

Written Submission:
Pre-Budget Consultations in Advance of the
Upcoming Federal Budget

By:
Food Allergy Canada &
Canadian Society of Allergy and Clinical Immunology (CSACI)



- **Recommendation 1: Decrease the prevalence of food allergy through prevention**
That the government incorporates CSACI and Canadian Paediatric Society's evidence-based guidance on prevention of food allergy through infant feeding into the Nutrition for Healthy Term Infants guidance and in Canada's Food Guide, and funds a national education program targeting new parents and healthcare professionals, pre- and post-natal.
- **Recommendation 2: Increase patient access to food allergy care and mental health support**
That the government funds the investigation and piloting of a virtual healthcare model in allergy and interventions focused on improving mental health.
- **Recommendation 3: Improve healthcare utilization for the treatment of anaphylaxis**
That Health Canada's Strategic Policy Branch collaborates with us to capture improvements in healthcare utilization of emergency departments, and that the government funds a national education program to support the proper treatment of anaphylaxis and invests in national anaphylaxis surveillance systems.
- **Recommendation 4: Ensure every Canadian knows what is in their food**
That the government incorporates a safe eating strategy within the Healthy Eating Strategy, collaborates with us and the food industry to advance food safety and access to accurate ingredient information, and have the Federal/Provincial/Territorial Food Safety Committee update the Food Retail and Food Services Code to include guidance on food allergy.
- **Recommendation 5: Focus health research funding on the most important priorities**
That the government prioritizes allergy research and funds efforts to define a patient-centred food allergy research agenda including insight that better serves the needs of Indigenous and vulnerable populations.

Recommendations

A two-year, \$3.7 million commitment from the Government of Canada to initiate the National Food Allergy Action Plan that, once fully funded and implemented, will save lives, reduce food allergy prevalence, lower healthcare costs, reduce the economic impact, and improve the quality of life for the more than 3 million Canadians affected by this medical condition.

These recommendations are grounded in the same approach policymakers have taken with the COVID-19 pandemic: focusing on prevention and evidence to keep Canadians safe and reduce healthcare system impact.

Food allergy impacts every aspect of life, every day. [Watch Canadians discuss the impact of food allergy \(foodallergycanada.ca/nationalplan\)](https://foodallergycanada.ca/nationalplan).

“The hardest part of my son’s food allergy has been the huge lifestyle change that comes with an allergy. It’s all consuming, permeates every part of our lives, and is at this point in time, never ending.”¹

Quick facts

- There’s no cure for food allergy, avoiding the allergenic food is required to prevent a reaction
- More than 3 million Canadians, including almost 500,000 children, are affected by food allergy² and 1-in-2 Canadian households are impacted³
- Food allergy is associated with symptoms of anxiety and depression, regardless of ethnic background⁴
- The estimated annual individual cost of having food allergy is \$1.26 billion, and the annual cost of food allergy to the healthcare system is \$588 million^{5,6}

What’s needed now

Last year, we launched the [National Food Allergy Action Plan \(foodallergycanada.ca/nationalplan\)](https://foodallergycanada.ca/nationalplan) to spur government leadership and fill voids in policy ideas, public understanding, industry practices, and research commitments in food allergy. The plan provides a framework to guide future investment decisions and policy actions with a focus in prevention, management, treatment, and broad-based community and food system support.

Recommendation 1: Decrease the prevalence of food allergy through prevention

Quick facts

- Nearly 25,000 infants per year will be diagnosed with a food allergy^{7,8}
- Introducing peanut between 4-11 months of age has shown a reduction in peanut allergy in high risk infants by 80%⁹
- A 50% reduction in peanut and egg allergy alone could reduce excess household costs by \$3.2 billion and prevent 20,000 emergency department visits over a 10-year basis^{8,10}

What's needed now

Research demonstrates that food allergy can be prevented in some through the introduction of allergenic foods in infancy. This strongly contradicts past healthcare guidance.

