

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: Recognize food allergy as a chronic health priority that affects entire communities and help to reduce its impact**
 That the government recognizes food allergy as a chronic disease and funds initiatives to improve individual, healthcare, and community understanding and management of food allergy.
- **Recommendation 2: Decrease the prevalence of food allergy through prevention**
 That the government incorporates 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.
- **Recommendation 3: Support Canada's food insecure population impacted by food allergy**
 That the government incorporates an additional \$200 per month into the Canada Child Benefit for eligible families whose children have a food allergy.
- **Recommendation 4: 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 national surveillance systems to identify new and emerging risks.
- **Recommendation 5: 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 6: 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, \$4.5 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 millions of impacted Canadians.

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

Facts

- The prevalence of allergic diseases, including food allergy, is dramatically increasing worldwide, with children bearing the greatest burden¹
- There's no cure for food allergy, avoiding the allergenic food is required to prevent a reaction
- Immunotherapy has proven effective for some resulting in significant improvement in quality of life, but lacks consistent access
- More than 3 million Canadians, including 500,000 children, are affected by food allergy² and 1-in-2 Canadian households are impacted³
- Food allergy is associated with anxiety and depression, regardless of ethnicity⁴
- The estimated annual individual cost of having food allergy is \$1.29 billion⁵, and the annual cost of food allergy to the healthcare system is \$588 million^{6,7}

What's needed now

We created the [National Food Allergy Action Plan \(foodallergycanada.ca/nationalplan\)](https://www.foodallergycanada.ca/nationalplan) to spur government leadership and fill voids in policy, 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: Recognize food allergy as a chronic health priority that affects entire communities and help to reduce its impacts

Facts

- Almost 50% of patients identified a lack of seriousness around food allergy as a top concern⁸
- Appreciable food allergy knowledge gaps exist, especially among physicians and the public, and the quality of life for children with food allergy and their families is significantly affected⁹
- Newcomers to Canada are often not familiar with food allergy, and those who have food allergy may be met with skepticism and disbelief about their condition^{10,11}
- Although oral immunotherapy guidelines for food allergy have been published by the CSACI¹², patients lack consistent access to this treatment option

What's needed now

We request PHAC to recognize food allergy as a chronic disease and collaborate on programming to help reduce its impact. This will help to increase its recognition as a serious medical condition that requires broad-based support for its management.

With 50% of Canadian households affected by food allergy, the cost and impact of food allergy goes beyond those who live with it. We request the government to fund individual, healthcare, and community educational programming to increase the awareness and knowledge of food allergy, including building capacity for treatment options. The programming will be translated into priority languages, ensuring inclusivity for Indigenous and immigrant populations.

Recommendation 2: Decrease the prevalence of food allergy through prevention

Facts

- Nearly 25,000 infants per year will be diagnosed with a food allergy^{13,14}
- Introducing peanut between 4-11 months of age has shown a reduction in peanut allergy in high-risk infants by 80%¹⁵
- A 50% reduction in peanut and egg allergy alone could reduce excess household costs by \$3.3 billion⁵ and prevent 20,000 emergency department visits over a 10-year basis^{14,16}

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 3: Support Canada's food insecure population impacted by food allergy

Facts

- Prior to COVID-19, households managing food allergy spent on average \$2,377 more annually on food.⁵ Preliminary data suggest that these excess costs are further exaggerated during the pandemic.¹⁷⁻¹⁹
- Due to higher costs, households managing food allergy report buying less preferable foods (e.g., with precautionary allergen labels).¹⁸
- Food prices in 2021 are projected to be up to 10% higher than the year prior to COVID-19.²⁰

What's needed now

That the government incorporates an additional \$200 per month into the Canada Child Benefit for eligible families whose children have a physician-diagnosed food allergy. These funds would help offset the excess costs of food allergy-safe foods and minimize the risk of accidental exposure to known allergens.

