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Committee Secretariat
House of Representatives Standing Committee on Aged Care, Health and Sport
PO Box 6021
Parliament House
CANBERRA ACT 2600

29 November 2019

Dear Madam or Sir

RE: INQUIRY INTO ALLERGIES AND ANAPHYLAXIS

INTRODUCTION

Asthma Australia welcomes the opportunity to comment on the Terms of the Inquiry and provide feedback on an increasingly important area in the health of many within our community. In considering the Terms of Reference of the Inquiry, our focus for the purposes of this Submission is on the Terms of Reference as they pertain to asthma and Australians living with asthma.

ABOUT ASTHMA AUSTRALIA

Asthma Australia supports the 1 in 9 Australians with asthma to breathe better.
For over 50 years Asthma Australia and the Asthma Foundations have been leaders in asthma health care, education, research and advocacy. Asthma Australia delivers evidence-based preventative health strategies through our information provision, phone line and asthma referral and coaching service.

The organisation also provides education and training to promote best practice asthma care and first aid training to schools, childcare centres, workplaces and sporting and recreational settings to ensure asthma emergencies are addressed swiftly and appropriately.

Asthma Australia supports research that contributes to national and international understandings of asthma and how best to manage the disease.

The organisation engages in advocacy on the issues that are important to people with asthma, to ensure policies are in place to support people with asthma achieve optimal health. Through this work, we reach more than 500,000 Australians each year.
To find out more about our work, visit www.asthmaaustralia.org.au.

Our Vision
Our vision is a community free from asthma.

Our Goal
At Asthma Australia we are committed to **halving the number of avoidable asthma-related hospital presentations by 2030.** Currently out of the 40,000 hospitalisations, 80% are avoidable. Our target is to reduce the avoidable asthma hospitalisations down to 16,000 by 2030.

What is Asthma?
Asthma is a lifelong condition of the airways. About 1 in 9 people in Australia have Asthma, one of the highest rates in the world. Asthma leads to the deaths of over 400 Australians each year, however in many cases is a manageable condition. It affects people of all ages and can appear at any stage of life, with symptoms including wheezing, coughing, breathlessness or shortness of breath, and chest tightness. This is due to a temporary narrowing of the airways. People with Asthma often experience symptoms at night, early in the morning or after physical activity. Exposure to smoke and pollution exacerbates asthma. Everyone is different, and with the right medication and an action plan, people with asthma can control their condition and live their lives fully.

INQUIRY TERMS OF REFERENCE

1. The potential and known causes, prevalence, impacts and costs of anaphylaxis in Australia

In addition to significant medical expertise and relevant scientific evidence submitted to the Committee, we would like to highlight the link between asthma and allergies or anaphylaxis. People with asthma are likely to also experience allergies or anaphylaxis throughout their lives, with the Murdoch Children's Research Institute finding that teenagers with food allergy are four times more likely to report having asthma.[1]

The Australasian Society for Clinical Immunology and Allergy (ASCIA) have stated that "Asthma, food allergy and high risk of anaphylaxis (severe allergic reaction) frequently occur together and asthma increases the risk of fatal anaphylaxis".[2]

Overall, the costs of anaphylaxis to Australian society is increasing. In 2007 a study commissioned by ASCIA found that anaphylaxis cost Australia upwards of $7.8billion.

[1] Murdoch Children's Research Institute, 'Teenagers with asthma at increased risk of life-threatening anaphylaxis', 16 May 2016 <https://www.mcri.edu.au/news/teenagers-asthma-increased-risk-life-threatening-anaphylaxis>.
[2] Australasian Society of Clinical Immunology and Allergy (ASCIA), PCC Information for Patients Consumers and Carers, 2019.

Together with asthma, both conditions cost the nation $30billion. Medication costs alone related to allergic rhinitis (a condition linked with asthma) is itself estimated to cost Australia $226.8 million in 2010. Currently 11.2% of Australians have asthma and 18% have allergic rhinitis, with a forecast 70% increase in allergic disease in Australia by 2050.[3]

Asthma Australia supports action and initiatives to lower the prevalence, impacts and costs of anaphylaxis to Australia.

2. The adequacy of food and drug safety process and food and drug allergy management, auditing and compliance (including food allergen labelling by manufacturers and food service providers)

Drug and Medicine Safety
Asthma Australia, in our October 2019 submission to the Therapeutic Goods Administration (TGA), supported the TGA's 'Option 1A' to increase transparency and public access to information about the ingredients of medicines in Australia.

