



# News facts

AUTUMN 2011

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**Anaphylaxis Australia Inc**  
**1300 728 000**

**[www.allergyfacts.org.au](http://www.allergyfacts.org.au)**

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The **NEW**  
food allergy awareness  
bracelet here now!

# Allerbling™



The Allerbling™ wristband is a unique ID bracelet, which is customizable by you, at any time, based on your child's changing food allergic conditions.

The best way to avoid food allergy emergencies is through education and awareness. As parents, we want our children to be safe. Allerbling™ can be your silent partner that informs and reminds others about your child's food allergic condition.

Each kit comes with 2 bracelets, a small and a medium (non latex) and 8 allergy charms. Charms include: peanut, tree nut, egg, milk, fish, shellfish, soy and wheat. Sesame charms are also available on request at no extra charge. To order see enclosed flyer.

**a charity committed to helping keep those with severe allergy safe**

# President's Report

Hello everyone,

A warm welcome to you and to 2011! Already in our 3rd month and we have begun another exciting year of progress and change.

In February I was honoured to attend the European Academy of Allergy and Clinical Immunology meeting that focussed on food allergy and anaphylaxis. The meeting was held in Venice and attracted more than 500 people from around the world. For the first time in history, nineteen patient support organisations met and held a half day workshop as part of this scientific meeting. AAI presented on food labelling concerns whilst others presented on other pertinent issues including adrenaline autoinjectors and education. We were joined by a few other Australians including Allergen Bureau representatives and Australian allergists from Sydney and Adelaide.

As Australians we can look back and be proud of progress in allergy management in this country. It was amazing to see some countries still have no guidelines for schools, no government food recall system and teachers refusing to administer an adrenaline autoinjector in a life threatening emergency. When we become despondent about all there is to do to progress severe allergy management and improve quality of life, we need to remember the progress we have made and use that to help us move forward.

Huge thanks to Dr Antonella Muraro from Allergy Italia and the EAACI Committee for organising the meeting and the patient support organisation workshop. Antonella's passion is wonderful. Thanks to The American Peanut Council, the Food Allergy Initiative in the US, Heinz Australia and Link Pharmaceuticals whose sponsorship made it possible for Anaphylaxis Australia to attend.

We look forward to ASCIA launching new face to face and free online learning training courses for health professionals this month. The launch will take place in

Sydney and AAI has been invited to attend. Many thanks to the ASCIA members who have sought input from Anaphylaxis Australia and brought these educational initiatives to fruition. The launch means that those with allergies can access health professionals who have a greater understanding of their needs and therefore provide better patient care and support. See page 8 for more information.

I am excited to share that Sam and Sue Eller who have support AAI for many years, were named Citizens of the Year by Hurstville Council as part of Australia Day awards. Their ongoing fundraising and volunteer work in memory of their daughter Samantha, has been outstanding. They continue to support us as we continue to increase awareness and educate the Australian community. Our success is their success.

Announcement of the recipients of our Dr John Ruhno Award and Be a MATE Award of 2010, see page 7.

Enough from me for now..... keep doing your bit to help keep those with allergies safe!

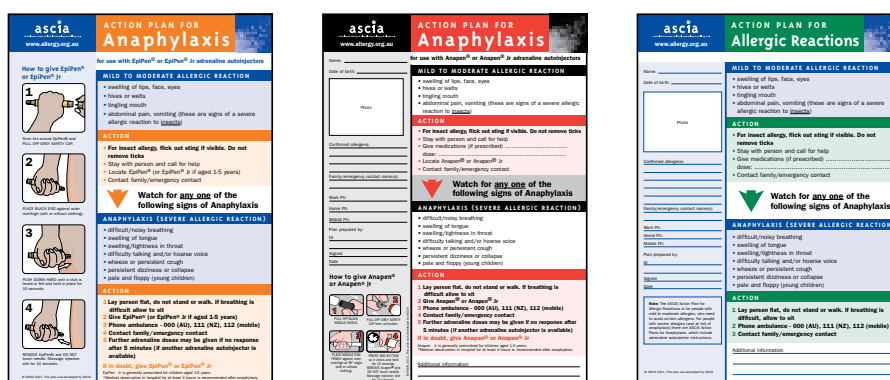
Maria



Australia Day Awards: Citizens of the Year Sue and Sam Eller with Hurstville Mayor Cr Philip Sansom

# NEW ASCIA Action Plans

Printed with permission from ASCIA [www.allergy.org.au](http://www.allergy.org.au)



## Frequently asked questions and answers (FAQ) 2011

The following are the most frequently asked questions and answers (FAQ) regarding the ASCIA Action Plans for Anaphylaxis and Allergic Reactions.

**Q: How many types of ASCIA Action Plans are there?**

**A:** There are two types of ASCIA Action Plans for Anaphylaxis (General and Personal) and two versions for each of these, specific to the adrenaline autoinjector brand. The General versions (orange) do not contain any personal information and can be used as a poster. The Personal versions (red) include personal information for the individual with prescribed adrenaline autoinjector/s, such as medically confirmed severe allergies.

There is also an ASCIA Action Plan for Allergic Reactions (green) which includes personal information of the individual with medically confirmed mild or moderate allergies, who needs to avoid certain allergens, but does not have an adrenaline autoinjector.

ASCIA Action Plans for Anaphylaxis and Allergic Reactions were last revised in February 2011 and are available to print directly from the Anaphylaxis Resources section of the ASCIA website [www.allergy.org.au](http://www.allergy.org.au) or ordered by emailing [education@allergy.org.au](mailto:education@allergy.org.au)

**Q: How have the revised ASCIA Action Plans (2011) changed from the previous (2009) versions?**

**A:** The following amendments have been made to the 2009 versions:

■ “Confirmed allergens:” has replaced “Allergens to be avoided” as the new wording implies that allergens are medically confirmed.

■ “family/emergency contact name(s)” has replaced “Family/carer name(s)” as “carer” had the potential to be confused with the “carer” who works in childcare.

■ “Loss of consciousness” and “collapse” are similar, therefore “loss of consciousness” has been replaced with “persistent dizziness” which addresses the concern that this early sign of anaphylaxis may be overlooked and that this could potentially delay giving an adrenaline autoinjector until the individual collapses.

■ In the 2nd set of actions “Lay person flat and elevate legs. If breathing is difficult, allow to sit but do not stand” has been replaced with “Lay person flat, do not stand or walk. If breathing is difficult allow to sit.” Neither walking nor standing are recommended during anaphylaxis and this step has been reordered to appear as the 1st step to reflect the importance of posture.

■ The ASCIA Action Plan for Anaphylaxis - Insect Allergy (yellow) has been deleted and information specific to insect allergy has been included in the personal (red) plans. A single Action Plan can therefore now be used for individuals with food and insect allergies. This also reduces the total number of ASCIA Action Plans.