Expectant parents must receive consistent, evidence-based, and easy-to-understand advice and support on food allergy prevention through a comprehensive and well supported public education effort including updating the Nutrition for Healthy Term Infants guidance and Canada's Food Guide.

Recommendation 2: Increase patient access to food allergy care and mental health support

Quick facts

- With less than 1 allergist per 100k population in Canada,¹¹ Canadians struggle to get timely access to an allergist and face long wait times, at times even having to travel out-of-province
- There is limited access to mental health support despite:
 - Almost 50% of respondents from a patient survey describing their anxiety level as 8 out of 10 or higher¹²
 - 1-in-3 children with food allergy report being bullied, specifically because of their food allergy¹³

What's needed now

There are challenges in accessing allergy care and securing an accurate diagnosis that is even more pronounced for Indigenous, rural, and northern communities. This also means limited treatment options for some of the emerging therapies.

As the federal government has recognized, the COVID-19 pandemic has necessitated a new way of accessing healthcare. A strategy and pilot program are required to properly stratify virtual access to food allergy care to ensure proper diagnoses and future treatment options are accessible to all.

To address mental health access, we request the government funds a Continuing Medical Education (CME) program to educate mental health professionals, and the development of patient interventions, including self-help modules, peer mentorship, and other resources.

Recommendation 3: Improve healthcare utilization for the treatment of anaphylaxis

Quick facts

- Over a 4-year timeframe, the number of emergency department visits for anaphylaxis has more than doubled¹⁴
- Children who did not receive prompt administration of epinephrine were more than 2x more likely to be admitted to the hospital¹⁵
- Epinephrine remains underutilized during reactions;^{16,17} only 41% of people who came to the emergency department for anaphylaxis used their auto-injector before arriving at the hospital¹⁸
- Less than 50% of individuals with food allergy have access to an epinephrine auto-injector, life-saving medication that is the only treatment for anaphylaxis¹⁹ and Canadians with low education are even less likely to be prescribed one²⁰

What's needed now

Delay or failure to treat anaphylactic reactions result because patients cannot access or afford epinephrine auto-injectors or are confused as to the signs and symptoms of reactions and when to act. The COVID-19 pandemic also created concerns about going to the emergency department after using epinephrine, which is the recommended emergency protocol.

National education programs, access to epinephrine, and insight through national anaphylaxis surveillance systems are essential to improve the quality of life for impacted Canadians. We also recommend collaborating with Health Canada's Strategic Policy Branch to validate improvements in healthcare utilization of emergency departments. Recent studies have shown that some current post-anaphylaxis practices are associated with a significant burden on healthcare resources and provide low value patient care.

Recommendation 4: Ensure every Canadian knows what is in their food

Quick facts

- One-third of anaphylactic reactions in children are attributed to food labelling-related issues²¹
- There has been a significant proliferation in the use of "may contain" statements, along with misuse within the industry and an increasing number of consumers questioning their validity²²

What's needed now

Canadians managing food allergy need more from the current Healthy Eating Strategy; they require a safe eating strategy and easy-to-access ingredient information to make informed and safe food choices.

Access to accurate ingredient information, particularly outside pre-packaged foods, and within the foodservice industry, will help Canadians navigate choices and live more confidently, while enabling food operators to capture this important segment.

We request the government incorporates a safe eating element to the Healthy Eating Strategy, collaborates with us and the food industry to advance food safety and access to accurate ingredient information, and update the Food Retail and Food Services Code to include guidance on food allergy.

Recommendation 5: Focus health research funding on the most important priorities

Research is needed to determine the unique needs of Indigenous and vulnerable populations with food allergy in Canada. A patient-centered research agenda, rooted in patient engagement and focused on improving quality of life for impacted Canadians, is also required. We request the government funds this effort to inform research priorities and enable effective allocation of research spending.

Cost savings envisioned

Comprehensive research to understand the societal economic impact of food allergy is underway. This research will provide further understanding of the economic benefit that Canada can realize through an investment in the national plan.

