

# Food Allergy Canada and the Canadian Society of Allergy and Clinical Immunology Budget Submission to the Standing Committee on Finance

## Recommendation

A one year, \$3 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 2.6 million Canadians with this medical condition.

Food Allergy Canada and the Canadian Society of Allergy and Clinical Immunology (CSACI) are pleased to submit our recommendations, in advance of the 2020 federal budget, which address the consequences of food allergy on the public health system and the quality of life for millions of Canadians.

**This submission requests government funding in 2020 to mobilize current knowledge that will make a positive impact now and enable further investigation to define a comprehensive approach to the National Food Allergy Action Plan. Specifically, the \$3 million commitment will be invested in the following:**

- **Prevention:** The national implementation of the Canadian Paediatric Society's guidance on infant feeding and food allergy prevention, to help reduce the prevalence of food allergy which is now at an all-time high.
- **Diagnosis and treatment:** A comprehensive national and international review of best practices on how to increase access to trained allergists (e.g. web-based/tele-health) so those in rural and remote communities, including Indigenous populations, can be properly diagnosed and have continuity of care.
- **Self-management:** Initiating the development of sustainable programming to help improve self-management, including in the areas of mental health and psychosocial support, and emergency treatment. Also investing in a national anaphylaxis surveillance system to provide further insights into the management of this chronic health condition.
- **Community and food system support:** Improving access to accurate ingredient information by addressing issues with the use/misuse of precautionary labelling ("may contain") through multi-stakeholder engagement and consumer research, and through international best practices research in foodservice and associated policy options.
- **Research:** Developing a patient-centered research agenda, rooted in patient engagement, and defining the investment, infrastructure and process to move this forward. This will include areas in mental health, treatments and therapies, and other aspects focused on improving quality of life for Canadians with food allergy.

We would be pleased to provide an estimated budget breakdown of these investments.

## 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 is harmful and causes an allergic reaction
- Anaphylaxis is a serious allergic reaction that is rapid in onset and may cause death<sup>1</sup>
- Although death is rare, anaphylaxis must always be considered a medical emergency requiring immediate treatment, with epinephrine being the first-line treatment for anaphylaxis

## Food allergy facts

- There is no cure for food allergy, avoiding the allergenic food is required to prevent a reaction
- More than 2.6 million Canadians are affected by food allergy<sup>2</sup> and 1-in-2 Canadian households are impacted<sup>3</sup>
- Almost 500,000 Canadian children under 18 years of age have food allergy<sup>2</sup>
- Nearly 40,000 infants per year will be diagnosed with a food allergy<sup>4,5</sup>
- Introducing peanut between 4-11 months of age has shown a reduction in peanut allergy in high risk infants by 80%<sup>6</sup>
- Over a 4-year timeframe, the number of emergency department visits for anaphylaxis has more than doubled<sup>7</sup>
- Approximately every 10 minutes there is an emergency department visit for food allergy in Canada<sup>7,8</sup>
- Epinephrine remains underutilized during reactions;<sup>9,10</sup> only 41% of people who came to the emergency department for anaphylaxis used their epinephrine auto-injector before arriving at the hospital<sup>11</sup>
- Less than 50% of individuals with food allergy have access to an epinephrine auto-injector, life-saving medication that is the only treatment for anaphylaxis<sup>12</sup>
- With less than 1 allergist per 100k population in Canada,<sup>13</sup> Canadians struggle to get timely access to an allergist and face long wait times, at times even having to travel out-of-province
- Food allergy is associated with symptoms of anxiety and depression, regardless of ethnic background<sup>14</sup>
- Almost 50% of respondents from a patient survey described their anxiety level as 8 out of 10 or higher<sup>15</sup>
- 1-in-3 children with food allergy report being bullied, specifically because of their food allergy<sup>16</sup>

## National Food Allergy Action Plan

Many Canadians, including policy makers, were taken with the news of last year's EpiPen® drug shortage. This issue has been ongoing in some form over the last 18 months, impacting Canadians' accessibility of this life-saving medication despite the Minister of Health's order to temporarily allow shipments of alternative medicine, the AUVI-Q®.

Outside of this submission, we will continue advocating for greater access to life-saving epinephrine auto-injectors (EAI) through a National Pharmacare Program and by always having a minimum of two suppliers of EAI in Canada.

