

National Food Allergy Action Plan

Act now for a better future

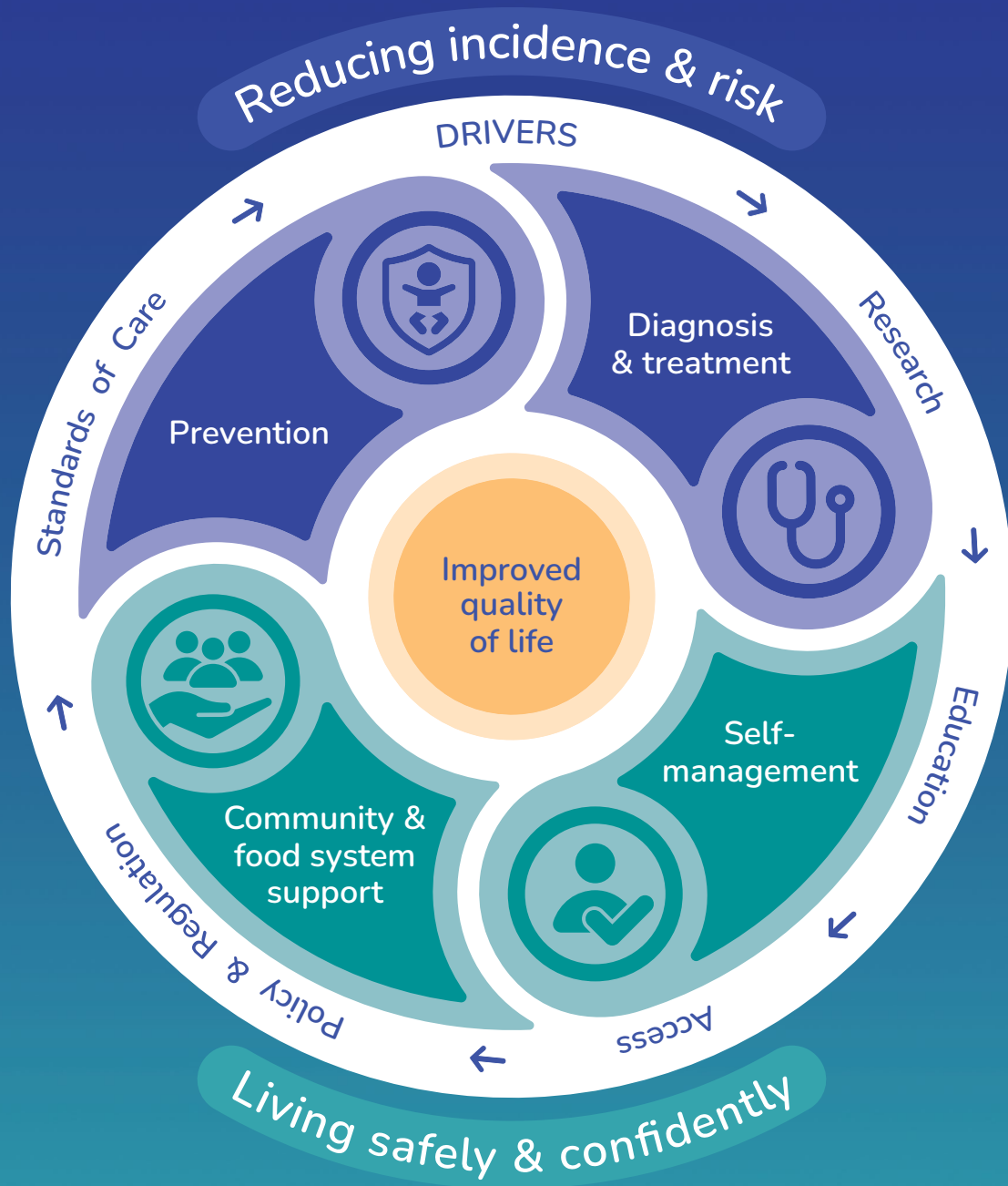
Now is the time to **reduce the impact** of food allergy and **improve the quality of life** for the more than 3 million Canadians impacted by this medical condition.



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Framework for the National Food Allergy Action Plan



Why a National Food Allergy Action Plan is essential for Canadians

Food allergy is a significant and growing concern in Canada, directly affecting over 3 million people¹ and impacting nearly half of all households.²

The current system for managing food allergy is insufficient and leaves many at risk of serious, even life-threatening, reactions. Families with children who have food allergy face particularly heavy burdens, including emotional challenges, and financial stress.

Although ongoing research is crucial to fully understanding food allergy, we already have knowledge that can be applied immediately to make a difference. Introducing allergenic foods in infancy and maintaining them in the diet has been shown to help prevent food allergy, but this guidance is not widely understood or implemented. Effective treatments exist, especially for young children where the treatments can be disease-modifying, but there is a lack of awareness and access.

Most Canadians with food allergy manage their condition through strict avoidance of allergens, but this approach is fraught with challenges. Self-management is difficult, community support varies, and there are significant gaps in the current food system that make it hard to stay safe. Moreover, public understanding of the seriousness of food allergy is inconsistent, increasing the risk of potentially life-threatening reactions.