Given the diversity of Australia's communities and how this is reflected in the healthcare system as well as in the dietary and culinary landscape of the nation, Asthma Australia supports efforts to increase or improve the provision of information regarding allergy and anaphylaxis towards culturally and linguistically diverse populations and other groups. This can include the provision of information in different community languages, as well as provision of information for people with disabilities.

Food Safety
Asthma Australia notes that food safety regulation sits as part of a national standards framework (Food Standards Australia & New Zealand) and is governed by various state and territory legislation, including but not limited to:

Legislation	Regulator or Authority
Food Act 2003 (NSW)[4]	Food Authority of NSW
Food Act 1984 (VIC)[5]	Food Safety Victoria/DHHS
Food Act 2006 (QLD)[6]	Safe Food Queensland
Food Act 2001 (SA)[7]	SA Health/PIRSA
Food Act 2008 (WA)[8]	Food Unit WA Health/WA Government
Food Act 2003 (TAS)[9]	Food Safety Tasmanian Department of Health
Food Act 2001 (ACT)[10]	Health Protection Service ACT Health
Food Act 2016 (NT)[11]	Northern Territory Government

Given that much delegated authority and compliance responsibility rests with local governments, Asthma Australia is supportive of measures aimed at improving

[3] Australian Institute of Health & Welfare, Allergic Rhinitis in Australia (Commonwealth Department of Heath) 17 November 2019.
[4] *Food Act 2003* (NSW).
[5] *Food Act 1984* (VIC).
[6] *Food Act 2006* (QLD).
[7] *Food Act 2008* (SA).
[8] *Food Act 2008* (WA).
[9] *Food Act 2003* (TAS).
[10] *Food Act 2001* (ACT).
[11] *Food Act 2016* (NT).

communication and compliance between regulators, state/territory and local governments. On this point, Asthma Australia is supportive of developments such as the Australian Local Government Association's food safety research report[12] and its associated initiatives aimed at reform and harmonisation including introducing a Local Government Toolkit, food safety networks as well as improving 'food scores' at restaurants.

Changes in Products and Information
Asthma Australia submits that there needs to be methods, Internet-accessible and/or otherwise, whereby changes to products or information about products can be easily accessed by the public. This is because products and information about products are not static and constantly change over time.

Following consumer consultation with our Consumer Advisory Council (a consumer-led committee of people in the community with lived experience of asthma) it was evident that the following points were important with significant impacts on health, safety and wellbeing:

- The need for greater incorporation of allergy and anaphylaxis education into food training for the hospitality industry.
- Anaphylaxis first aid in various settings.
- Greater identification of allergy-friendly food establishments or options.
- The need for consumer and patient information to appear in a variety of mediums e.g. on product labels as well as online, in different community languages etc.

3. The adequacy and consistency of professional education, training, management/treatment standards and patient record systems for allergy and anaphylaxis

Asthma Australia submits that education, training and management require both the consumer and the health professional. As a 2015 report[13] produced by Deloitte Access Economics in conjunction with Asthma Australia, as well as the National Asthma Strategy[14] itself highlighted several key areas for education:

- Patient education
- Medication technique
- Public awareness
- Research
- Greater consideration of multidisciplinary modes of care
- Patient self-management
- Education on comorbidity
- Education on action plans
- Mental health.

Asthma Australia is supportive of professional education and training for health practitioners, as well as efforts at establishing and maintaining allergy and anaphylaxis registers or registries, particularly for the purposes of clinical research. We maintain that any register should meet rigorous safety, effectiveness and quality safeguards. In our opinion this would entail tangible long-term public health benefits.

Further, we hold that education for consumers is a key component of any strategy that entails clear benefits in reducing risk and cost. Examples include training consumers (particularly children and adolescents) in the use of EpiPen and EpiPen Junior or other

[12] Australian Local Government Association, Food Safety Research Report, 12 March 2014.
[13] Deloitte Access Economics, 'The hidden cost of asthma', November 2015.
[14] National Asthma Strategy (2019) at 7-9.

medicines/medical devices, as well as training consumers and the community in symptom recognition and first aid. Asthma Australia views medication training for consumers and the community as key to any successful strategy.
Consumer feedback to Asthma Australia included instances where patients were not permitted to take their EpiPen with them during hospital admission, highlighting the need for greater education for consumers and health practitioners in a range of settings.
Given that the risks and prevalence of allergy and anaphylaxis increases for younger Australians[15], Asthma Australia supports the storage of medications, training and education in schools – including the stocking of EpiPen and EpiPen Junior medications in the first aid kits of childcare centres and institutions of learning.

