

Written Submission:
Pre-Budget Consultations in Advance of the
2025 Federal Budget

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



- **Recommendation 1: Recognize food allergy as a chronic health priority affecting 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: Ensure access to epinephrine and improve the treatment of anaphylaxis to help prevent fatality**
 That the government includes epinephrine auto-injectors in pharmacare, mitigates the risk of an auto-injector shortage, and funds a national education program to support the proper treatment of anaphylaxis.
- **Recommendation 3: Decrease food allergy prevalence through prevention**
 That the government incorporates evidence-based guidance on food allergy prevention into the Nutrition for Healthy Term Infants guidance, Canada’s Food Guide, and other infant programs supported by PHAC, and funds national education programs targeting new parents and healthcare.
- **Recommendation 4: Increase access to diagnosis and treatments**
 That the government works with the provinces to address current barriers to diagnosis and treatments and develop models to support underserved communities.
- **Recommendation 5: Ensure every Canadian knows what’s in their food**
 That the government addresses current allergen labelling issues including precautionary allergen labelling, updates the Food Retail and Food Services Code to include food allergy guidance and works with the provinces to address allergen management gaps in foodservice.
- **Recommendation 6: Support Canada’s lower income households managing food allergy**
 That the government identifies a solution to compensate food insecure families who cannot afford safe food.
- **Recommendation 7: Focus health research funding on the most important priorities**
 That the government prioritizes allergy research within CIHR and funds efforts to define a patient-centred food allergy research agenda.

Recommendations

A two-year, \$4.5 million commitment from the government 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 burden¹
- 3 million+ Canadians, including 600,000 children, are affected by food allergy² and 1-in-2 Canadian households are impacted³
- Food allergy is associated with social and psychological consequences, 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

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

Recommendation 1: Recognize food allergy as a chronic health priority affecting entire communities and help to reduce its impact

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 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 with food allergy may be met with skepticism about their condition^{10,11}
- There's gender disparity where mothers report career limitations because of the demands of food allergy management¹²

What's needed now

For PHAC to recognize food allergy as a chronic disease and collaborate on programming to reduce its impact. This will increase its recognition as a serious medical condition requiring broad-based support.

With 50% of Canadian households affected, the cost and impact of food allergy goes beyond those living with it. We request government funding for individual, healthcare, and community educational programming to increase knowledge and support. Programming will be translated, ensuring inclusivity for Indigenous and immigrant populations.

Recommendation 2: Ensure access to epinephrine and improve the treatment of anaphylaxis to help prevent fatality

Facts

- Over a 4-year timeframe, ED visits for anaphylaxis have more than doubled¹³
- Children who didn't receive prompt administration of epinephrine were more than 2x more likely to be admitted to hospital¹⁴
- Pre-hospital use of epinephrine is low¹⁵
 - 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's the only treatment for anaphylaxis¹⁶ and Canadians with low education are even less likely to be prescribed one¹⁷

What's needed now

Delay or failure to treat anaphylactic reactions result because patients cannot access or afford epinephrine auto-injectors (EAI) or are confused about symptoms and when to act. To ensure the safety and well-being of Canadians, it's essential to implement national education programs and provide access to epinephrine, including through pharmacare.

Reliance on a single EAI device makes Canadians especially susceptible to shortages. The government must prevent shortages and have a contingency plan to minimize their impact. Furthermore, there's an urgent need to fast-track the regulatory approval of new delivery systems, like non-needle alternatives.

Recommendation 3: Decrease food allergy prevalence through prevention

Facts

- Nearly 25,000 infants/year will be diagnosed with food allergy^{18,19}
- Introducing peanut between 4-11 months of age shows a reduction in peanut allergy in high-risk infants by 80%,²⁰ both early introduction and ongoing ingestion are critical to prevent food allergy²¹
- A 50% reduction in peanut and egg allergy could reduce excess household costs by \$3.3 billion⁵ and prevent 20,000 ED visits over a 10-year basis^{19,22}

What's needed now

Research shows that introducing allergenic foods in infancy can prevent food allergy in some, contradicting past healthcare guidance. Prevention guidance must be a mandated public health priority and integrated into infant health programs/policies.