This is why the National Food Allergy Action Plan is urgently needed. Food Allergy Canada and the Canadian Society of Allergy and Clinical Immunology (CSACI) have developed a plan that offers a clear, coordinated strategy to address these challenges and improve the lives of Canadians impacted by food allergy.



National Food Allergy Action Plan for Canadians

The recommended priorities are the result of ongoing consultations amongst healthcare professionals, patients, and industry. We have also consulted with our counterparts in Australia, who have made notable advancements with their government-supported National Allergy Strategy. This support has driven significant policy changes, including the groundbreaking integration of infant oral immunotherapy (OIT) into their standard of care model – a global first, and one that we would like Canada to adopt.

The National Food Allergy Action Plan focuses on three key priorities:

- 1 Reducing allergy incidence:** Implementing proven strategies to prevent the development of food allergy.
- 2 Improving access:** Ensuring that all Canadians have access to accurate, evidence-based diagnosis and treatments.
- 3 Creating safer and more inclusive environments:** Helping Canadians with food allergy live safely and confidently through education, policy, and tools that facilitate self-management, increase community awareness, and strengthen food system support.

These priorities will be achieved through expanded research and education efforts, improved access to care, consistent standards of care, and supportive policy and regulation.

Adoption of the National Food Allergy Action Plan will:

- Elevate food allergy as a serious public health concern, encouraging action from government, educators, and the food industry.
- Standardize education, training, and standards of care to ensure that Canadians receive the support they need.
- Guide policy and regulatory changes that enhance food safety and protect those with food allergy.
- Focus research efforts on critical food allergy gaps and issues.

The National Food Allergy Action Plan represents a collaborative effort to address a pressing public health issue. By implementing this plan, we can make a meaningful difference in the lives of millions of Canadians. Food Allergy Canada and the CSACI are committed to working with partners across all sectors to bring this plan to life and create a safer, healthier future for those living with food allergy.

Sincerely,



Jennifer Gerdts
Executive Director,
Food Allergy Canada



Dr. Harold Kim
Past President,
CSACI



To join our efforts, contact
nationalplan@foodallergycanada.ca

The case for change

The World Health Organization defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease.”³

So, imagine:



You are a parent and your child with milk allergy is attending their first day of school. You have been told that the school has practices in place to prevent allergic reactions, but you are unsure how consistently they are applied.



You have a fish allergy and when you eat out, you always ask the wait staff about ingredients and how the food is prepared, but your waiter tonight seems confused by your questions.



You have a 6-month-old baby who has had a severe reaction to egg, and when the emergency department refers you to the local allergist, you are told the wait list is two years. Meanwhile, without the guidance of an allergist, you're scared to introduce potentially allergenic foods like peanut butter, fearing another severe reaction. You're even more stressed because you've heard that in order to prevent food allergy, you need to introduce some of these foods right away, but you don't have any support to help you do it safely.



The label on the product you are looking at in the grocery store states “may contain almonds.” What does that really mean?

What is the level of risk?



You think you may have had an allergic reaction to something you ate, but there is no allergist in your city and your family doctor cannot perform the appropriate tests to formally diagnose you. Once you get a referral to an allergist, you're put on a wait list for two years, and you must travel to another city to confirm if you actually have a food allergy.

These are examples of the kinds of questions and stresses that impact 3 million Canadians and their families every day, as unintended exposure to allergens can lead to severe and potentially life-threatening consequences.

Challenges in accurately diagnosing allergy, accessing appropriate support and care, and the inability to predict the severity of a reaction, all translate to potentially heightened levels of anxiety.

Additionally, frustration is growing within the affected community as they become aware of potential prevention and treatment options for food allergy that could alleviate a lifetime of burden. Unfortunately, they often lack access to necessary information and support on these possibilities, and struggle to obtain answers and resources through their healthcare professionals.

“It requires continuous parental vigilance to manage a serious condition that is invisible to the outside world; it has an unpredictable, relenting and remitting course; and it is life-threatening. These factors are compounded by the ubiquitous nature of food. Moreover, the under-recognized nature of food allergy often means such stressors often take place in the face of public and professional insensitivity.”⁴

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Mission

To help Canadians with food allergy live safely and confidently, while advancing the prevention, diagnosis, and treatment of food allergy.

Guiding principles

Patient-centred

Any plan element, measure or program concerning food allergy needs to be grounded in the patients' perspective.

Equity of access

Every Canadian with food allergy no matter where they live, or what their income is, should have access to high quality care and services.

Evidence-based

Recommendations and standards of care are based in science and research.

Collaboration and coordination

Collaboration and coordination of efforts are essential given the many partners that impact the quality of life of people living with food allergy.

Government, patients, healthcare professionals, researchers, the educational sector, food-related industries, and the pharmaceutical industry must work together to exchange information, experiences, and expertise with the goal of reducing the impact of food allergy on individuals at-risk and the broader community.



Prevention

Reducing the incidence and risk of food allergy

Evidence-based interventions to prevent the development of food allergy and the subsequent negative impact on quality of life

Why is this important

Prevention is the most effective way to reduce the incidence of food allergy.