Recommendation 4: Improve healthcare utilization for the treatment of anaphylaxis

Facts

- Over a 4-year timeframe, the number of emergency department visits for anaphylaxis has more than doubled²¹
- Children who did not receive prompt administration of epinephrine were more than 2x more likely to be admitted to the hospital²²
- Epinephrine remains underutilized during reactions;^{23,24} only 41% of people who came to the emergency department for anaphylaxis used their auto-injector before arriving at the hospital²⁵
- Less than 50% of patients have access to an epinephrine auto-injector, life-saving medication that is the only treatment for anaphylaxis²⁶ and Canadians with low education are even less likely to be prescribed one²⁷

What's needed now

Delay or failure to treat anaphylactic reactions result because patients cannot access or afford epinephrine auto-injectors or are confused on the symptoms of reactions and when to act.

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 would like to collaborate 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.

We also request funding for national surveillance systems to identify new and emerging risks and prevalent triggers of concern.

Recommendation 5: Ensure every Canadian knows what is in their food

Facts

- One-third of anaphylactic reactions in children are attributed to food labelling-related issues²⁸
- 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 validity²⁹

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.

COVID-19 highlighted gaps in access to accurate ingredient information when ingredient statements on online pre-packaged food did not consistently match the package received, making it difficult for the food allergy community to remain safe and avoid their allergens.

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 6: 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.

Make food allergy count

Policymakers must look to what can be done to effectively prevent and manage food allergy. We have the tools, evidence-based research, and best-practice examples available to make progress today.

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

It would also be a positive signal to the millions of Canadians living with the daily and potentially life-threatening impacts of food allergy that their government regards their health with the seriousness it deserves.

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What is food allergy?

- Food allergy is an abnormal immune response to food where 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 death³⁰

Lead organizations

Food Allergy Canada is a national non-profit and Canada's leading patient organization committed to educating, supporting, and advocating for Canadians living with food allergy. They provide education and support needed to navigate food allergy, build informed and supportive communities, and act 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. They are a member society of the World Allergy Organization and the Canadian Medical Association.

References

1. WAO White Book on Allergy, 2011.
2. Clarke et al. JACI: IP 2020;8(4):1428-1430.e5.
3. Harrington et al. Human and Ecol Risk Assess 2012;18(6):1338-1358.
4. Goodwin et al. J Pediatr 2017;187:258-64.
5. Golding et al. Allergy Asthma Clin Immunol 2021;17:28.
6. Statistics Canada. Population estimates 2020.
7. Bilaver et al. Ann Allergy Asthma Immunol 2019;122(4):373-80.
8. Food Allergy Canada research, 2017.
9. Gupta et al. BMC Pediatr 2008;8:36.
10. Lu et al. J Allergy 2014:964504.
11. Harrington et al. Chronic Illness 2015;11(2):126-139.
12. Bégin et al. Allergy Asthma Clin Immunol 2020;16(20).
13. Statistics Canada. Table 13-10-0415-01. Retrieved 20190615.
14. Soller et al. JACI 2012;130(4):986-8.
15. Du Toit et al. N Eng J Med 2015;372:803-813.
16. Lee et al. J Asthma Allergy 2016;10:1-7.
17. Golding et al. Food Allergy and Anaphylaxis 2020 meeting.
18. Golding et al. AAAAI 2021 meeting.
19. Golding et al. AAAAI 2021 meeting.
20. Charlebois et al. Canada's Food Price Report, 2021.
21. Hochstadter et al. JACI 2016;137(6):1888-1890.e4.
22. Fleming et al. JACI 2015;3(1):57-62.
23. Cherkaoui et al. Clinical and Translational Allergy 2015;5:16.
24. Kimchi et al. Immunity, Inflammation and Disease 2015;3(4):406-410.
25. Gabrielli et al. JACI: IP 2019;7(3):1073-1075.e3.
26. Soller et al. JACI 2011;128(2):426-428.
27. Soller et al. Ann Allergy Asthma Immunol 2014;113:321-331.
28. De Schryver et al. Pediatric Allergy and Immunology 2017;28(7):715-717.
29. Allen and Taylor. JACI: IP 2017;6(2):400-407.
30. Sampson et al. JACI 2006;117(2):391-397.