Expectant parents need consistent, evidence-based, and easy-to-understand advice and support on food allergy prevention through a comprehensive public education effort including updating the Nutrition for Healthy Term Infants guidance and Canada's Food Guide. This will help parents understand the importance of introducing and keeping allergenic foods in the diet and when to seek medical support.

Recommendation 4: Increase access to diagnosis and treatments

Facts

- A food allergy diagnosis is life changing, necessitating support on how to live safely from the point of first reaction
- With just over 200 allergists in Canada, there's limited access to allergists and wait times range from months to years, with rural/remote areas particularly impacted
- Significant knowledge deficits exist in many areas of allergy-related content among paediatric and internal medicine physicians and across all levels of training and specialty²³
- Immunotherapy is effective for some resulting in significant improvement in quality of life, but lacks consistent and affordable access
- Recent evidence suggests early infant oral immunotherapy (OIT) can be disease modifying,²⁴ however there's limited access
- Over 50% of survey respondents noted that OIT is unavailable for them and for those with access, 30% are on a wait list for 1+ years²⁵

What's needed now

Given the significant quality of life impacts of food allergy, increased patient access to a diagnosis is critical, especially in underserved communities.

Until recently, there were no food allergy treatments outside of clinical settings. Oral immunotherapy (OIT) is now available and has received positive patient feedback. Recent advancements also suggest prompt access to infant OIT can be potentially curative. Despite treatment advances and the increasing prevalence of food allergy, significant access barriers remain.

Another advancement is the approval of omalizumab for food allergy treatment. This biologic reduces the risk of reactions and was approved by the U.S. FDA in 2024. It has yet to be approved in Canada.

Federal leadership with provincial support is needed to ensure access to diagnostic tools and build capacity for access to treatments, ensuring everyone has the same opportunities to an accurate diagnosis and medical interventions.

Recommendation 5: Ensure every Canadian knows what's in their food

Facts

- Gaps in access to accurate ingredient information continue, particularly with online ordering, 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 issues²⁶
- Over 30% of food recalls in Canada are due to allergens²⁷
- There's a significant proliferation in "may contain" statements, and misuse within the industry, resulting in consumers questioning their validity²⁸ and posing potential health risks
- 20 years of evidence support the need for enhanced regulatory requirements in foodservice²⁹
- Unlike other countries, Canada lacks regulatory requirements for ingredient disclosure in foodservice²⁹

What's needed now

Canadians managing food allergy require a safe eating strategy and easy-to-access ingredient information to make informed choices.

Accurate ingredient information helps Canadians navigate food choices and live more confidently. We request the government collaborates to advance food safety and access to accurate ingredient information, updates the Food Retail and Food Services Code with enhanced guidance on food allergy, addresses allergen labelling gaps through food regulatory modernization, and works with the provinces to address allergen management gaps in foodservice.

Recommendation 6: 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 food³⁰
- Due to cost, lower income households managing food allergy may buy less preferable food that could contain their allergen, posing a significant health risk³¹

What's needed now

That the government identifies a solution to compensate food-insecure families who are unable to afford safe food. This would help offset excess costs of allergy-safe foods and minimize the risk of accidental exposure to known allergens.

Recommendation 7: Focus health research funding on the most important priorities

A patient-centered research agenda focused on improving quality of life for impacted Canadians is required. We request the government establishes dedicated food allergy research funding within CIHR to support research priorities and enable effective allocation of research spending, including improving current treatments, developing new treatments, and approaches to a cure.

Make food allergy count

Policymakers must work on effectively preventing and managing 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 enable critical food allergy education and interventions, representing a wise investment in a long-term strategy.

It would signal to the millions 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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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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