Historically, parents were advised to delay introducing allergenic foods until their child was three years old. In 2019, new guidance from the Canadian Paediatric Society, supported by Canadian and American Allergy Societies, recommended a different approach; the early introduction of some allergenic foods around 6 months but not before 4 months, based on evidence that this can prevent the development of allergy in most high-risk children. Additionally, Food Allergy Canada and the CSACI have taken steps to mobilize this knowledge with its educational resource, [Eat Early. Eat Often](#). Despite these efforts, uptake remains insufficient. Global research also indicates that early introduction alone is not enough; regular ingestion (e.g. several times per week) of the allergen is necessary to prevent food allergy development.^{5,6} In 2023, the CSACI further reinforced the critical role of regular ingestion in food allergy prevention.⁷

Even though this guidance has been in place for several years, there is still widespread lack of awareness around early introduction, the importance of regular ingestion, and how to implement it.

This fundamental shift in prevention guidance requires substantial efforts to educate parents, alleviating their confusion and anxiety, and necessitates the establishment of new standards of care among the many healthcare professionals involved in early infant care. This communication challenge is further complicated by the number of healthcare professionals that may interact with parents of infants, including primary care, obstetricians, midwives, paediatricians, lactation consultants, hospital staff, and public health nurses.

Furthermore, there is evidence that early infant oral immunotherapy can be a disease-modifying treatment for those infants where early introduction/regular ingestion did not work, and the infant still developed an allergy. Additional research is required to further substantiate this link and to determine how to implement this treatment option.

*"I am anaphylactic to multiple foods. I am terrified to feed my five-month-old any allergens – yet, my doctors dismissed my concerns. I never wanted to feed him anything before six months, let alone top allergens, as I'm exclusively breastfeeding. **I'm pretty frustrated by the lack of support provided.** I think I can impact whether my son will or won't be allergic depending on when and how frequently I feed him these foods. I just don't want to feed him without proper support in place."*

”



Prevention

Reducing the incidence and risk of food allergy



Vision of success

- New and expectant parents receive consistent, evidence-based, and easy-to-understand advice on food allergy prevention from their healthcare providers, along with easily accessible educational materials that emphasize the importance of early and regular consumption.
- Sustainable funding support for additional research into food allergy prevention approaches.



Key areas of focus

Disseminating educational resources: Expand the reach of Eat Early. Eat Often., an evidence-based educational resource on early infant feeding and regular ingestion.

Supporting healthcare professionals: Ensure that healthcare professionals are well informed to provide all Canadians with consistent, evidence-based advice on infant feeding for the prevention of food allergy, and develop and disseminate a tool for prenatal and postnatal care practitioners to identify infants at risk of food allergy and address parental concerns about introducing allergens.

Securing government support: Secure agreement from the government and public health agencies to endorse and integrate early introduction guidance into existing infant health programs and policies, including Canada's Food Guide and Nutrition for Healthy Term Infants, with the goal of making this guidance a public health mandated priority.

Funding research: Ensure government funding for ongoing research into identifying additional paths to preventing persistent food allergy.





Diagnosis and treatment

Reducing the incidence and risk of food allergy

Access to accurate, evidence-based and timely diagnosis and treatment

! Why is this important

Diagnosis

Receiving an accurate diagnosis of food allergy can be challenging.

Given the significant quality of life impacts that are associated with having food allergy, all Canadians have a right to an accurate diagnosis, yet this is not easily achieved. Current diagnostic tests can be misinterpreted by healthcare professionals who lack expertise, and patients face delays in getting an accurate diagnosis due to allergist shortages and long wait times (see allergist map by province in the appendix). Moreover, Canadians have very limited access to diagnostic tools.

These barriers can lead to the risk of severe allergic reactions for the underdiagnosed, needless anxiety and quality of life burdens for the misdiagnosed, and unnecessary costs to the healthcare system.

"I didn't want to be scared and a helicopter parent. I wanted to do anything possible to let my child play on a playground, eat at picnic tables, go to friends' birthday parties, without being scared that she would have a reaction. OIT has been so great for her...but even better for myself as her mother."



Treatment

Although treatments can have profound quality of life impacts, options and access remain limited.

Until recently, there were no treatment options available to reduce the impact of food allergy. Now, food allergen immunotherapy is an option in clinical settings, and many patients who have completed the treatment report significant quality of life improvements.⁸ This treatment focuses on increasing the amount of allergen that an allergic individual can tolerate, providing them with added protection by reducing the risk of reactions to accidental exposure, and thereby improving their overall quality of life.

The most studied form of immunotherapy is oral immunotherapy (OIT), and it is recommended in published Canadian guidelines as a treatment option that should be available to patients. Moreover, a recent pivotal advancement demonstrates that starting food OIT in the first few years of life can profoundly alter the course of disease, often leading to complete remission.⁹ Consequently, timely access to immunotherapy should be regarded as an urgent medical priority.