■ “insects” has been underlined to emphasise this in “abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)”

■ “any one” has been underlined to emphasise this in

# NEW ASCIA Action Plans

“Watch for any one of the following signs of Anaphylaxis

**Q: Can the older versions (2008, 2009) of ASCIA Action Plans still be used?**

**A:** Yes. The previous versions of ASCIA Action Plans will be gradually phased out over the next two years. ASCIA Action Plans should be renewed when patients are reassessed by their doctor, and each time they obtain a new adrenaline autoinjector prescription. If the patient is a child, the photo should be updated at least every two years, so they can be easily identified.

**Q: Can schools or parents complete an ASCIA Action Plan for Anaphylaxis (personal) or ASCIA Action Plan for Allergic Reactions for their students or children?**

**A:** No. ASCIA Action Plans have been developed as medical documents and must be completed, signed and dated by the patient's medical doctor. If copies are required then the original signed copy should be photocopied.

**Q: Is it possible to obtain an electronic copy of the ASCIA Action Plans so that a student's photo and information can be inserted by school staff?**

**A:** No. The ASCIA Action Plans have been developed in a PDF format to ensure the documents are concise (A4 size), consistent (changes cannot easily be made) and easily understood, for use throughout Australia and New Zealand.

**Q: How often does an ASCIA Action Plan need to be updated?**

**A:** ASCIA Action Plans should be reviewed when patients are reassessed by their doctor, and each time they obtain a new adrenaline autoinjector prescription. If there are no changes in diagnosis or management the medical information on the ASCIA Action Plan may not need to be updated. If the patient is a child, the photo should be updated at least every two years, so they can be easily identified.

**Q: The ASCIA Action Plans on the ASCIA website [www.allergy.org.au](http://www.allergy.org.au) are copyrighted. Can we still print them out and make copies?**

**A:** Yes. ASCIA Action Plans can be printed off the website and/or photocopied without infringement of the copyright. ASCIA recommends that the Action Plans are printed in colour, if possible, as they are colour coded.

**Q: Who has the ASCIA Action Plan for Anaphylaxis been designed for?**

**A:** ASCIA Action Plans for Anaphylaxis have been designed for first aid treatment of anaphylaxis, to be delivered by people without any special medical training nor equipment apart from access to an adrenaline autoinjector.

**Q: Why doesn't the ASCIA Action Plan for Anaphylaxis include CPR?**

**A:** Adrenaline is life-saving and must be used promptly. Withholding or delaying the giving of adrenaline can result in deterioration and death of the patient. This is why giving the adrenaline autoinjector is a priority on the ASCIA Action Plans for Anaphylaxis, to prevent delays. If CPR is given before this step there is a possibility that adrenaline is delayed or not given. It is important to note that Oxygen will be administered to the patient by paramedics in the ambulance.

**Q: Can an organisation obtain an adrenaline autoinjector for general use (not prescribed for an individual) and do they require an Action Plan for Anaphylaxis?**

**A:** Adrenaline autoinjectors for general use can be purchased without a prescription from pharmacies. More information is available in the ASCIA document “Adrenaline Autoinjectors for General Use” which is available from the Anaphylaxis Resources section on the ASCIA website. The ASCIA Action Plan for Anaphylaxis (general) has been developed for use as a poster or as an instruction guide to include with an adrenaline autoinjector for general use.

**Q: Where can we go to obtain further resources?**

**A:** Patient information is available from the following websites:

■ **ASCIA [www.allergy.org.au](http://www.allergy.org.au)**

ASCIA is the peak professional body for allergy and clinical immunology in Australia and New Zealand.

■ **Anaphylaxis Australia [www.allergyfacts.org.au/](http://www.allergyfacts.org.au/)**

■ **Allergy New Zealand [www.allergy.org.nz/](http://www.allergy.org.nz/)**

Anaphylaxis Australia and Allergy New Zealand are national patient support groups for Australia and New Zealand.



# GS1 GoScan

## RESEARCH REPORT



A survey conducted by GS1 Australia, with assistance from Anaphylaxis Australia and Nestlé Australia, has showed that accessing a trusted source of data on allergens contained in food products is of highest concern.

A small group of allergy sufferers were given access to the GS1 Australia GoScan iPhone application to assist them in identifying food products with allergens which concerned them. The survey showed that the participants had a great reliance on, and trust for allergen information provided by manufacturers, both via the product label and through customer support centres. It also showed that there was a much lower level of trust on data provided from other sources perceived not to originate with the manufacturer.

The results from the survey on the functionality of the GoScan iPhone application were very positive. Many participants said that the application assisted with their purchasing decision, with some even altering their purchase choice.

Further research on the issue of trusted data - **what consumers trust and from whom the data comes** - needs to be undertaken to ascertain what constitutes a trusted data source for Extended Labelling applications.

### BACKGROUND

Anaphylaxis is the most severe form of allergic reaction and is potentially life threatening. It must be treated as a medical emergency, requiring immediate treatment and urgent medical attention.

Triggers of anaphylaxis include foods and insect stings and bites. Foods such as milk, eggs, peanuts, tree nuts, sesame, fish, crustaceans and soy are the most common food triggers, causing 90% of allergic reactions, however, any food can trigger anaphylaxis.

Anaphylaxis is almost always a preventable and treatable

event. Knowing the triggers and avoiding them is the first step in prevention. To this end labelling of food products is critical for carers and allergy sufferers.

***A report by Access Economics released by the Australasian Society for Clinical Immunology and Allergy (ASCI) in 2007 revealed that:***

- 4.1 million Australians (19.6%) have at least one allergy
  - The highest prevalence is in the working population, with 78% of those with allergy aged 15-64 years
  - The average allergic person has 1.74 allergies. i.e. most people suffer from more than one condition at the same time. Eg. hay fever and asthma, or food allergy and eczema
  - If current time trends continue, there will be a 70% increase in the number of Australians with allergies affected from 4.1 million now to 7.7 million by 2050, and an increased proportion affected from 19.6% to 26.1%
  - The cost of allergies to the Australian economy is more than \$7 billion per year
- iPhone application GS1 Australia has developed an iPhone application, GS1 GoScan, to help support the needs for consumers for trusted and detailed product information, amongst them, allergic consumers' quest for allergen information on their favorite food products.

For the initial prototype, product data for food products from Nestlé Australia was uploaded into the GS1 Australia content database, which is accessed by the GoScan application via the internet.

This product data was sourced from GS1net, GS1 Australia's data synchronisation service. GS1net is used by the Australian and New Zealand food industry to communicate product master data. At the time of this report, over 800,000 product records from almost 1400 suppliers are available on GS1net.

# GS1 GoScan



GS1net data was further complemented with content from Nutribank - the content database of allergen information for all Nestlé food products in Australia.

Consumers can access this data by scanning the bar code on a product using the GoScan application. GoScan decodes the bar codes and uses the Global Trade Item Number (GTIN), or bar code number, to access the available product information, including allergens, and displays it to on the iPhone.