However, the challenges faced by Canadians living with food allergy go beyond the EpiPen shortage. Food allergy impacts every aspect of life, every single day and at every stage. It is why there is both necessity and urgency in implementing a comprehensive approach to address food allergy in Canada.

On May 28, 2019, we launched the [National Food Allergy Action Plan](https://foodallergycanada.ca/nationalplan) (available at [foodallergycanada.ca/nationalplan](https://foodallergycanada.ca/nationalplan)) on Parliament Hill to spur government leadership and fill voids in policy ideas, public understanding, industry practices, and research commitments in the prevalence of food allergy and its impact on millions of Canadians.

The plan provides a framework to guide future investment decisions and policy actions with a focus in the areas of prevention, management, treatment, and broad-based community and food system support.

- **Prevention:** Research demonstrates that food allergy can be prevented in some children through the introduction of allergenic foods in infancy. This strongly contradicts past healthcare guidance to delay the introduction of these foods. Expectant parents must receive consistent, evidence-based, and easy to understand advice and support on food allergy prevention. There is also a need for research into other prevention approaches.
- **Diagnosis and treatment:** With only 200 allergists in Canada and very few, if any in more rural areas, there are challenges in accessing allergy care and securing an accurate diagnosis. This also means limited treatment options for some of the promising emerging therapies. A strategy is required to ensure access to a proper diagnosis and future treatment options.
- **Self-management:** Despite best efforts, gaps remain in effective self-management. Food allergy can cause anxiety and depression, and currently there are few intervention programs to address these mental health issues. Reactions occur because of not understanding or properly reading ingredient labels, or miscommunication and inhibition/failure to ask about ingredient information when dining out. Delay or failure to treat 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. Patient education, health interventions, and access to epinephrine are essential to improve the quality of life for Canadian families affected by food allergy.
- **Community and food system support:** Currently, kids are bullied because of their food allergy, there is a lack of understanding as to the seriousness of this medical condition, and there is confusion between food intolerance and food allergy. Broader public recognition of food allergy will help to normalize this condition, making it easier to navigate for those impacted. More accurate ingredient information, particularly outside pre-packaged foods, and within the foodservice industry will also help Canadians navigate safe food choices and live more confidently.

The plan is informed by a similar action plan created in [Australia \(nationalallergystrategy.org.au/\)](https://nationalallergystrategy.org.au/) to wide government and public embrace and by specific best practices and research efforts in the UK, US, and elsewhere.

## What cost savings can be envisioned by implementing a comprehensive food allergy plan?

Comprehensive research to understand the full societal economic impact of food allergy is underway, with publications expected in 2020. This research will provide us with greater understanding for the economic benefit that Canada can realize through an investment in the National Food Allergy Action Plan.

However, with the information we currently have available, 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 room visits
- Reductions in hospital stays
- Reductions in healthcare visits and medications

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

## Conclusion: It is time for a National Food Allergy Action Plan

It is time for Canadian policy makers to look beyond emergency treatment options, 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 public health costs.

Putting off a comprehensive plan to address food allergy would be a missed opportunity for Canadian families and our broader public policy goals.

The recent news of EpiPen shortages and the periodic reports of tragic food allergy fatalities underscores both the urgency of food allergy and the complexity of this medical condition. Increasingly, we have more tools, evidence-based research, and best-practice examples available to make progress on the treatment, management, and prevention of food allergy.

This modest commitment from the federal government would result in a practical execution of important food allergy education initiatives and would represent a wise investment in a long-term comprehensive strategy to reduce prevalence of food allergy and help Canadians live well with the condition.

The commitment would also be a positive signal to the more than 2.6 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.**

*Submitted by:*

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## Lead organizations

Food Allergy Canada is a national non-profit charity and Canada's leading patient organization committed to educating, supporting, and advocating for the more than 2.6 million Canadians living with food allergy. Food Allergy Canada focuses on improving the daily quality of life of individuals and families by providing education and support needed to effectively navigate food allergy, building informed and supportive communities, and acting as the national voice on key advocacy issues.

The Canadian Society of Allergy and Clinical Immunology (CSACI) is the premier Canadian organization for health professionals in the field of allergy, asthma, and clinical immunology. The society provides leadership and expertise in this specialty. The CSACI is a member society of the World Allergy Organization (WAO), as well as the Canadian Medical Association (CMA). The CSACI's mission is to advance allergy, asthma, and immunology knowledge to optimize patient care across Canada.

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