The approval of omalizumab for food allergy treatment is another recent advancement in this space. In 2024, the U.S. Food and Drug Administration (FDA) approved this injectable biologic, which helps to reduce the risk of severe allergic reactions to multiple foods. However, this treatment has yet to be approved for food allergy treatment in Canada.



Diagnosis and treatment

Reducing the incidence and risk of food allergy

Despite significant treatment advances and the rising prevalence of food allergy, impacted Canadians face considerable access barriers that are disproportionately greater than those in other specialties and similar conditions. Furthermore, public coverage for current treatment options varies significantly across the country. It is crucial to address these challenges to ensure equitable care for all.

Additional research is also needed to improve treatment protocols and outcomes, particularly for adult patients. With no dedicated research institute in Canada housing food allergy research, it is challenging to find new improvements for current treatments, develop new treatments, and find approaches to a cure.



Vision of success

- Timely access to evidence-based diagnoses, where patient history and the availability of appropriate diagnostic tools ensures more accuracy.
- Prompt access to OIT for infants.
- Access to affordable treatments, including biologic medications, to improve the safety and quality of life for individuals with food allergy, regardless of age.
- Dedicated food allergy research funding within the Canadian Institutes of Health Research (CIHR).



Key areas of focus

Removing barriers to timely diagnoses: Secure government support to overcome barriers by prioritizing access to oral food challenges and laboratory-based testing.

Increasing access to care: Leverage virtual networks and propose new models for the delivery of allergy care.

Improving access to treatment: Taking actions with the government, medical community, and others to increase access to available treatments for all Canadians with food allergy, regardless of age, with a priority for infants and young children where emerging evidence points to disease-modifying potential.

Enabling research support: Secure government funding for food allergy research to improve diagnostics, treatment approaches, and a path to a cure for all ages.



Self-management

Helping Canadians live safely and confidently with food allergy

Effectively managing food allergy while engaging in a full and active life

Why is this important

Living with food allergy requires constant vigilance to avoid allergens, knowledge to recognize and treat reactions, and confidence to fully engage in daily living.

As individuals with food allergy age and transition through different life stages (e.g., going to school, living independently, travelling, etc.), they must continuously learn how to avoid allergens. Each new environment brings challenges, especially for youth taking on more responsibility for their allergy management. These challenges involve striving to remain included in the community and lead a full and active life.

Research highlights several gaps in effective self-management, including inconsistency in avoiding allergens, misunderstanding food labels, risk-taking behaviours among teens and young adults, and reluctance to disclose food allergies when eating out. Proper treatment of anaphylaxis is also sub-optimal. Epinephrine, the only life-saving medication for anaphylaxis, is underutilized. Currently, only 21% of children and 7% of adults globally treat anaphylaxis with epinephrine before going to the hospital.¹⁰ Prompt use of epinephrine provides the best outcomes, but barriers delay its use, including confusion about symptoms, using antihistamines instead, lack of access to epinephrine auto-injectors (EAI), fear of needles, and reluctance to visit the emergency department.

Reliance on a single EAI device also makes Canadians especially susceptible to shortages of this life-saving medication. Efforts are required to prevent shortages and have a contingency plan to minimize their impact if they happen. Furthermore, there is an urgent need to fast-track the regulatory approval of new delivery systems, like non-needle alternatives. In 2024, the U.S. FDA approved neffy[®] nasal spray for the treatment of anaphylaxis, making it the first non-needle epinephrine treatment. To ensure Canadians have timely access to this device, and more than one treatment option, it is imperative that the government prioritizes its approval.

Current support programs often do not fully address the dietary and psychosocial challenges of living with food allergy. Effective self-management requires dietary adjustments to meet nutritional needs and managing psychosocial impacts, such as food allergy-related bullying, emotional effects of allergic reactions, and exclusion from activities. Research indicates that 80% of individuals with food allergy experience psychosocial difficulties, but less than 20% receive support.¹¹

*"I'm **terrified of using an epinephrine auto-injector** to treat anaphylaxis. I'm **also often confused about the signs and symptoms** and knowing if it really is anaphylaxis. I worry that I might not recognize anaphylaxis quickly enough or do the wrong thing when it matters most."*

”



Self-management

Helping Canadians live safely and confidently with food allergy



Vision of success

- Individuals and their families confidently and effectively live with food allergy and avoid allergic reactions. Reactions, if they occur, are treated promptly with epinephrine.
- Individuals have access to a broad range of support at every stage of life, enabling them to fully engage in their communities and lead active, fulfilling lives.



Key areas of focus

Developing and implementing a universal education and support platform: Create and implement a universally accessible platform to support individuals living with food allergy from diagnosis through all life stages.

Ensuring accessible epinephrine supply: Engage with government to ensure there is a consistent and affordable supply of epinephrine in Canada, develop a plan to mitigate the risk of a market shortage of EAs given the reliance on one source of supply, and fast-track the regulatory approval of new delivery systems, like non-needle alternatives.

Educating on anaphylaxis: Drive awareness and educate on the proper management of anaphylaxis so all Canadians know how to recognize and treat it.

Engaging with healthcare professionals: Increase understanding of food allergy among allied healthcare professionals involved in nutrition and psychosocial support, and develop related evidence-informed programs to support affected individuals and families.