## RESEARCH PROJECT

Working with Nestlé Australia and Anaphylaxis Australia, a nonprofit organisation that supports and assists those affected by food allergy and anaphylaxis, GS1 Australia invited 20 volunteers from Melbourne and Sydney to trial and evaluate the GoScan application. Volunteers had to be aged over 18 years and own an iPhone that supported internet access and an existing internet data plan with a service provider. A total of 17 volunteered to substantiate if the application provided the information needed to help support product purchasing decisions in the supermarket. Volunteers either had food allergies or had family members with food allergies.

As part of the survey they were asked to identify additional functions or information that potential users would consider valuable and to indicate their level of trust of the data provided.

## KEY FINDINGS

- 71% found GoScan easy or very easy to use
- 86% said they trusted the product label as a source of allergen information
- 42% said they trusted the manufacturer's customer hotline as a source of allergen information
- 28% said they trusted GoScan as a source of allergen information

- 86% found that the data displayed on GoScan reflected what was on the product label, with a similar number finding reading the allergen information displayed as easy to understand

- 71% reported that the GoScan information assisted with their purchasing decision

## CONCLUSION

While this research was conducted with a limited number of people, the outcomes reaffirmed the assumption that the source of the product data is a major concern to consumers with food allergies.

Even if a mobile phone application is easy to use, provides the functionality needed to aid the consumer in the purchasing process and provides clear and consistent ingredient and allergen information that is easily understood, consumers need to trust the information being provided in order to derive value.

Another finding from the research was the need to clearly convey the message that the data displayed by GoScan was unadulterated and straight from the manufacturers' database as this link was not evident during the trial.

This exercise also highlighted there is much to be learned on how consumers would use applications like GoScan in their daily shopping activities. During this trial, participants tended to scan every product they purchased in order to test the GoScan application and provide their feedback. As a result, some reported that this process increased their shopping times.

Further to this preliminary survey, GS1 Australia will undertake comprehensive research into the issue of trusted data. The aim will be to establish the level of trust placed by consumers on data for food products across different media and identify which sources of data consumers trust and what information they value to assist their purchase ■

# Timely Reminder - caught unawares during a disaster

Many of us with food allergy do our best to always be prepared for an allergic reaction but we don't get much time to be prepared for a disaster such as the recent floods in Queensland or Victoria. People with food allergy need to take extra care and not let vigilance diminish because of an overwhelming disaster situation.

An allergist has informed us of two cases of a child having significant allergic reactions. In one episode the child required two doses of adrenaline after being caught out by disaster affected house guests bringing in their own food. Note also that relief centre's can be higher risk places for individuals with food allergy because people are often eating foods prepared by others. Don't let your guard down, check labels and if no label is available see if you can make something yourself rather than trust food from someone who means well but does not understand food allergy.

If you have others come into your home, make sure they understand your food allergy needs and that you have food restrictions in your home. If they bring unsafe food into your home, make sure you have systems in place to help reduce the risk of a reaction.

If you are the family that lands in someone else's home because you have nowhere else to go, talk about your food requirements and work with your host family to try to manage the food risk more effectively.

In an ideal world, it would be great to have safe foods provided to food allergic people in emergency disaster situations but there is currently no system to allow this although members did contact us about opening their homes to families with food allergic children and even provision of safe foods from one family with food allergy to another ■

## DermaSilk® Price Reduction

Rarely do we have the opportunity to inform our customers of such good news!

Our strong Australian dollar has made it possible for Link to reduce all DermaSilk® prices, effective as of January 2011. Link is pleased to be able to pass this savings directly on to you.

DermaSilk® Therapeutic Undergarments represent a new concept to in the management of Eczema for all age groups. DermaSilk® are therapeutic garments made from hypoallergenic Medical Grade Silk permanently bonded to an Antimicrobial agent. DermaSilk® has been clinically proven to be effective in the management of eczema.

DermaSilk® provides:

- No friction to the skin
- Reduces the itching and scratching
- Allows the skin to breathe
- Helps regulate skin temperature and moisture
- Protection by reducing and controlling infections locally

For product information and purchasing, please visit [www.dermasilk.com.au](http://www.dermasilk.com.au).





# Dr John Ruhno & Be a Mate School Awards 2010

The 2010 winner of the Dr John Ruhno Award goes to the Kareela Golf Club Lady Members for their outstanding fundraising and awareness work throughout 2009 and 2010 in raising more than \$30,000 for AAI!

In the Summer NewsFacts 2010 issue we featured the many events and hard work that the Kareela Golf Club Lady

Members organised during 2010 to achieve such results. The 2010 winner of the Be a MATE School Award goes to **Newstead Pre-School**, Jo Ride, Preschool Director, Victoria. To find out more about Newstead Pre-School see **page 16**.

## Vital Update



Food manufacturers are well aware that the use of “may contain” type statements are of concern to allergic consumers and their carers. The “may contain dilemma” is an issue for both manufacturers and consumers – to label or not is a vexed issue.

### **VITAL (Voluntary Incidental Trace Allergen Labelling)**

is a process that food manufacturers are encouraged to use to assist with determining the need for precautionary labelling due to the presence of cross contact allergens in food products. VITAL was launched in 2007 as part of the Australian Food and Grocery Council (AFGC) Guide to Allergen Management and Labelling. VITAL was developed by a working group with representation from industry, regulators and Anaphylaxis Australia Inc (AAI). VITAL is currently managed and supported by the Allergen Bureau, a food industry group with the primary objective of sharing information on the management of food allergens.

VITAL aims to make precautionary labels more meaningful by offering a method for consistent assessment of risk across packaged foods and the use of a single precautionary statement – “may be present”. Where this statement has been used, in conjunction with the VITAL

process, then it should be considered that this food represents a significant risk to food allergic patients and should be avoided.

VITAL has been developed to assist the identification of allergens that may be present in food products via cross contact from either ingredients or via the manufacturing environment. Where an allergen is inadvertently present at a concentration corresponding to a specific (VITAL) Action Level, then the use of a precautionary allergen labelling statement is required. Where a statement is required, then only the words “May be present” are to be used.

The Allergen Bureau has been working to further develop the VITAL program and to promote its use for products retailed in Australia and New Zealand. This includes the formation of a Scientific Expert Panel to review the science underpinning VITAL and other important projects to further develop other aspects of the VITAL program. The efforts of the Allergen Bureau to develop VITAL have been positively noted in the recent report on ‘Food Labelling Law and Policy (2011)’, which will inform the development of government policy for food labelling requirements in Australia and New Zealand.



# Vital Update



In January 2011, the Allergen Bureau Management Committee hosted a VITAL Scientific Expert Panel in collaboration with the University of Nebraska 'Food Allergy Research and Resource Program' (FARRP) in Sydney. The Panel comprised of international experts in allergens (from the United States, The Netherlands, United Kingdom and Australia). The objective of the Panel was to review the available clinical data and revise and recommend appropriate Action Levels within the VITAL program. The Panel also confirmed that the Action Levels in the current VITAL program were considered appropriate and realistic based on the scientific evidence available when the VITAL program was developed.

