

Written Submission:  
Pre-Budget Consultations in Advance of the  
2024 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: Improve healthcare utilization for the treatment of anaphylaxis and identify insights to help prevent fatality**  
 That Health Canada's Strategic Policy Branch collaborates with us to improve 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 and insights to help prevent anaphylaxis.
- **Recommendation 3: Support Canada's lower income households managing food allergy**  
 That the government incorporates compensation in the Canada Child Benefit for eligible families whose children have a food allergy and a supplement/tax credit for impacted adults.
- **Recommendation 4: Ensure every Canadian knows what's in their food**  
 That the government incorporates a safe eating strategy within the Healthy Eating Strategy, updates the Food Retail and Food Services Code to include guidance on food allergy, and addresses current allergen labelling gaps through food regulatory modernization.
- **Recommendation 5: Decrease the prevalence of food allergy through prevention**  
 That the government incorporates evidence-based guidance on the prevention of food allergy into the Nutrition for Healthy Term Infants guidance and in Canada's Food Guide, and funds national education programs targeting new parents and healthcare.
- **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 insights to better serve Indigenous and structurally-oppressed populations.

## Recommendations

A two-year, \$4.5 million commitment from the Government of Canada to initiate the National Food Allergy Action Plan, which 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. \(foodallergycanada.ca/nationalplan\)](https://www.foodallergycanada.ca/nationalplan).

### Facts

- Prevalence of allergic diseases, including food allergy, is at an all-time high with children bearing the greatest burden<sup>1</sup>
- There's no cure for food allergy, avoiding the allergenic food is required to prevent a reaction
- Immunotherapy is effective for some resulting in significant improvement in quality of life, but lacks consistent access
- More than 3 million Canadians, including 600,000 children, are affected by food allergy<sup>2</sup> and 1-in-2 Canadian households are impacted<sup>3</sup>
- Food allergy is associated with social and psychological consequences, regardless of ethnicity<sup>4</sup>
- The estimated annual individual cost of having food allergy is \$1.29 billion<sup>5</sup>, and the annual cost of food allergy to the healthcare system is \$588 million<sup>6,7</sup>

### 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 concern<sup>8</sup>
- Appreciable food allergy knowledge gaps exist, especially among physicians and the public, and quality of life for children with food allergy and their families is significantly affected<sup>9</sup>
- Newcomers to Canada are often not familiar with food allergy, and those with food allergy may be met with skepticism about their condition<sup>10,11</sup>
- Individuals with food allergy often live with other allergic conditions, like allergic rhinitis and asthma, which are influenced by environmental exposures and climate change – uncontrolled asthma is a risk factor for a severe food allergic reaction<sup>12</sup>
- There's gender disparity associated with food allergy where mothers report career limitations because of the demands associated with food allergy management<sup>13</sup>
- Although oral immunotherapy guidelines for food allergy are available<sup>14</sup>, patients lack consistent access to this treatment

### What's needed now

For 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. Federal leadership with provincial support is needed to build capacity for access to therapies, ensuring everyone has the same opportunities to medical interventions.

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 funds individual, healthcare, and community educational programming to increase knowledge and support of food allergy. Programming will be translated into priority languages, ensuring inclusivity for Indigenous and immigrant populations.

## Recommendation 2: Improve healthcare utilization for the treatment of anaphylaxis and identify insights to help prevent fatality

### Facts

- Over a 4-year timeframe, the number of emergency department visits for anaphylaxis has more than doubled<sup>15</sup>
- Children who didn't receive prompt administration of epinephrine were more than 2x more likely to be admitted to hospital<sup>16</sup>
- Pre-hospital use of epinephrine is low<sup>17</sup>
  - EMS usage of epinephrine to treat anaphylaxis in Canada is only 36%
  - Only 21% of children and 7% of adults globally use their auto-injector prior to going to hospital
- Less than 50% of patients have access to an epinephrine auto-injector, life-saving medication that is the only treatment for anaphylaxis<sup>18</sup> and Canadians with low education are even less likely to be prescribed one<sup>19</sup>

### **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 surveillance systems are essential to improving the quality of life for impacted Canadians. Recent studies show some post-anaphylaxis practices have a significant burden on healthcare resources and provide low value patient care. By collaborating with Health Canada's Strategic Policy Branch, we can improve healthcare utilization of emergency departments and patient outcomes.

## Recommendation 3: Support Canada's lower income households managing food allergy

### **Facts**

- Since 2020, lower income households managing food allergy report spending an additional \$99/month on food<sup>20</sup>
- Households may need to choose between food and medicine,<sup>21,22</sup> the impact is greater for those managing food allergy
- Due to cost, lower income households managing food allergy may buy less preferable food that could contain their allergen, posing a significant health risk<sup>23</sup>

### **What's needed now**

That the government incorporates additional funds commensurate with the above-described increases, adjusted for inflation and food price increases, into the Canada Child Benefit for eligible families and a supplement/tax credit for impacted adults. This would help offset excess costs of food allergy-safe foods and minimize the risk of accidental exposure to known allergens.

## Recommendation 4: Ensure every Canadian knows what's in their food

### **Facts**

- Gaps in access to accurate ingredient information continue, particularly when ordering online, with non-pre-packaged foods, and current exempted items, making it difficult to avoid allergens
- One-third of anaphylactic reactions in children are attributed to food labelling-related issues<sup>24</sup>
- Over 30% of food recalls in Canada are due to allergens<sup>25</sup>
- There's a significant proliferation in the use of "may contain" statements, and misuse within the industry, resulting in consumers questioning their validity<sup>26</sup> and posing potential health risks

### **What's needed now**

Canadians managing food allergy 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 to advance food safety and access to accurate ingredient information, updates the Food Retail and Food Services Code to include enhanced guidance on food allergy, and addresses current allergen labelling gaps through food regulatory modernization.

## Recommendation 5: Decrease the prevalence of food allergy through prevention

### Facts

- Nearly 25,000 infants/year will be diagnosed with food allergy<sup>27,28</sup>
- Introducing peanut between 4-11 months of age has shown a reduction in peanut allergy in high-risk infants by 80%,<sup>29</sup> both early introduction and ongoing regular ingestion are critical to prevent food allergy<sup>30</sup>
- A 50% reduction in peanut and egg allergy alone could reduce excess household costs by \$3.3 billion<sup>5</sup> and prevent 20,000 emergency department visits over a 10-year basis<sup>28,31</sup>

### What's needed now

Research demonstrates that food allergy can be prevented in some by introducing 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, and embedding food allergy prevention in curricula of allied health fields. This will help ensure parents understand the importance of introducing and keeping allergenic foods in the diet.

## Recommendation 6: Focus health research funding on the most important priorities

Research is needed to determine the unique needs of Indigenous and structurally-oppressed 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 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.

A 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.

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

## What's food allergy?

- Food allergy = 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 = serious allergic reaction that's rapid in onset and may cause death<sup>32</sup>

## Leads

Food Allergy Canada: Non-profit and Canada's leading patient organization providing education and support, building informed communities, and acting as the national voice on key issues.

CSACI: Canadian organization for health professionals in allergy, asthma, and clinical immunology. Member society of WAO and CMA.

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