Securing research and funding: Secure government funding for research into self-management issues, including psychosocial impacts of food allergy.





Community and food system support

Helping Canadians live safely and confidently with food allergy

Well-informed communities enabled to support those with food allergy

Why is this important

Effective self-management of food allergy is critical but not sufficient to minimize the quality-of-life burdens.

People with food allergy depend on informed and supportive communities to help them navigate safe food options in various settings, including grocery stores, schools, restaurants, social gatherings, and the homes of friends and family.

There is a widespread lack of public understanding of food allergy, including the potential for life-threatening reactions and the knowledge needed to treat them. Food allergy is a medical diagnosis, not a choice, and those affected should not be judged or stigmatized. However, one-third of children with food allergy report experiencing bullying.¹² The increasing portrayal of food allergy in films and advertisements being depicted humorously and inaccurately is problematic. Research shows that this reduces the perceived seriousness of food allergy and impacts support for related public health policies.¹³

People with food allergy rely on accurate ingredient information from the food industry and community support from the public to reduce the risk of having a severe allergic reaction. Although there have been significant improvements in the labelling of pre-packaged foods in Canada over the past 15 years, gaps still exist. For instance, food allergen labelling regulations do not extend to non-prepackaged foods (e.g., restaurants, bulk foods). Additionally, precautionary allergen labelling (PAL) in the form of “may contain” statements are not specifically regulated. There is limited guidance on how and when PAL should be used for pre-packaged foods that has led to its overuse and

misuse by manufacturers. This unnecessarily limits food choices and sometimes exposes individuals with food allergy to risks when allergens are detected at levels that warrant labelling changes. Furthermore, PAL statements are now widely adopted outside their intended scope, specifically in retail operations, prepared bulk foods, and foodservice, with continued lack of clarity on their meaning and lack of specific regulation or enforcement. Some people may question the validity of PAL and choose to disregard them.

Food trends can lead to unintended consequences for individuals with food allergy, making it essential to assess them and develop proactive plans to mitigate risks. Issues such as plant-based diets, confusion over vegan products, introduction of novel proteins, and lack of information for online ordering are creating risks for those with food allergy.

Beyond access to accurate ingredient information, the fragmented nature of the foodservice industry and the high turnover rates of foodservice employees lead to inconsistent approaches to risk management in these settings. Twenty years of evidence support the need for enhanced regulatory requirements in foodservice and unlike other countries, Canada lacks regulatory requirements for ingredient disclosure in foodservice.¹⁴

*“It feels as though no matter how hard you try to protect your child, **you are far outnumbered by people who don’t have an understanding of the severity of the allergies.**”*

“



Community and food system support

Helping Canadians live safely and confidently with food allergy

Canadians with food allergy are not only at risk of having reactions, but have also experienced reactions when eating out. Recent survey results show more than half of individuals with food allergy have experienced a near miss, where they ordered something that was supposed to be safe but contained their allergen. Additionally, one-third experienced a severe allergic reaction while dining out, even though in 78% of those cases, the establishment had been informed of their food allergy.¹⁵

*"In our experience over the last 18 years in dealing with restaurants, **it is rare where we feel that restaurants truly understand.** We have left restaurants before being seated on countless occasions. When we find a safe restaurant, it makes us very loyal customers."*



Vision of success

- Accessible and accurate ingredient information to enable safe food choices for individuals with food allergy and their families.
- Recognition of food allergy as an important safety issue throughout all food-related industries, ensuring consistent implementation of proven practices to prevent allergic reactions.
- Well-informed and supportive communities that recognize the seriousness of food allergy and help individuals manage their condition safely and confidently.



Key areas of focus

Partnering with government and the food industry:

Develop policies and guidelines that enable broad-based access to accurate ingredient information and safe food options reflective of emerging consumer and industry trends.

Improving awareness, training and risk management in the foodservice sector:

Work with the foodservice sector to develop, disseminate, and adopt best practices for allergen management, including implementing comprehensive training programs and risk management practices.

Educating on food allergy: Increase awareness of the seriousness of food allergy with the public and address systematic and unintended exclusion.

Improving community management of reactions:

Ensure availability of stock epinephrine in public places for emergency use and provide training on how to use them.

Drivers of the National Food Allergy Action Plan

Consistent standards of care

- For prevention, diagnosis, treatment and appropriate referral
- For allergists and other healthcare professionals

Improved access to care

- Timely access to allergists and development of first-line allergy care
- Potential for tele-health and virtual technologies
- Multi-disciplinary/shared-care models

Focused investment in education and research

- Accessible, consistent and evidence-based education tools for all partners, with a focus on branded, uniform programs that represent the standard of care
- Dedicated food allergy research to improve our understanding of food allergy, including prevention strategies, improving current treatments, developing new treatments, and approaches to a cure