The Allergen Bureau is working on improving the tools in the VITAL program to allow a greater ease of implementation for the food industry.

Concurrently, the Allergen Bureau is also developing improved methods of communicating to consumers about products that have been through the VITAL risk assessment program.

Anaphylaxis Australia supports the use and further development of VITAL - the Voluntary Incidental Trace Allergen Labelling Program in an effort to increase safer food choices for allergic consumers.

Further information on VITAL and the work of the Allergen Bureau can be found on the Allergen Bureau website ■ [www.allergenbureau.net](http://www.allergenbureau.net)

# ANAlert

Link Pharmaceuticals, the sponsor of Anapen® and Anapen® Jr in Australia and New Zealand, has recently expanded Anapen's educational website, ANAlert®.

ANAlert.com was developed to cater for both Australians and New Zealanders at risk of anaphylaxis, their carers and healthcare professionals.

ANAlert.com portal page allows viewers to choose the appropriate site with specific information according to their country of residency.

ANAlert.com is a user-friendly site, it offers educational information on the Anapen adrenaline auto-injector and features free Training and Expiry Date alert services."



# ASCIA Anaphylaxis e-Training

## course for health professionals

### CONGRATULATIONS TO ASCIA !

In March last year, Anaphylaxis Australia Inc welcomed and applauded the development and launch of the ASCIA anaphylaxis e-training (Version 1.0) which was developed for school and childcare staff where face to face training is not possible (or feasible), or as a refresher, or for interim training whilst waiting for face to face training. ASCIA anaphylaxis e-training courses can also be taken by parents, friends, carers or patients themselves.

A year on and we are thrilled to announce the ASCIA anaphylaxis e-training course for health professionals in Australia and New Zealand is being officially launched on Friday 11th March 2011.

This course has been developed by the Australasian Society of Clinical Immunology and Allergy (ASCIA) in consultation with several health professional organisations representing general practice and emergency medicine. The aim of the course is to provide a standardised approach to health professional training in the recognition and management of patients at risk of anaphylaxis (severe and potentially life threatening allergic reactions) in Australia and New Zealand.

We understand that the ASCIA anaphylaxis e-training course is unique in its comprehensive approach to the management of anaphylaxis and accessibility.

### WHY DO WE NEED ANAPHYLAXIS E-TRAINING COURSES?

Food allergy is estimated to affect around 3 to 6 per cent of infants under the age of 3 years.

Despite recent increases in food allergy related anaphylaxis, hospitalisation rates and evidence that the prevalence of peanut allergy has risen in Australia, the cause of this epidemic remain elusive. Management is therefore based on the identification of the allergic

triggers, education of patients and their caregivers and development of an individual emergency action plan if accidental exposure occurs.

Since access to specialist immunology/allergy care is limited due to long wait lists, it is essential that health professionals such as general practitioners and paediatricians are able to provide adequate management of patients at risk of anaphylaxis. To enable this service provision, ASCIA has provided health professionals with access to reliable and readily accessible anaphylaxis management training.

### CONSULTATION AND REVIEW PROCESS

An extensive consultation and review process has been undertaken since May 2009. Many organisations representing general practitioners and emergency medicine were consulted in the development of the course. Organisations consulted include the Royal Australasian College of Physicians (RACP), Royal Australian College of General Practitioners (RACGP), Royal New Zealand College of General Practitioners (RNZCGP), Australian College of Remote and Rural Medicine (ACCRM), Australian Resuscitation Council (ARC), New Zealand Resuscitation Council (NZRC), the Australasian College for Emergency Medicine (ACEM), Anaphylaxis Australia Inc and Allergy New Zealand.

To develop the e-training course, ASCIA has received financial support from NSW Health, WA Health and educational grants from industry. ASCIA will retain copyright and control over content of the courses, and update them as evidence based changes occur in the medical literature.

*Editor's note: Please visit [www.allergy.org.au](http://www.allergy.org.au) for further information. It is important for everyone in the allergy community to disseminate valued tools. Please let you GPs, school nurses, community health nurses know about the ASCIA anaphylaxis e-training course for health professionals*

# Children's Services

## legislation, Vic. update

**Anaphylaxis is a severe form of allergy reaction and it can be fatal. While the incidence of death from anaphylaxis is very low, children can die without appropriate intervention.**

### ANAPHYLAXIS MANAGEMENT

The Children's Services Act 1996 (Act) (section 26A) requires all children's services to have an anaphylaxis management policy. The new Children's Services Regulations 2009 (Regulations) prescribe new requirements and in particular training requirements related to anaphylaxis.

#### What does this mean for your service?

All proprietors of licensed children's services including family day care services, must develop an anaphylaxis management policy (section 26A). This requirement applies whether or not you have a child enrolled who has been diagnosed as at risk of anaphylaxis. The matters to be included in the anaphylaxis management policy are in Schedule 3 of the Regulations.

To assist children's services, an anaphylaxis model policy is available at: [http://www.education.vic.gov.au/ecsmanagement/carean\\_kinder/csg/anaphylaxisupdate.htm](http://www.education.vic.gov.au/ecsmanagement/carean_kinder/csg/anaphylaxisupdate.htm)

#### What are the requirements under the Regulations?

- All staff members and family day carers must have completed first aid and anaphylaxis management training by 2012 (regulations 63 and 64).
- Until January 2012 at least one staff member on duty must have first aid training (regulation 122(1)).
- If a child diagnosed at risk of anaphylaxis is being cared for or educated by the service, all staff members and family day carers on duty must have anaphylaxis management training (regulation 67(2) and (3)).
- The following courses are recognised and approved by the Secretary for the purpose of the Regulations;

Practice Note 3 | revised January 2011

- ▲ Course in Anaphylaxis Awareness - 21827VIC
  - ▲ Course in First Aid Management of Anaphylaxis - 21659VIC. (N:B This course expired on 31 December 2010)
  - ▲ Course in First Aid Management of Anaphylaxis 22099VIC. This reaccredited course is valid from 1 January 2011 to 31 December 2015.
- These courses are current for three years.

- Proprietors of licensed children's services and family day care services must ensure all staff members and family day carers have undertaken training in the administration of the adrenaline auto injection devices at least every 12 months (regulation 65).
- It is recommended that all staff members and family day carers practise using the adrenaline auto injection devices quarterly, whether or not a child with anaphylaxis is enrolled and attending the service.
- When either Epipen® or Anapen® is used for treatment of anaphylaxis the respective Anaphylaxis Resource Kits can be used. They contain the selfpaced training CD ROMs and Trainer Epipen® or Anapen®. This training update should be recorded in the staff record (regulation 38).
- A current anaphylaxis medical management action plan for the child (prepared and signed by the child's medical practitioner) must be recorded as part of the child's health information and kept in the enrolment record for that child (regulation 34(b)).
- A risk minimisation plan must be developed in consultation with the child's parents/guardians (Schedule 3).
- Staff members and family day carers must be able to identify where the adrenaline auto injection device is located for each child (Schedule 3).