With the information we currently know, we are confident the proposed actions taken to prevent the development of food allergy, reduce the number of reactions, and improve the treatment of reactions can translate into healthcare savings via the following areas:

- Reductions in emergency department visits
- Reductions in hospital stays
- Reductions in healthcare visits and medications

In addition, the prevention of food allergy greatly increases productivity and quality of life for individuals and families.

It is time to make food allergy a priority

Policymakers need to look to what can be done to effectively prevent and manage food allergy. Only a comprehensive approach can reduce reactions and save lives, improve quality of life, and lower healthcare costs. **We have the tools, evidence-based research, and best-practice examples available to make progress today.**

This modest commitment from the federal government would result in practical executions of critical food allergy education and patient interventions and represent a wise investment in a long-term comprehensive strategy.

It would also be a positive signal to the more than 3 million Canadians living with the daily and potentially life-threatening impacts of food allergy that their government regards their health issue with the seriousness it deserves. **Now is the time to act.**

*Jennifer Gerds, Executive Director of Food Allergy Canada
Dr. Harold Kim, President of the CSACI*

What is food allergy?

- Food allergy is an abnormal immune response to food during which the immune system mistakenly treats a particular food protein as if it's harmful and causes an allergic reaction
- Anaphylaxis is a serious allergic reaction that is rapid in onset and may cause death²³

Lead organizations

Food Allergy Canada is a national non-profit and Canada's leading patient organization committed to educating, supporting, and advocating for the more than 3 million Canadians living with food allergy. The organization focuses on providing education and support needed to effectively navigate food allergy, building informed and supportive communities, and acting as the national voice on key issues.

The CSACI is the Canadian organization for health professionals in allergy, asthma, and clinical immunology. Their mission is to advance allergy, asthma, and immunology knowledge to optimize patient care across Canada. The CSACI is a member society of the World Allergy Organization and the Canadian Medical Association.

References

1. Member research, Food Allergy Canada, 2020.
2. Clarke AE et al. JACI: IP 2020;8(4):1428-1430.e5.
3. Harrington DW et al. Human and Ecol Risk Assess 2012;18(6):1338-1358.
4. Goodwin RD, Rodgin S, Goldman R, Rodriguez J, deVos G, Serebrisky D, et al. J Pediatrics 2017;187:258-64.
5. Statistics Canada. Population estimates July 1, by age and sex. 2020.
6. Bilaver LA et al. Ann Allergy Asthma Immunol 2019;122(4):373-80.
7. Statistics Canada. Table 13-10-0415-01 Live births, by month. Retrieved 20190615.
8. Soller L et al. JACI 2012;130(4):986-8.
9. Du Toit G et al. N Eng J Med 2015;372:803-813.
10. Lee AY et al. J Asthma Allergy 2016;10:1-7.
11. Canadian Medical Association's Clinical Immunology/Allergy Profile, 2018.
12. Member research, Food Allergy Canada, 2017.
13. Shemesh E, Annunziato RA, Ambrose MA, Ravid NL, Mullarkey C, Rubes M, et al. Pediatrics. 2013;131(1):e10-e17.
14. Hochstadter E et al. JACI 2016;137(6):1888-1890.e4.
15. Fleming JT et al. JACI 2015;3(1):57-62.
16. Cherkaoui S et al. Clinical and Translational Allergy 2015;5:16.
17. Kimchi N et al. Immunity, Inflammation and Disease 2015;3(4):406-410.
18. Gabrielli S et al. JACI: IP 2019;7(3):1073-1075.e3.
19. Soller L et al. JACI 2011;128(2):426-428.
20. Soller L et al. Ann Allergy Asthma Immunol 2014;113:321-331.
21. De Schryver S et al. Pediatric Allergy and Immunology 2017;28(7):715-717.
22. Allen K and Taylor S. JACI: IP 2017;6(2):400-407.
23. Sampson H et al. JACI 2006;117(2):391-397.