Policy and regulation

- Engagement and support from all levels of government



Support we are looking for from our government partners



Recognition support

- Recognition of food allergy as a public health priority
- Recognition of quality-of-life burdens as well as economic burdens in decisions on reimbursement for diagnostics, and approved treatments
- Recognition that Canada is vulnerable to shortages of EAls due to the reliance on a single supplier, and that efforts must be made to prevent such shortages and establish a contingency plan to minimize their impact if they occur
- Recognition that there is an urgent need to fast-track the regulatory approval of new epinephrine delivery systems, like non-needle alternatives

Funding support

- Funding to ensure epinephrine is affordable to individuals who need them
- Funding for a program to support self-management
- Funding for education and communication efforts to support prevention and infant treatment approaches
- Funding to establish a dedicated food allergy research institute within CIHR to support research priorities, including advancing the understanding of food allergy and developing new and improved treatment options, particularly those with potential disease-modifying effects

Policy support

- Policy change to ensure consistent access to epinephrine
- Policy change to drive more accurate ingredient labelling, and address current exemptions
- Policy change to integrate food allergy prevention guidance into public health mandates
- Policy change to address food allergen management in the foodservice sector



Next steps

We will persist in raising awareness of the National Food Allergy Action Plan and actively engage pivotal partners across government, healthcare, education, food manufacturing, and foodservice sectors. Our goal is to drive meaningful collaboration and develop targeted actions addressing critical focus areas.

We look forward to working alongside these key partners to eliminate the impact of food allergy and significantly improve the quality of life for all Canadians affected by this medical condition.

To join our efforts, contact nationalplan@foodallergycanada.ca.

Appendices

Food allergy defined

What is this medical condition and how is it managed?

- Food allergy is an abnormal immune response to food. It occurs when the body's immune system mistakenly treats a particular food protein as if it's harmful and causes an allergic reaction.
- In general, avoiding the allergenic food is required to prevent a reaction.
- Anaphylaxis is a "serious allergic reaction that is rapid in onset and may cause death."¹⁶ While fatalities are rare, anaphylaxis must always be considered a medical emergency requiring immediate treatment. Prompt recognition and treatment are vital to maximize a positive outcome.
- Epinephrine is the first-line treatment for anaphylaxis.

What is required for Canadians with food allergy to live safely and confidently?

- An accurate diagnosis.
- Knowledge of how to prevent reactions and diligence in avoiding them.
- Access to epinephrine for the treatment of anaphylaxis.
- Understanding the signs and symptoms and the ability to confidently and promptly treat a reaction.
- Informed communities that support those with food allergy to prevent and possibly treat reactions, given the ubiquity of food in daily life.
- The ability to choose from treatment options to lessen the impact of the condition.



What causes food allergy?

The causes of food allergy are not known, but research suggests that a mix of genetic and environmental influences are responsible. Additionally, recent evidence indicates that delaying the introduction of allergenic foods and infrequent consumption once they are introduced are significant risk factors for developing food allergy.

Food allergy facts

- More than 3 million Canadians are affected by food allergy.¹
- Over 600,000 Canadian children have food allergy.¹
- 1-in-2 Canadian households are impacted by food allergy.²
- A person can become allergic to almost any food; and about 40% of people are allergic to multiple foods.¹⁷
- A food allergy can develop in an individual at any age.
- People with food allergy are at risk of anaphylaxis, the most serious type of allergic reaction.
- While fatalities are rare, anaphylaxis must always be considered a medical emergency requiring immediate treatment with epinephrine.
- Food allergy is associated with social and psychological consequences, regardless of ethnicity.¹⁸

The financial burden of food allergy is significant

For families with food allergy:

