

A PUBLIC HEALTH APPROACH TO IMPLEMENTING THE ASCIA GUIDELINES FOR INFANT FEEDING AND ALLERGY PREVENTION

Website development and utilisation

Focus groups

- 7 focus groups
 - Mums of high risk infants (x2)
 - Mums
 - Dads
 - Health professionals (x2)
 - General practitioners
- 4 conducted in Perth and 3 in Sydney
- 4 brand identities presented – Nip allergies in the Bub preferred branding by both consumers and HPs
- Key messages wording guidance sought



www.preventallergies.org.au

Website

- Most accessed content (in order):
 - Introducing solid foods
 - What foods should I feed my baby
 - Helpful tools – food ideas
 - Eczema
 - Identifying allergic reactions
 - Health professional section

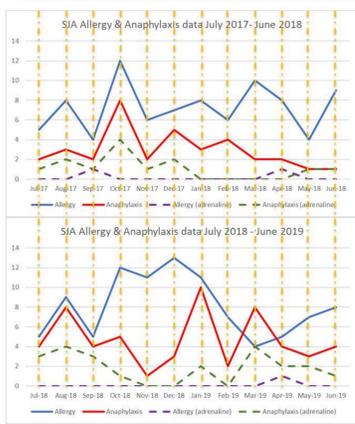
ABSTRACT

Background: The Australasian Society of Clinical Immunology and Allergy (ASCI) Guidelines for Infant Feeding and Allergy Prevention (Guidelines) were released in 2016. A public health approach to communicating the guidelines' key recommendations, including resource provision, may improve knowledge and implementation of the guidelines, in both parents and healthcare professionals (HCPs).

Method: Collaborating with the National Allergy Strategy a multi-pronged strategy was used to develop and assess implementation of the ASCIA Guidelines, Focus groups with HCPs and consumers were conducted to identify branding and education needs underpinning the development of a guideline-based website (with end-user evaluation); develop online training for HCPs (with pre-post assessment); Infant anaphylaxis in the community was monitored using ambulance data; and introduction of common food allergens in infants diets and potential allergic reactions, was monitored using the SmartStartAllergy text message system via general practitioners.

Results: Seven focus groups were conducted across Australia with parents and HCPs to identify key guideline messages and project branding. Based on outcomes from the focus groups a website was developed containing practical information about food allergy prevention for parents and HCPs. To promote the website a social media campaign was implemented in September 2019 via Facebook. Infant anaphylaxis rates did not change overall during the pilot phase of the project in Western Australia. Preliminary national SmartStartAllergy data indicates that 86.2% of 1940 infants have eaten peanut by 12 months of age; parent-reported allergic reactions in 12.8% of 831 cases and the majority indicated mild reactions.

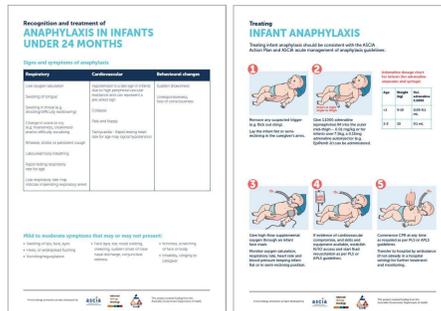
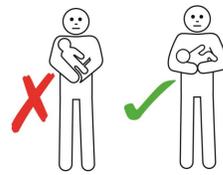
Discussion: This public health approach to implementing the ASCIA Guidelines allowed training of HCPs. The website provides consumer friendly information to encourage uptake of ASCIA Guidelines. The social marketing strategy actively promotes use of the website and associated resources, while SmartStartAllergy program assessed the introduction of common food allergens and monitors parent-reported allergic reactions in participants.



Infant anaphylaxis

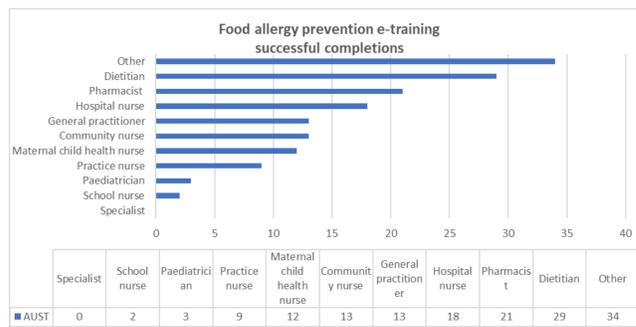
St John Ambulance WA data shows a comparison of allergic reactions and anaphylaxis in infants pre and post implementation of the Nip allergies in the Bub website

Images developed to provide guidance on how to position an infant experiencing anaphylaxis



Infant anaphylaxis information sheet for health professionals

Health professional education



Food allergy prevention e-training for health professionals was developed and includes a pre-post quiz to measure change in knowledge

