



Back to school – be allergy aware

Take the allergy awareness test - it could be a lifesaver

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With an estimated 1 in 20 children suffering from food allergy, this year Anaphylaxis Australia is urging all parents to add *Allergy Awareness* to their 'back to school' checklist.

Maria Said, President of Anaphylaxis Australia said that statistics indicate that most school, preschool and day care centre classes have at least one child at risk of a potentially life threatening food allergy. "It's not just the sufferers who need to take the risk of severe allergic reactions seriously but the entire community".

"Just taking a few small steps can help to make the community safer for children of all ages with allergies. With safety strategies in place the risk of serious reactions, including death from anaphylaxis can be greatly reduced.

"No matter what the child's age we ask all parents to take a few minutes to check that they are 'allergy aware'. It may just be as simple as finding out about the school's policies on food allergies and talking with children about not sharing food at school," said Ms Said.

Recent research has shown the number of hospitalisations as a result of anaphylaxis for children four years old and younger has increased five-fold over the 12 years to 2005.¹

"Preschooler's and young children are in great need of our care, and even more so if they are at risk of anaphylaxis. We do our best to make them aware of food allergy dangers however they are too young to do it alone. This is one of the reasons allergy management has to be a community-wide issue," she said.

A study with over 500 Australian mums showed that 62 per cent said their child's school/preschool/day care had a nut-free policy, yet nearly half were not strict in following this policy.²

"Whilst allergen minimisation, such as discouraging parents from packing particular foods for lunches, is one of the tools we can use to safeguard children with food allergy, these results clearly show we can't stop there.

"Everyone needs to understand the seriousness of the condition and know that what they do can directly impact on sufferers and those who care for them.

"We can never create a completely 'safe, allergen free' environment for individuals diagnosed with severe allergies, but if everyone does their little bit it can certainly help reduce the risk and allow children and adults with severe allergies to lead close to 'normal' lives," said Ms Said.

Food allergy danger is not limited to the under fours, in fact *most fatalities* happen in those aged 10-19 years. ³

"This is when children tend to move outside the family home more often and they may be less likely to say anything about their condition for fear of ridicule or of just being 'different'," said Ms Said.

To help older children and teenagers understand the issue, Anaphylaxis Australia recommends that parents discuss the serious nature of severe allergies and the importance of understanding the real danger friends and classmates can be in when someone with allergies has a severe reaction.

"If your tween or teenager has a friend with severe allergy, they need find out what they are allergic to, know to never pressure their friend to eat any foods and most importantly get help immediately if they feel sick, especially after eating," said Ms Said.

Eighty-five percent of reactions occur at places outside the home⁴ like schools, friends' homes, restaurants and camps. "So, it is even more important for those who know someone at risk to be aware of the triggers, symptoms, first aid procedures and have regular hands-on training in the use of the EpiPen auto-injector.

"We know that back to school is a frantic time of year, however if parents could take just 15 minutes to consider if they and their children are allergy aware it could help to prevent one of the many anaphylactic reactions and potential fatalities that occur every year," said Ms Said.

For more information on allergies and anaphylaxis visit Anaphylaxis Australia at www.allergyfacts.org.au

Are you allergy aware? Take the test and see.

Do you...

- 1. Understand that allergies can be life threatening?** Up to 10 Australians die from mostly preventable allergic reactions and thousands more require emergency treatment. Be aware that even very small amounts of food can trigger life threatening allergic reactions.
- 2. Know about your child's school/preschool/day care allergy policies/guidelines?** Your school can inform you on what safety strategies they need you to help them with – this may include particular food restrictions in younger years. Always stick to the safety strategies that have been implemented – yes, they do make a difference! Remember, no one chooses to have food allergies so the non allergic can enjoy those foods at other times.
- 3. Know someone with a food allergy?** If you do, talk with them or their parents about the triggers, symptoms, first aid procedures and ask them for hands-on training in the use of the EpiPen - an auto-injector containing adrenaline which reverses the symptoms of severe allergic reactions.
- 4. Talk with your children about food allergy?** If not, then take some time to do so - chances are they have someone in their school class, soccer team or ballet lesson with the condition.

Anaphylaxis Australia Inc is a non-profit Australian charity which was formed in 1993. AAI's mission is to increase awareness of anaphylaxis through education, research and support. The organisation works with health and teaching professionals, members of the food industry and all who are touched by life-threatening allergy so that, together, we can improve the quality of life of allergic Australians nationally. For more information visit the AAI website: www.allergyfacts.org.au or call 1300 728 000.

¹ J Allergy Clin Immunol, Volume 120, Number 4. Trends in hospitalisations for anaphylaxis, angioedema, and urticaria in Australia 1993-1994 to 2004-2005.

² Research conducted amongst readers of www.motherinc.com.au Feb 2007

³ S. Allan Bock, MD,^a Anne Muñoz-Furlong, BA,^b and Hugh A. Sampson, MD,^c J Allergy Clin Immunol 2001;107:191-3.

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