# Anaphylaxis Management

## Cont

- The Proprietor must ensure that an authorisation form signed by a person authorised to consent to the administration of medication is complete (section 29B and regulation 83) and attached to the child's enrolment record (regulation 33).

### ANAPHYLAXIS MANAGEMENT 2

#### Practice Note 3 | January 2011

*What can licensed children's services, family day care services and carers do to minimise the risk for children at risk of anaphylaxis?*

### AWARENESS

- Ensure that all staff and family day carers are aware of the allergens that can lead to anaphylaxis in young children. The most common are eggs, peanuts, tree nuts, cow milk, bee or other insect stings, sesame and some drugs. However, anaphylaxis is not limited to these allergens.
- Ensure that all staff members and family day carers (including relief staff, volunteers and students) are aware of – and able to identify – each child diagnosed at risk of anaphylaxis.
- Ensure all staff members and family day carers (including those new to the service) are aware of the individual anaphylaxis medical management action plans for each child diagnosed as at risk of anaphylaxis.

### COMMUNICATION

- Ensure that a copy of the service's anaphylaxis management plan is provided to the parent or guardian of a child diagnosed as at risk of anaphylaxis.
- Advise all parents that the service is caring for a child at risk of anaphylaxis.

- Maintain frequent communication with staff members, family day carers, and parents/guardians about changes in allergy triggers and/or management plans.
- Licensed children's services other than a family day carer must display a notice stating that a child who has been diagnosed as at risk of anaphylaxis is being cared for or educated at the service (regulation 40(1)(k)).

### PLANNING AND ASSESSMENT

- Consider anaphylaxis management when planning excursions, routine outings and special days.
- Assess your service and ensure that family day carers who care for a child at risk of anaphylaxis assess their homes regularly to identify potential accidental exposures to allergens while children are present.

### MEDICATION

- Store anaphylaxis medication out of reach of children (regulations 84(3) and 85(4)).
- Keep medication away from heat (regulations 84(3) and 85(4)).
- Ensure the medication and the anaphylaxis medical management action plan is kept together in a kit and is accessible to staff when children are inside, outside or on excursions (regulation 74(4)(d)).

### FOOD HANDLING AND STORAGE

- Have safe food preparation procedures (regulation 80).
- Ensure that staff members and family day carers check all foods that have been sent from home.
- Label food containers clearly and accurately with the child's name and/or the contents of the container.
- Make sure children wash their hands before and after meals ■

# New QLD Medical Practice

Allergies are on the increase in Australia

The number of people seeking allergy treatment in Australia has doubled in the past generation and those most affected are children and young adults.

I've just started my baby on solids and he's come out in a rash. **Could it be a food allergy?** My toddler has eczema. **Could allergy be involved?** My daughter has asthma. **What role does allergy play?** My son frequently breaks out in hives. **What's making him itch?** My daughter suffers from hay fever and sinus. **How can we stop the sneezes and sniffles?** Something made my son swell up like a balloon. **What happened?** Something is making our little girl sick. **How do we find out what's upsetting our child?** I hear a lot about food intolerance. **How do I know what my child can safely eat?** We're on a waiting list to see an allergist. **How can we manage our child's allergy in the meantime?** My little boy is always rubbing his nose and eyes. **Is he allergic to something?** My son has wheezy breathing. **Could it be an allergy?** My daughter gets conjunctivitis. **Is it allergy?**

**Allergy poses many questions for parents.** Now you can find the answer—quickly and clearly...



Allergy Medical

Get well soon™

**Opening in March**

**We're taking appointments now.** For more information or to book please visit [AllergyMedicalGroup.com.au](http://AllergyMedicalGroup.com.au) or phone **3252 3711**

**Dedicated allergy clinic.**

**No referral required. No long waiting list.**

Allergy Medical is a doctor-operated, specialist-managed clinic dedicated to the diagnosis and treatment of allergies.

39 Commercial Road  
Newstead QLD 4006

Phone 3252 3711  
Fax 3252 2155

To make a booking with Allergy Medical, visit [www.allergymedicalgroup.com.au](http://www.allergymedicalgroup.com.au) or call 07 3252 3711. Allergy  
For further information: Suzanne Michaels Khemistry 07 3852 5642 / 0433 728 466  
or [Suzanne@khemistry.com.au](mailto:Suzanne@khemistry.com.au)



# Being proactive when eating out

## Recently we were contacted by a member of the public regarding the following scenario;

After purchasing a baked food from a well known food franchise, an egg allergic individual started to feel “funny” after a couple of bites. They had not enquired about egg as an ingredient or whether the product had been glazed with egg. Glazing with egg or milk is a technique often used in baked items to give that golden or shiny look. On this occasion the egg allergic individual had a mild reaction which did not progress any further.

This scenario highlights the need to communicate your allergy. We cannot tell if a food contains an allergen just by looking at it and people cannot tell we have a food allergy by looking at us.

Keeping yourself or those you care for safe by trying to avoid the allergy trigger is only as good as your label reading habits. Eating out requires additional vigilance especially when labels are not readily accessible. Tedious as it often is, the only way to get the information we need as food allergy sufferers, is to speak up and be proactive.

Being a good role model to your children will stand them in good stead for the future as they mature and move away from your care. Adults with food allergy know to speak up, enquire about ingredients and cross contamination in the kitchen and then, depending on the answers they receive, make a menu choice.

Food law in food service is well understood by consumers and food service staff in regards to contaminants of the pest variety and food poisoning, however allergen management has not yet received equal recognition.

In order to improve this, we need everyone’s help to raise the profile of allergen management in food service.

## START BY

- Always ask questions at food service outlets. Food law is on the consumer’s side and you are entitled to receive an answer either by being shown a list of ingredients or the list of ingredients communicated verbally.
- Do not be put off by comments such as “We can’t guarantee” This sort of response does not answer your question. Keep at it and ask again, patiently and politely. You know they cannot guarantee, you want to know the ingredients and how much they understand about cross contamination if they are preparing your food.
- Many of the larger franchisees are devoting space on their website by way of either an allergen section or listing ingredients for each menu item. Check it out before you arrive at the facility (call the facility or check their website) and then disclose allergy when ordering face to face.
- We need to educate food service and this can be done politely and patiently. Win them over by helping others to understand more about allergy. Most people wish to help and do the right thing.
- After a positive dining experience, take time to give the staff positive feedback.
- Often food service staff are rushed and under pressure, be aware of this and choose quieter times to visit and review their menu.
- If you have disclosed your allergy and you do have an allergic reaction, report it to the health department in your state. Keep the remaining food for testing. Reporting a food service outlet is about trying to improve safety both for you and for others with food allergy. See [www.allergyfacts.org.au](http://www.allergyfacts.org.au) for information on eating out and reporting a reaction.