Asthma Australia reiterates the sentiments of Victorian Coroner Spanos following the 2016 Thunderstorm Asthma event in articulating that "there is scope for further medical, allied health and general community education encouraging hay fever sufferers to submit to allergy testing".[16]
The 2016 Victorian Thunderstorm tragedy claimed the lives of over 10 people, all of whom were found to have allergic asthma, with specific triggers including rye grass pollen. Greater community awareness of allergic diseases and access to precise testing and treatment has the potential to minimise such impacts in the future. We reiterate the Victorian Chief Health Officer's findings, particularly the conclusion that relevant institutions, services and agencies need to develop and implement suitable policies and response protocols to address this hazard.[17]

4. Access to and cost of services, including diagnosis, testing, management, treatment and support

Asthma Australia supports ASCIA's recommendations with regards to establishing an MBS item for reimbursement of skin prick testing, with the aim of identifying risks and vulnerabilities and allowing clinicians to design tailored prevention plans, as well as to build community resilience in the face of growing environment-mediated allergy flare-ups such as what is observed during thunderstorm asthma phenomena.
Increased access to testing, diagnosis, management and support would be consistent with contemporary asthma management procedure and the National Allergy Strategy[18] as well as the National Asthma Handbook.[19]

Asthma Australia encourages consideration be given to reimbursement for the cost of allergy testing, as per reimbursement of diagnoses for other conditions. Especially considering the significant costs involved in allergy testing, and the risks that can be averted once a diagnosis is achieved. Patients with potential allergy identify cost as a barrier and burden, especially when considered with the range of allergy treatments that are required to manage allergy and are not currently reimbursed.

Our consumer representatives also raised concerns about the costs associated with purchasing and replacing allergy and anaphylaxis medications, particularly EpiPens and auto-adrenaline injectors.

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[15] Loke et al., 'Statewide prevalence of school children at risk of anaphylaxis and rate of adrenaline autoinjector activation in Victorian government schools, Australia' (2016) 138 Journal of Allergy and Clinical Immunology 529-535.
[16] State Coroner of Victoria, The November 2016 Victorian epidemic thunderstorm asthma event: Transcript (2018) at 56.
[17] Chief Health Officer of Victoria, The November 2016 Victorian epidemic thunderstorm asthma event: an assessment of health impacts, Department of Health and Human Services 27 April 2017.
[18] ASCIA and A&AA, National Allergy Strategy (2018) at 6-11.
[19] National Asthma Council, The Australian Asthma Handbook (2019).

5. Developments in research into allergy and anaphylaxis including prevention, causes, treatment and emerging treatments (such as oral immunotherapy)

Asthma Australia is supportive of and encourages renewed initiatives, efforts and research into areas such as allergen immunotherapy for suitable patients.

6. Unscientific diagnosis and treatments being recommended and used by some consumers

Asthma Australia supports the national regulatory framework[20] and the Australian Health Practitioner Regulation Agency (AHPRA) in the regulation of medical professionals and welcomes any relevant discussion on the regulation of diagnosis, treatments and services offered to consumers.

Asthma Australia supports choice and accessibility. Consumers should be able to rely on the best possible professional and evidence-based advice available.
Consumer feedback received also highlighted the long periods many patients wait to see fully qualified practitioners. Asthma Australia believes that improvements in accessibility will reduce reliance by consumers on unscientific treatments and diagnoses.

7. The impact of unnecessary drug avoidance due to unconfirmed drug allergies and its management, such drug allergy 'de-labelling'.

Asthma Australia is supportive of the position of ASCIA and the National Allergy Strategy[21] of developing national-level guidelines for drug allergy de-labelling with the aim of permitting suitable patients to be safely de-labelled, thus contributing to the cost-savings to both consumers and the broader health care system.

CONCLUSION

We would be happy to discuss any aspect of the Consultation or our Submission with the Committee and appreciate being kept abreast of developments. For any further inquiries regarding this Submission, please contact Edwin Ho (Senior Policy Advisor) at EHo@asthma.org.au.

Yours sincerely,

Michele Goldman
Chief Executive Officer
Asthma Australia

[20] *Health Practitioner Regulation National Law* 2009.
[21] ASCIA and A&AA, National Allergy Strategy, Pre-Budget Submission 2018 at 4.

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