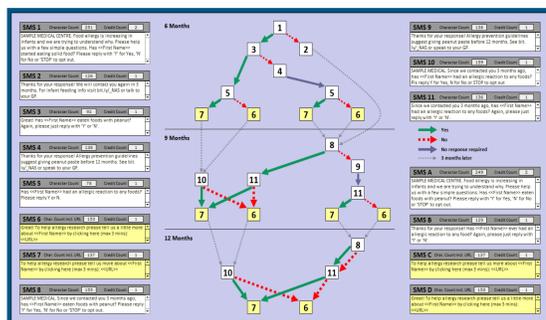
Acknowledgements

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SmartStartAllergy has been developed with Alan Leeb, Ian Peters, Michael O'Sullivan, Jessica Metcalfe and Karin Orlemann. We acknowledge the in-kind support of technology and experience provided by the SmartVax team and acknowledge the general practices participating in SmartStartAllergy. Thank you to Karin Orlemann for the SmartStartAllergy data analysis.

Thank you to St John Ambulance WA for providing infant anaphylaxis data for this project.

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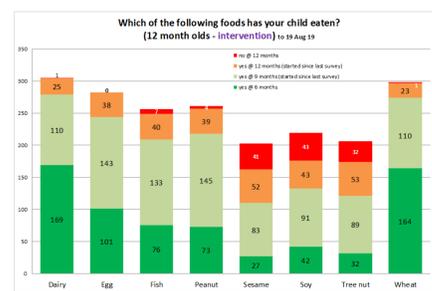


SmartStartAllergy

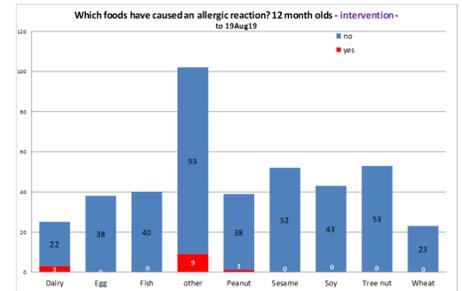
Preliminary data indicates that a significantly higher proportion of infants in the Intervention group had been fed peanut by 12 months of age (257/261=98.5%) compared to the Control group (2468/2836=87.0%)

This diagram illustrates the text messages sent at 6, 9 and 12 months of age to the Intervention group

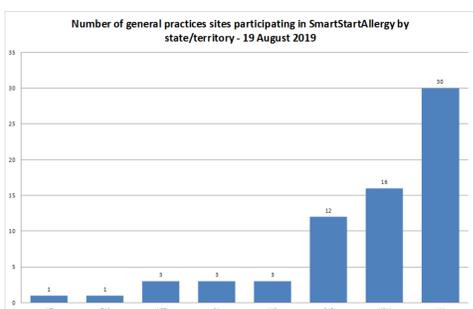
The Control group receive SMS A, B and C or D at 12 months of age



In the Intervention group, by 12 months: 100% had introduced egg; 99.7% had introduced dairy and wheat; 98.5% had introduced peanut



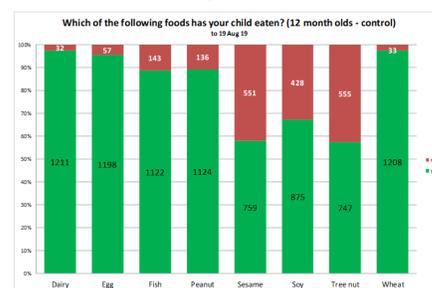
In the Intervention group, allergic reactions were reported for dairy (12%), peanut (2.6%) and other (8.8%)



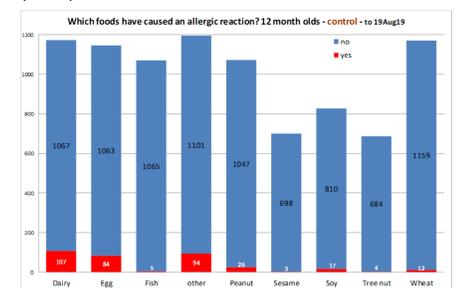
15 practices are in the Control group only; 9 practices are in the Intervention group only; 45 practices participate in both intervention and control

	Oral antihistamine	Adrenaline (EpiPen)	Other treatment	All treatments
Dairy	19	1	6	26
Egg	18	1	9	28
Fish	3	0	0	3
Other food	15	1	4	20
Peanut	9	2	1	12
Sesame	2	1	1	4
Soy	2	0	0	2
Tree nut	3	1	0	4
Wheat	1	0	1	2
total	72	7	22	101

In the Control group (12 months of age), of those who experienced an allergic reaction, the majority were not administered adrenaline when medical assistance was sought



In the Control group, by 12 months: 95.4% had introduced egg; 97.4% had introduced dairy; 97.3% had introduced wheat; 89.2% had introduced peanut



In the Control group, allergic reactions were most commonly reported for dairy (9.1%), egg (7.3%), peanut (2.4%), soy (2.1%) and other (7.9%)