# Being proactive when eating out

Remember change takes time and has to start somewhere. It is up to each of us to help keep the momentum of food allergy awareness going in the area of food service. Food service is well known for its transient staff and shift workers so persistence is the key. The service staff and or cook that looked after you last week may no longer be there the next time you visit.

Being vigilant and always disclosing your allergy is a hassle but having a reaction is more of a hassle and it could be life threatening! ■

# Information regarding the Health Care Card

Some parents/carers of children who have severe allergies may be able to qualify for a Health Care Card (which comes under the umbrella of a Carer Allowance).

The Carer Allowance is free of income and assets tests.

For families interested in applying for a health care card they will need to contact Centrelink on 13 2717 or visit [www.centrelink.gov.au](http://www.centrelink.gov.au)

Centrelink will send out an information pack and will do an interview over the phone. Following this, a medical report is required by the GP. To qualify, it must be evident that the child requires an increased level of care on a daily basis.

Please check with your State and Territory Government regarding which concessions are available to Health Care Card holders. Concessional entitlements may vary between States and Territories.



**For example:** All holders of Victorian Health Care cards and Pensioner Concession cards are entitled to free ambulance and air ambulance travel anywhere in Australia.

This covers all emergency transport treatment and non-emergency transport on the recommendation of a doctor and approval by Ambulance Victoria. Dependants listed on these cards are also covered.

# Christmas Thank you

Dear AAI

In 2008 we entered a Christmas Light Up Competition and raised some money for Anaphylaxis Australia. We decided to do this again for Christmas 2010 and we managed to raise \$116.70 for you so \$35 more than 2008!

Thank you for sending us some flyers which helped raise awareness of severe allergy and anaphylaxis to all who came to view our Christmas lights.

Regards Tiarna

*Dear Tiarna and family*

*Well done on your efforts in collecting donations and raising awareness in your local community. We are all in this together. Great work in being so proactive and taking your Christmas Lights Competition as a valuable opportunity to spread the message.*

*Thank you from all at AAI.*



**Photo caption:**

**Our son Jacob (peanut allergy sufferer)**

# Be a Mate Award for 2010

The 2010 Be a MATE Award has been received by Newstead Preschool in Victoria. The nomination which detailed how the preschool had made a significant contribution to raising awareness of anaphylaxis and making allergy treatment easier was received by a family whose daughter attended throughout 2010.

The parent of the 4year old with multiple food allergies spoke of how the caring teacher embraced her child's special needs and set the pace for all involved in the kinder.

All preschool parents were invited to an information session to learn about food allergy and how they can help

with management and information was shared with all children. The child with allergies was included in all class and play activities and out of preschool hour's activities such as birthday parties. Mum was pleased to report that food allergy was at the forefront of planning all activities (e.g. play, learning, craft, social) at this preschool and that made life with food allergy for all, manageable and less of anxiety provoking for all (teacher included!)

***Huge congratulations to Newstead Preschool on being the Anaphylaxis Australia winner of the 2010 Be a MATE Award***

See page 19 for more  
information on imported foods.

# Food Recalls



## Peanut Alert

**Food Product:** Frozen Crumbed Fish Fillets Brand  
**Brand Name:** Coles Frozen Crumbed Fish Fillets  
Lemon Flavoured

**Best before date:** All Best before date codes up to and including 5th January 2013

**APN/EAN/TUN Number:** (425g) 9300601140718 : (1kg) 9300601085323

**Pack Description:** Blue and gold coloured rectangular box with a picture of a crumbed frozen fillet

**Package size:** 425g & 1 kg packs

**Country of Origin:** Made in China with fish from New Zealand

**Distribution:** Nationally at all Coles, Bi-Lo, Pick'N'Pay, Coles Online

**Reason for Recall:** Possible presence of undeclared peanut nuts

**Company Responsible:** Coles

## Peanut Alert

**Food Product:** Frozen Crumbed Fish

**Brand Name:** Home Brand lemon flavoured crumbed fish

**Best before date:** All Best before dates 17/02/2012 to 23/03/2012

**APN/EAN/TUN Number:** EAN 9300633932640

**Pack Description:** Cardboard box, 500g

**Country of Origin:** China

**Distribution:** NSW, ACT and QLD in Woolworths, Food for Less and Flemings supermarkets.

**Reason for Recall:** Undeclared peanuts

**Company Responsible:**  
Woolworths Supermarkets Ltd

**FOR RECALL INFORMATION: 1800 103 515**

## Peanut Alert

**Food Product:** Frozen Seafood

**Brand Name:** I&J Tasty Calamari Rings, I&J Seafood Platter, I&J Salt and Pepper Calamari

**Best before date:** All Best before dates

**APN/EAN/TUN Number:**

Tasty Calamari Rings 9300462427560

Seafood Platter 9310139454218

Salt and Pepper Calamari 9300462451480

**Pack Description:** I&J Tasty Calamari Rings, 400g cardboard box, I&J Seafood Platter, 700g cardboard box, I&J Salt and Pepper Calamari, 350g cardboard box

**Country of Origin:** China

**Distribution:** National

**Reason for recall:** undeclared peanuts

**Company Responsible:** Simplot Australia

**RECALL INFORMATION: 1800 061 279**

## Peanut Alert

**Food Product:** Fresh Crumbed Fish Fillets

**Brand Name:** Coles Crumbed Fish Fillets  
200g chilled Black Oreodory

**Best before date:** All Best before date codes

**APN/EAN/TUN Number:** 9300601414574

**Pack Description:** Plastic tray with cardboard sleeve and picture of a crumbed fish fillet

**Package size:** 200g

**Country of Origin:** Made in China with fish from New Zealand

**Distribution:** Nationally at all Coles, Bi-Lo, Pick'N'Pay, Coles Online

**Reason for Recall:** Undeclared peanut

**Company Responsible:** Coles

**FOR RECALL INFORMATION: 1800 061 562**

# Food Recalls



## Peanut Alert

**Food Product:** Frozen Dumplings

**Brand Name:** Black Glutinous Rice Sesame Dumplings, Sesame and Peanut Sweet Dumplings, Black Sesame Sweet Dumplings, Black Pearl Black Sweet Dumplings

**Best before date:** Black Pearl Black Sweet Dumplings, Best before 05/03/2012 and all others best before 05/06/2012

**APN/EAN/TUN Number:** Black Glutinous Rice Sesame Dumplings – 050620121335A  
Sesame and Peanut Sweet Dumplings – 050620121436A. Black Sesame Sweet Dumplings – 05062012536A. Black Pearl Black Sweet Dumplings – 050320121418A

**BARCODE:** Black Glutinous Rice Sesame Dumplings 6921665700149. Sesame and Peanut Sweet Dumplings 6921665700132. Black Sesame Sweet Dumplings 6921665701054. Black Pearl Black Sweet Dumplings 6921665700927

**Pack Description:** Plastic packaging.

**Package size:** All 454g except for Black Pearl Black Sweet Dumplings which is 300g

**Country of Origin:** Made in China

**Distribution:** ACT, NSW, VIC, SA, QLD

**Reason for Recall:** Undeclared peanut

**Company Responsible:** Hung's Trading Company Pty Ltd

**FOR RECALL INFORMATION: 02 9755 1543**

# Reporting a problem with a medicine

## How to report a problem with a medicine or medical device to the Therapeutic Goods Administration (TGA)

Adverse event reporting allows the TGA to monitor, investigate and take action on medicine and medical device safety issues.

