphylaxis if this recommendation is approved.
- In these discussions there was consensus that a "National **Council** for Allergies and Anaphylaxis" would be preferable to a "National Centre for Allergies and Anaphylaxis".
- The vision of a national standardised approach to allergy management is consistent with the mission and objectives of ASCIA and the National Allergy Strategy.
- The proposed Centre or Council could develop a National Action Plan for Allergies and Anaphylaxis, as a progression of the National Allergy Strategy.

The main outcomes of implementing this recommendation will be integration of clinical expertise, implementation, research and a consumer focus, to ensure a national standardised approach to allergy management.

Recommendation 2

The Committee recommends that the Australian Government dedicate additional funding into food allergies and anaphylaxis research, in particular funding for:

- the Centre for Food and Allergy Research (CFAR) so it can continue its work past 2022 (if Recommendation 1 has not been implemented by expanding CFAR to become a National Centre for Allergies and Anaphylaxis);
- clinical research into food allergy treatments (including allergies outside of peanut allergy) in particular into food based oral immunotherapy, including head-to-head trials (trials with no placebo);
- research into emerging allergic diseases such as eosinophilic oesophagitis and food protein-induced enterocolitis syndrome (FPIES);
- research into the social and psychological effects of allergies and anaphylaxis; and
- establishing a national register for anaphylactic episodes and death.

ASCIA feedback:

- ASCIA welcomes recommendation 2, which addresses 3 out of the 10 issues raised in the ASCIA submission to the Inquiry.
- ASCIA agrees that a national, collaborative approach to allergy research is required to achieve the best outcomes for patients and the community, with strong clinician and researcher involvement, that can be facilitated by ASCIA as the peak professional body for allergy specialists with broad membership including medical practitioners, nurses, allied health professionals and scientists.

- ASCIA recommends that all major fields of allergy and anaphylaxis research, importantly involving both children and adults' allergies, are included and supported by additional funding from the Australian Government. This contains research into the fields of drug allergy, allergic rhinoconjunctivitis and airway disease, anaphylaxis in the perioperative and cancer setting. We also recommend the establishment of a national register for severe drug allergies, including anaphylaxis due to drugs.
- Establishing a National Council for Allergies and Anaphylaxis in Australia could be an effective way of assisting in progressing the implementation of this recommendation.

Allergy Diagnostics and Treatments

Recommendation 4

The Committee recommends that the Australian Government work with all states and territories to provide a consistent national framework for patients being discharged from an Emergency Department after an anaphylactic reaction. These patients should be provided with the following:

- an adrenaline auto-injector script for up to a maximum of 3 adrenaline auto-injectors and an appropriate emergency action plan (including digitised action plans) as per the Australasian Society of Clinical Immunology and Allergy (ASCIA)'s recommendation;
- if not already diagnosed with anaphylaxis, the patient should be given a priority referral (this referral must be for the period four to six weeks after discharge) to an immunologist or allergy specialist; and
- information pamphlets on allergies and anaphylaxis. For example, information that outlines support and information on allergies from peak bodies such as ASCIA and Allergies and Anaphylaxis Australia (A&AA).

ASCIA feedback:

- ASCIA is keen to assist the Australian Government if recommendation 4 is implemented, in collaboration with the National Allergy Strategy.
- ASCIA notes that discussions with the Australian Commission on Safety and Quality in Health Care and the National Allergy Strategy about an anaphylaxis clinical care standard have been progressing,
- In 2020 all ASCIA anaphylaxis resources have been updated, including ASCIA Action Plans for Anaphylaxis and ASCIA Guidelines for Acute Management of Anaphylaxis, which ASCIA believes are best used to implement this recommendation and we are happy to discuss digitisation with the Australian Government.
- Please note that ASCIA currently recommends adrenaline auto-injector prescriptions for up to a maximum of 2 adrenaline autoinjectors (not 3).
- ASCIA agrees that all patients who have had anaphylaxis need referral to clinical immunology/allergy specialist. In order to provide timely specialist appointments (e.g. within 4-6 weeks as suggested in the recommendation), issues identified by the Inquiry regarding limited allergy specialist workforce need to be addressed.

Recommendation 10

The Committee recommends that the Australian Government provide additional funding support to ensure the Royal Hobart Hospital can provide ongoing Jack Jumper Ant venom immunotherapy treatment to Australians in all states and territories.

ASCIA feedback:

- ASCIA welcomes this recommendation 10, particularly as Jack Jumper Ant venom allergy is a uniquely Australian issue and therefore supply of venom immunotherapy needs to be sourced locally.

Recommendation 12

The Committee recommends that the Australian Government work with the Therapeutic Goods Administration (TGA) to:

- proactively encourage competition for pharmaceutical companies to supply alternative adrenaline auto-injectors to the Australian market in order to prevent future shortages;
- investigate the expiry dates of adrenaline auto-injectors; and
- investigate reasons for intermittent supply of adrenaline auto-injectors.

ASCIA feedback:

- ASCIA agrees with this recommendation 12 and notes that this is already being addressed, with TGA applications from other suppliers already lodged in 2020.

The main outcomes of implementing this recommendation will be to ensure uninterrupted access to life-saving adrenaline autoinjectors for patients and to improve access to appropriate dosing of adrenaline autoinjectors both for very young children and adults.

Recommendation 24

The Committee recommends that the Therapeutic Goods Administration and any other relevant authorities, such as the Australian Competition and Consumer Commission (ACCC) conduct an independent, evidence-based review into all therapeutic goods, services, or devices which claim to diagnose or treat allergies.