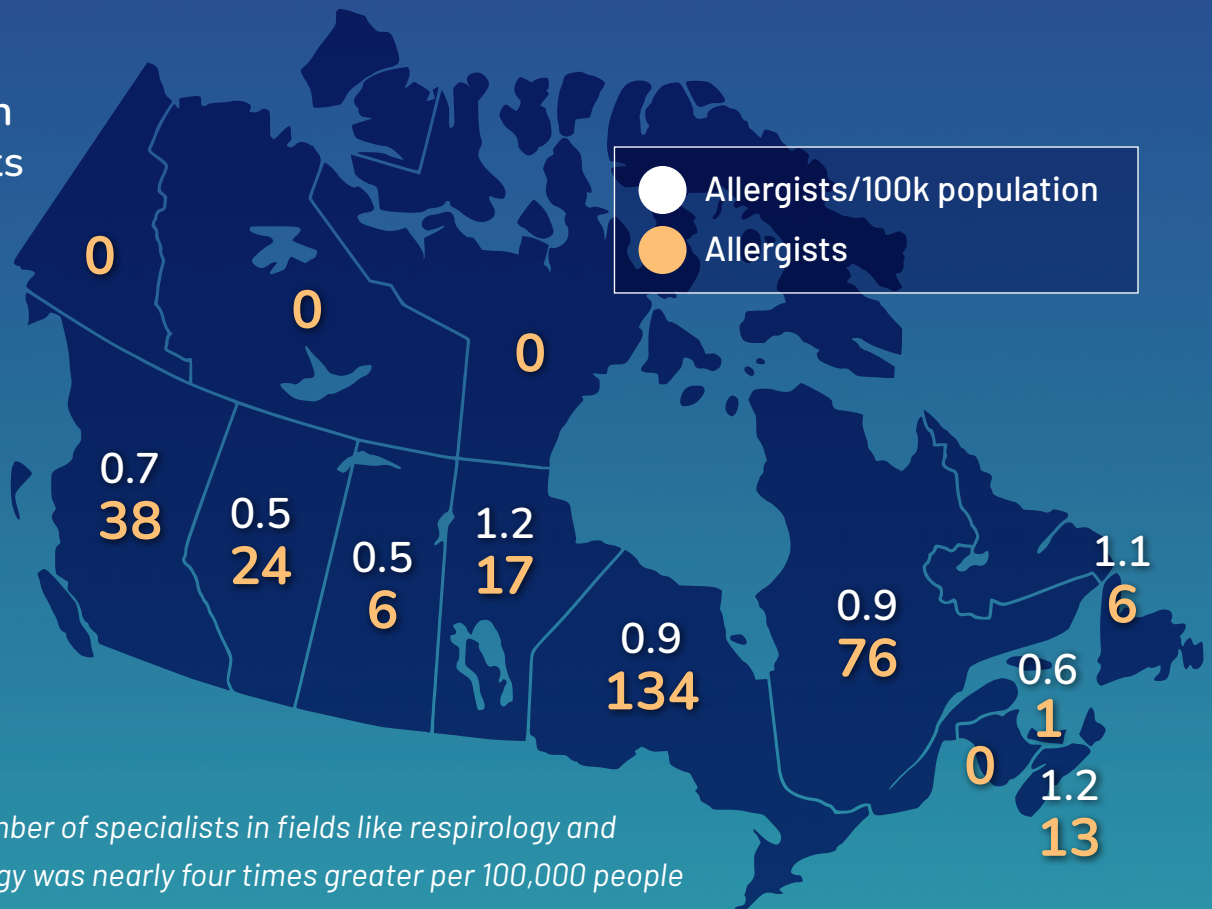
- On average, they spend \$200 more per month than non-allergic families.¹⁹
- Families with a child with food allergy had 39% greater odds of food insecurity compared to families without food allergy.²⁰
- It is recommended that individuals carry two epinephrine auto-injectors, each costing about \$110.
- Parents, and specifically mothers, are leaving the workforce due to the time required to manage their children's allergy.²¹
- While financial assistance exists for people with celiac disease, no such support is available for families with food allergy.²²

For the healthcare system:

- About 1% of all emergency department (ED) visits are due to allergic reactions, including food allergy.²³
- The number of ED visits for allergic reactions has been increasing over the past two decades.²³
- Where covered by public plans, annual per person costs of epinephrine auto-injectors are approximately \$220.

There are untapped healthcare systems savings through primary prevention of food allergy, early disease-modifying interventions in infants, and accurate diagnoses for resolved food allergy.

Breakdown of allergists across Canada (2023 data)



In 2019, the number of specialists in fields like respirology and gastroenterology was nearly four times greater per 100,000 people than that of allergists. This staggering difference underscores a significant and concerning gap in specialist availability and access.*

Map source: CSACI (2023 breakdown of allergists) and Statistics Canada (2023 population data).

*The number of allergists, respirologists, and gastroenterologists per 100k population provided by the Canadian Medical Association, 2019 data.

Food allergy FAQs

1 How does food allergy differ from food intolerance?

Food allergy involves the immune system, and symptoms can be life-threatening. Food intolerance is a nonspecific term that may refer to any number of adverse symptoms an individual may have in response to the ingestion of that food. It does not involve the immune system. For example, lactose intolerance is the inability to digest and absorb lactose in dairy products due to a deficiency in the lactase enzyme. The symptoms of food intolerance predominately affect the gastrointestinal tract and can cause discomfort but are generally not life-threatening.

2 What are the priority food allergens in Canada?

Health Canada defines the priority food allergens as: crustaceans (e.g. lobster, shrimp) and molluscs (e.g. scallops, clams), egg, fish, milk, mustard, peanut, sesame, soy, tree nuts, and wheat and triticale. A person can become allergic to almost any food, but these are the most common. Health Canada's food labelling regulations require the inclusion of the common name of these priority allergens as well as gluten sources and added sulphites on a food label.

3 What is anaphylaxis?

Anaphylaxis (pronounced anna-fill-axis) is a "serious allergic reaction that is rapid in onset and may cause death."¹⁶ Individuals who have IgE-mediated food allergy and are at risk of anaphylaxis should carry an epinephrine auto-injector (such as EpiPen[®]) which contains life-saving medication to treat an allergic reaction.

4 What are the symptoms of anaphylaxis?

Symptoms of anaphylaxis generally include two or more of these body systems: skin, respiratory, gastrointestinal, cardiovascular.