### ***You do not need to be certain, just suspicious!***

Adverse drug reaction reports should be submitted for prescription medicines, vaccines, over-the-counter medicines (medicines purchased without a prescription), and complementary medicines (herbal medicines, naturopathic and/or homoeopathic medicines, and nutritional supplements such as vitamins and minerals). Please indicate timing of reactions relative to medicine administration where relevant.

## The TGA particularly requests reports of:

- All suspected reactions to new medicines and vaccines
- All suspected drug interactions
- Unexpected reactions, i.e. not consistent with product information or labelling
- Serious reactions which are suspected of significantly affecting a patient's management, including reactions suspected of causing death, danger to life, admission to hospital, prolongation of hospitalisation, absence from productive activity, increased investigational or treatment costs, and birth defects

**[www.tga.gov.au/problem](http://www.tga.gov.au/problem)**

**Email: [adr.reports@tga.gov.au](mailto:adr.reports@tga.gov.au)**

**Phone: 1800 044 114 Fax: 02 6232 8392**



# Imported Products Alert

In January 2011, on advice from Food Standards Australia New Zealand (FSANZ) and state health departments, food manufacturers and food grocery chains withdrew 6 peanut contaminated products from the Australian food market. The products triggered at least 6 severe allergic reactions in Australia.

On February 1st 2011, FSANZ released a national statement advising Australians with peanut allergies not to eat imported crumbed fish and imported crumbed seafood products that could be contaminated with undeclared peanuts. The one common link amongst all these recalls was that the coating of the products contained peanut contaminated soy flour from the same soy mill in China. FSANZ has been advised that since the discovery of the contamination, the distributor of the fish coating product is no longer using the soy flour from the manufacturer responsible. The imported fish products were sold across Australia through Coles, Woolworths, Safeway, Pick'n'Pay, Bi-Lo, Metcash, IGA and Franklins. Anaphylaxis Australia worked with authorities to release of information for the health and safety of those with peanut allergy.

This run of recalls containing an undeclared allergen are a timely reminder for those with food allergy to reconsider safety when purchasing food that is imported or contains imported ingredients. Whilst food imported into Australia is meant to abide by Australian food law there may be significantly more room for error if buying food from overseas. Language, translation, allergy awareness at food manufacturing level and allergen management practises might not be as developed or understood as we would expect. In addition, whilst state and federal authorities can effectively investigate local manufacturers, they are reliant on external action and advice with respect to imported foods or ingredients.

FSANZ is working closely with retailers, manufacturers, importers and overseas food regulators to identify if any other products may be affected. However investigations to date have not uncovered any further contamination in other products.

## ALWAYS REPORT A REACTION

Anaphylaxis Australia is concerned that two individuals allegedly did not report their reaction until AFTER the food recall advertisements were printed in newspapers. If you have a reaction to a food product, report it to your state health department and the manufacturer or importer as soon as possible. An earlier investigation could help prevent someone else from having a potentially life threatening reaction. Don't think you are creating a fuss. The law is on our side and is there for good reason. If you have a reaction and you think it is triggered by a particular food, have it investigated promptly. It is important for you to get information on how the reaction might have occurred and if the product is contaminated, you are helping prevent further allergic reactions by making it public. For more information on reporting a reaction visit [www.allergyfacts.org.au](http://www.allergyfacts.org.au) or call 1300 728 000

## MILK ALERT

### Protein H2O

**It is important that those with food allergy always read the list of ingredients before consuming a product as some foods might be in found in unexpected products. The following products contain milk. These products are sports drinks and would mainly be used by athletes / serious sports people:**

**Musashi Protein H2O**

**Citrus Crush Flavour 500 mL**

**Berry Blast Flavour 500 mL**



Berry Blast Flavour



Citrus Crush Flavour

# Recipes



## Spanish style chicken & rice

serves 4

### Ingredients

- 2 tblsp olive oil
- 1 chorizo sausage (check ingredients carefully)
- 1 red capsicum, chopped
- 1 red onion, chopped
- 500g chicken thighs, chopped
- 300g brown rice
- 1 tsp sweet paprika
- ½ cup dry white wine
- 400g can diced tomatoes
- 1 ½ cups chicken stock

### Method

1. Preheat oven to 200 degrees C.
  2. Heat oil in a flameproof casserole dish, over medium heat.
  3. Add thinly sliced chorizo and onion & cook, stirring, for 2 minutes.
  4. Add capsicum and cook, stirring, for 2 minutes.
  5. Add chicken & rice and cook, stirring, until chicken starts to colour.
  6. Add wine and simmer rapidly over high heat till reduced by half (this will cook out the alcohol).
  7. Add paprika, tomatoes, stock and 1 ½ cups of boiling water. Bring to the boil.
  8. Cover the casserole with a tight-fitting lid & cook in oven for 1 hour or until the rice is tender.
- Serve with a green salad.



## Hokey Pokey Biscuits

### Ingredients

- 125g butter or Nuttalex, softened
- ½ cup caster sugar
- 1 tablespoon golden syrup or honey
- 1 tablespoon milk (or Rice or soy milk)
- 1 teaspoon bicarbonate of soda
- 1 ½ cups plain flour

### Method

1. Preheat oven to 180°C. Line 2 large baking trays with baking paper.
2. Using an electric mixer, beat butter and sugar until light and creamy.
3. Place golden syrup and milk into a heatproof microwave-safe jug. Microwave for 20 to 30 seconds on HIGH (100%) power or until hot. Stir in bicarbonate of soda (mixture will bubble up).
4. Add warm milk mixture to butter mixture. Stir until well combined.
5. Sift flour over batter. Mix well.
6. Roll 2 teaspoonfuls of mixture at a time into balls. Place onto prepared baking trays, allowing a little room for spreading. Gently press biscuits down with a fork.
7. Bake for 12 to 15 minutes or until golden and firm to the touch. Stand on trays for 3 minutes.
8. Transfer to a wire rack to cool completely. Store in an airtight container at room temperature.



# Letter to the Editor



Dear Editor,

I just had to let AAI and all of the members know about my amazing Christmas day.

We have a large extended family and 20 of us gathered at my brother John and sister in-law Julie's house to celebrate together. The gathering of family and sharing of time is a wonderful occasion but for families aware of allergies it can also be a difficult time as I'm sure you know all too well.

I would like to tell you about the food. There was food, food and more glorious food!