ASCIA feedback:

- ASCIA agrees with recommendation 24 and is keen to assist the Australian Government if this recommendation is implemented.
- In addition to identifying those goods, services and devices which claim to diagnose or treat allergies without any evidence of efficacy, ASCIA would welcome any assistance the Australian Government can provide in facilitating meetings with the TGA to address issues that currently limit access to products that allow evidence-based diagnosis and treatment of allergies, including accessing skin testing reagents and fast tracking of new products.

The main outcomes of implementing this recommendation will be to reduce harm to patients as a result of inaccurate diagnosis and unsafe recommendations for ‘treatment’, while improving access to evidence-based diagnosis and treatment of allergies.

Anaphylaxis Education and Training for Community

Recommendation 19

The Committee recommends that all staff at Australian primary and secondary schools receive nationally consistent education and training for recognising and responding to anaphylaxis.

Recommendation 20

The Committee recommends that the Department of Health work with the Australasian Society of Clinical Immunology and Allergy (ASCIA) and all states and territories to ensure that treatment for anaphylaxis be incorporated into a nationally standardised first aid training course, and if necessary to provide additional funding to first aid training providers to facilitate this.

Recommendation 21

The Committee recommends that the Australian Government work with the Australasian Society of Clinical Immunology and Allergy (ASCIA) and state and territories to include information about allergies and anaphylaxis education and training into undergraduate teacher training degrees, learning support assistant training and childcare worker vocational education training.

ASCIA feedback:

- ASCIA welcomes recommendations 19, 20 and 21.
- ASCIA already provides nationally consistent education and training for recognising and responding to anaphylaxis for staff at Australian primary and secondary schools. Funding for promoting more widespread use of this training is included in the pre-budget submission that ASCIA lodged in January 2020.
- ASCIA e-training will continue to be aligned with the National Allergy Strategy minimum standards project.
- ASCIA is happy to discuss recommendations 20 and 21 with the Department of Health.

The main outcomes of implementing recommendation 19 will be increased use of accessible, consistent and evidence-based training for schools and early childhood education/care.

Food Service and Food Labelling

Recommendation 14

The Committee recommends that the Australian Government review all work, health and safety standards within vocational education training to ensure all food service and food preparation training modules include training on allergies and anaphylaxis, including the prevention of food cross contact.

Recommendation 16

The Committee recommends that the Australian Government work with state and territories to mandate allergen regulations for all hospitals, to ensure that allergen free meals are made available to all patients.

ASCIA feedback:

- ASCIA welcomes recommendations 14 and 16.
- ASCIA notes that e-training courses have already been developed by the National Allergy Strategy for the food service sector, “All about Allergens” that could be mandated if recommendation 14 is implemented.
- ASCIA notes that e-training courses have already been developed by the National Allergy Strategy for food service in hospitals and these could be used if recommendation 16 is implemented.

Recommendation 15

The Committee recommends that the Allergen Bureau in collaboration with Food Standards Australia New Zealand (FSANZ), work with the food industry to encourage the consistent use of the VITAL food allergen risk assessment program, including the introduction of a VITAL ‘V’ tick on packaging to inform consumers that a product has been through this process.

Recommendation 17

The Committee recommends that Food Standards Australia New Zealand (FSANZ) expedites the finalisation of the Plain English Allergy Labelling (PEAL) process before September 2020 and informs the Committee once the process has been finalised.

Recommendation 18

The Committee recommends that Food Standards Australia New Zealand (FSANZ) prioritises work in relation to reformulation labels on products. Any product that has changed its ingredients should have either new packaging alerting consumers to the reformulation, or should have a sticker placed on the front stating clearly that new ingredients have been added.

ASCIA feedback:

- ASCIA has made two submissions to the FSANZ Plain English Allergy Labelling (PEAL) consultation so implementation of recommendation 17 would be welcomed by ASCIA.
- ASCIA also welcomes recommendations 15 and 18.

Other

Recommendation 3

The Committee recommends that the Australian Government consider providing a healthcare card to people with severe and chronic allergic conditions and a carers allowance for their carers where appropriate.

ASCIA feedback:

- ASCIA understands that the high costs of allergy treatments and the lack of reimbursement has led to the requests for this.
- ASCIA would be willing to provide expert input if recommendation 3 is being considered for implementation.

Recommendation 9

The Committee recommends that the Australian Government should mandate consistent labelling for all products containing chlorhexidine, iodine and latex to ensure consumers and healthcare workers can readily identify these products.

Recommendation 11

The Committee recommends that the Australian Government work with states and territories to ensure that all allergy and anaphylaxis fatalities receive an automatic referral to the coroner for assessment.

ASCIA feedback:

- ASCIA agrees with recommendations 9 and 11.
- ASCIA would be willing to provide expert input if recommendations 9 and 11 are being considered for implementation.

Recommendation 22

The Committee recommends that the Australian Government requires that all airlines in and out of Australia undertake the following to assist with customers requiring anaphylaxis care:

- seats of travellers who have emergency care plans for anaphylaxis should be wiped down before boarding;
- cabin crew should receive first aid training that includes anaphylaxis training, recognising symptoms of anaphylaxis and an understanding of how to administer an adrenaline auto-injector; and
- require all first aid kits on domestic and international flights entering and departing Australia to carry at least two adrenaline auto-injectors.

ASCIA feedback:

- ASCIA notes that the major airlines already have access to ASCIA anaphylaxis training, general use adrenaline autoinjectors, airline specific ASCIA Action Plans for Anaphylaxis (that can be used as a poster and stored with general use [first aid] adrenaline autoinjectors), and other resources.