**ABSTRACT**

**Background:** The Australasian Society of Clinical Immunology and Allergy (ASCIA) 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 service 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 48.2% 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 data analysis assessed the introduction of common food allergens and monitors parent-reported allergic reactions in participants.

**Acknowledgements**

Thank you to A/Prof Richard Loh and Ms Maria Said, National Allergy Strategy Co-chairs; Dr Preeti Joshi, Project lead for the NAS Food Allergy Prevention Project; the NAS Food Allergy Prevention Project working group. SmartStartAllergy has been developed with Alan Leeb, Ian Peters, Michael O’Sullivan Jessica Mestorraine and Karin Orlemann. We acknowledge the in-kind support of technology and experience provided by the SmartVax team and acknowledge the general practitioners participating in SmartStartAllergy. Thank you to Karin Orlemann for the SmartStartAllergy data analysis. Thank you to St John Ambulance WA for providing the infant anaphylaxis data for this project. Funding has been received by the Australian Government Department of Health. The Perth Children’s Hospital Foundation has contributed funding to the development of the SmartStartAllergy program.

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 (248/283=87.0%).