Firstly the meat: Ham, turkey, chicken kebabs, sausages plus more. Then there were the salads: Potato bake with bacon, potato salad, corn and rice salad, coconut lime rice, couscous with vegetables, pasta with tomato and salami salad, bean salad, tabouli salad and again the list continues.

Lastly, and to some in our family, most importantly, there were the sweets: cup cakes, birthday cake (it's my birthday on Christmas day), star cookie Christmas tree, chocolate balls, cherry ripe slice, jelly, honey joys, chocolate tart, custard berry tart, fruit and marshmallow kebabs, trifle and I'm sure there was more.

This huge supply of food was enjoyed by all of our family this Christmas. It was the creation of my dear sister in-law, Julie, with help from John, her daughter Georgina, her mum Dawn and my mum Helene. So to most other families this would sound like a generous but normal Christmas Menu.

To a family with food allergies it would sound incredible. With a lot of hard work, dedication and love, my sister in-law was able to create this wonderful day of safe food for not only her son who is a celiac, but also for my daughter who has multiple food allergies. Only a family who deals with food restrictions can truly appreciate this day and the joy it brought to Edward and Charlie. With all wheat and gluten products being removed for Edward and all peanut, tree nut, dairy, egg, soy, pea, kiwi and cantaloupe products being removed for Charlie it was a day of choice for our children.

It was a day of relaxation for me as no allergen triggers were present.

Above all it was a day of joy as we watched children be children not only opening their gifts but also enjoying the plentiful food selections on offer to all.

Thank you to Dawn, Helene, John and Gina for your help.

Thank you so much to Julie, your hard work and kindness will always be remembered for this priceless Christmas gift. I hope this story inspires other families to supply a menu that all family members can enjoy together.

*Judy Lupson*

# What does allergy to a nut or seed really mean?

Information reprinted with permission from ASCIA website <http://www.allergy.org.au/content/view/133/145/>

The meaning of the terms nuts, seeds and legumes is confusing, particularly for allergic patients (or their parents) trying to decide what foods to avoid. For example, the term “legume” is often used to describe peanut as well as other plants like peas, chickpeas and soy yet this group of plants also includes wattles and the black bean tree of Queensland.

The term “tree nuts” also has limited meaning, as the foods that we consume from these plants come from a wide variety of different botanical families such as Rosaceae (almonds), Anacardiaceae (cashews), Proteaceae (macadamia nuts) or Lecythidaceae (Brazil nuts).

When we think of seeds, we often think of small seeds like sesame seed, sunflower seed, poppy seed or pumpkin seed. In fact, coconut (including the husk and inner white flesh that we eat) is also a seed, albeit a very large one! Many of the foods that we considered to be “nuts” are in fact part of a seed or its food source, often with the outer fruit or coating removed.

So while we often use the terms “tree nuts” or “seeds” to describe some foods, these categories are rarely useful for predicting allergy to foods of similar appearance or taste. With few exceptions (eg. most people allergic to cashew are also allergic to pistachio), it is not possible to reliably predict the likelihood of allergy to seed or nut-like food without allergy testing to that particular food ■

## Have a say

The Consumers Health Forum is the national peak body representing the interests of Australian healthcare consumers.

CHF has received Australian Government funding to help give health consumers (those that use and pay for the health system) a stronger voice in health decision-making. One of the best ways to do this is to listen to and learn from their experiences.

Through the Our Health, Our Community Project, CHF wants to help consumers get the most out of their health system and have a say in how the health system evolves.



The newly created [www.ourhealth.org.au](http://www.ourhealth.org.au) website has details on the project and a survey which anyone can complete ■

# Calendar of Support Networks

## VIC

Welcome to the new coordinators for the Melbourne Support Group. Thank you to Stella Limberis and Caroline Dickson for offering to take over and run the Melbourne Support Group this year.

### MEETING DATES FOR 2011.

All meetings are held at the Craig Family Centre  
7 Samarinda Ave. Ashburton 3147 from 7.30pm.  
Entry is by gold coin donation.

**17 March, 12 May, 21 July, 8 September,  
10 November**

For more information please contact either

**Stella slimberis@hotmail.com** or  
**Caroline caron10@optusnet.com.au**

Starting a food allergy support group may be one of the most rewarding experiences you'll have. In addition to sharing valuable information, support groups help people connect with others experiencing similar situations. All it takes to form a support group is a little bit of determination and organisation. Anaphylaxis Australia Inc is here to help you get started.

Remember, we're all in this together. If you have any questions or need any help, let us know.

## UPDATE ON MEMBER ONLY SERVICE FOR RECEIVING SMS AND/OR EMAIL FOOD ALERTS

During the recent delivery of email alerts it has come to our attention that each time an email alert goes out, AAI receive about 20 – 40 emails that bounce back.

Following this, we've received calls and emails from members who felt that although they had completed their application forms for inclusion in this service, they still did not receive a message.

Whilst we do our best to enter your data correctly the reasons emails bounce back vary.

On receiving returned email, we immediately check the original data you supplied. Most often we have entered your details in correctly from the information you provided.

However there are a variety of automated messages we receive which highlights the many varied reasons you may not be receiving our emails:

- A connection attempt failed because the connected party did not properly respond after a period of time, or established connection failed because connected host has failed to respond
- Mailbox full Tried 5 time(s)
- Hotmail addresses often come back with – mail box unknown
- No such user
- Invalid recipient: The following recipient(s) could not be reached:
- No mail servers appear to exist for the recipients address.

**Please update AAI as soon as you change your email address or any other contact details. Each year in April when we send you the membership renewal invitation it will include the information you have supplied to us the previous year. Please check this information, update and return this with your renewal.**

**Thank you**

**Office Administration**



AUTUMN 2011

# Anaphylaxis Australia

## Contacts & Medical Advisory Board

### QLD

Annelise Kirkham  
(07) 3353 8938

### TAS

Co-ordinator: Caroline Osborne  
Ph: (03) 6432 3223  
email: [tasallergy@trump.net.au](mailto:tasallergy@trump.net.au)

### VIC

Sally Voukelatos  
(03) 9572 1735  
0425 703 123

### WA

Jodie Bellchambers  
0414 379 010

States without a contact should call  
**1300 728 000** and leave a message.

**ACT  
NSW  
SA  
NT**

### MEDICAL ADVISORY BOARD

Dr Brynn Wainstein NSW  
Dr Raymond Mullins ACT  
Dr Michael Gold SA  
Dr Richard Loh WA  
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Dr Graham Solley QLD  
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Debby Yang NSW

#### COMMITTEE MEMBER

Annelise Kirkham QLD

**Anaphylaxis Australia Inc**

**PO Box 3182**

**Asquith NSW 2077**

**1300 728 000**

**Office Admin: (02) 9482 5988**

**Fax: (02) 9482 4113**

**[coordinator@allergyfacts.org.au](mailto:coordinator@allergyfacts.org.au)**

**[www.allergyfacts.org.au](http://www.allergyfacts.org.au)**