Skin: hives, swelling (face, lips, tongue), itching, warmth, redness

Respiratory (breathing): coughing, wheezing, shortness of breath, chest pain/tightness, throat tightness, hoarse voice, nasal congestion or hay fever-like symptoms (runny itchy nose and watery eyes, sneezing), trouble swallowing, choking feeling

Gastrointestinal (stomach): nausea, pain/cramps, vomiting, diarrhea

Cardiovascular (heart): paler than normal skin colour/blue colour, weak pulse, passing out, dizziness or lightheadedness

Other: anxiety, sense of doom (the feeling that something bad is about to happen), headache, uterine cramps, metallic taste

Respiratory or cardiovascular symptoms alone can be anaphylaxis. **It is important to know hives don't always appear during anaphylactic reactions.**

5 What causes anaphylaxis?

Food is one of the most common causes of anaphylaxis, but insect stings, medications, latex, and exercise can also cause reactions.

[Learn more about the non-food allergens.](#)

Food allergy FAQs ...continued

6 How much of a food allergen does it take to cause a reaction?

Even a small amount of an allergen transferred to a serving utensil has the potential to cause a severe allergic reaction. It's important to know how to avoid cross-contamination.

[Learn more about cross-contamination.](#)

7 Can someone have a reaction without ingesting their allergen?

For most people, accidentally eating a food containing their allergen poses the greatest risk. Allergic reactions to foods are caused by specific food proteins. Since food odours do not contain protein, they cannot cause reactions. People can have reactions when they inhale food proteins to which they are allergic, such as in the steam produced while cooking certain foods, like fish.

8 How are allergic reactions avoided?

Reading ingredient labels on foods, taking special precautions in food preparation and ensuring proper hand washing and cleaning go a long way toward reducing the risk of an accidental exposure.

[Learn more about how to avoid reactions.](#)

9 How is anaphylaxis treated?

Epinephrine is the first-line treatment for anaphylaxis, and epinephrine auto-injectors (e.g. EpiPen®) contain a pre-measured dose of the medication. Antihistamines and asthma medications shouldn't be used instead of epinephrine for treating anaphylaxis but can be given as secondary medications. After receiving epinephrine, a person should go to hospital, ideally by ambulance, for observation and/or further treatment.

[Learn more about emergency treatment.](#)

10 Why do so many people seem to have food allergy these days?

There is no easy explanation for the prevalence of food allergy. One theory, known as the "hygiene hypothesis", suggests that people in Western countries are living in cleaner and more sanitized environments, and their immune systems are shifting toward developing allergic responses to certain foods and away from fighting germs or infections. The risk factors for food allergy include:

Feeding practices: Delaying the introduction of allergenic foods and infrequent consumption of those foods puts infants at risk of developing food allergy.

Age: Food allergy is more common in young children than in older children or adults.

Family history: You're more likely to have a food allergy if your parent or sibling has one.

Another food allergy: If you have a food allergy, you're at greater risk for developing another.

Related medical conditions: Your risk is increased if you have an allergic disease such as asthma, eczema or hay fever.

11 Can food allergy be prevented?

There is evidence that the early introduction of some allergenic foods and maintaining regular ingestion can prevent the development of allergy in most high-risk children. In 2019, the Canadian Paediatric Society (CPS) released updated recommendations on the specific timing of early introduction of allergenic foods for high-risk infants. The new guidance is to actively offer non-choking forms of foods containing common allergens (e.g. peanut, egg) around 6 months of age, but not before 4 months.²⁴ In 2021, the CPS and CSACI strengthened these recommendations in an updated position statement, including recommending introduction at around 6 months of age for low risk infants.²⁵ In 2023, the CSACI additionally reinforced the importance of regular ingestion as a means of food allergy prevention.⁷

Food allergy FAQs

...continued

12 Can food allergy be outgrown?

Allergies to peanut, tree nuts, and shellfish (crustaceans and molluscs) tend to be lifelong. Some allergies, such as milk and egg, may be outgrown by school age.

13 Are there treatments for food allergy?

Currently treatments exist that can desensitize an individual to their allergen which means it increases the amount of allergen tolerated and therefore reduces their risk of reactions. There are different methods of delivery including oral immunotherapy (OIT), epicutaneous immunotherapy (EPIT) and sublingual immunotherapy (SLIT) with mainly OIT having variable access in Canada at the time of publication. Additionally, the FDA has approved omalizumab, a biologic, to reduce the risk of reactions, but this has not yet been approved in Canada. These therapies are potential treatments for some patients with food allergy. Public coverage and access to these treatments currently vary substantially across the country.

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About Food Allergy Canada

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 3 million Canadians impacted by food allergy.

We focus 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 patient issues.

Visit **foodallergycanada.ca** to learn more.

About the Canadian Society of Allergy and Clinical Immunology

The 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. It also provides a place for members to interact, network, and learn from each other. The CSACI is a member society of the World Allergy Organization (WAO), as well as the Canadian Medical Association (CMA). It also works closely with patient information organizations to improve the lives of Canadians with allergic and immunologic disease. The CSACI's mission is to advance allergy, asthma, and immunology knowledge to optimize patient care across Canada.

Visit **csaci.ca** to learn more.



Join our efforts

The National Food Allergy Action Plan will help to reduce the impact of food allergy and improve the quality of life for Canadians living with food allergy.

Contact us at nationalplan@foodallergycanada.ca