



ASSOCIATION QUÉBÉCOISE  
DES ALLERGIES ALIMENTAIRES

## Coroner Miron's report warmly welcomed by the Association québécoise des allergies alimentaires (AQAA)

Longueuil, May 11, 2006 – The Association québécoise des allergies alimentaires (AQAA) welcomes with open arms the recommendations contained in the report by Coroner Michel Miron on the death of young Christina Desforges in Saguenay on November 22, 2005. The Miron report suggests among other things that an educational and management program be set up for people suffering from asthma. He is calling on the departments of Education and Health to develop a program of awareness raising and prevention (with brochure) that deals with food allergies among young people in our schools. The coroner, finally, invites the Collège des médecins du Québec to set a consultation to consider the possibility of recommending use of the epinephrine auto-injector (before bronchodilators) as a way of treating an acute asthma attack in a person who has been diagnosed as having a food allergy. 1)

"Dr. Miron's recommendations are very much in line with our day-to-day concerns and activities," explains Claire Dufresne, executive director of the AQAA. "We recently took part, in concert with the four other associations in Canada, in the revision of the anaphylaxis management policy in schools and young people's environments. It is interesting to discover that that document has inspired some of the recommendations in the report."

### What is anaphylaxis?

It is important to understand what anaphylaxis is and how to identify the symptoms. Anaphylaxis is a serious allergic reaction to a stimulus: it happens suddenly, it affects one or more systems in the body, and it is accompanied by multiple symptoms. There are many triggers; among the most common are not only foods and insect bites, but also medications, exposure to latex, and exercise. Although the precise prevalence is unknown, it is estimated that one to two percent of the population is at risk of an anaphylactic reaction from food and insect allergy.

### How is asthma related to anaphylaxis?

"People suffering from asthma and who have received a diagnosis of

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Voor vragen hierover of als u voorlichting en training hierover wilt kunt u kijken op [www.schoolenallergie.nl](http://www.schoolenallergie.nl) of stuur een email naar [support@anafylaxis.nl](mailto:support@anafylaxis.nl) Hieronder vindt u een vertaling van de gemarkeerde delen in het persbericht.

Dit bericht wordt u aangeboden door het

**Nederlands Anafylaxis Netwerk.**

Oranjelaan 91, 3311 DJ Dordrecht.

Voor vragen kunt u contact opnemen met:

**F. Timmermans, tel. 06 5490 1368**

1) De patholoog-anatoom nodigt het college van artsen van Quebec uit om een advies uit te geven voor de mogelijkheid het gebruik van de epinefrine auto-injector (vóór het gebruik van bronchodilators) als de manier om een acute astma aanval te behandelen bij personen die ook een diagnose voedselallergie hebben gekregen.

2) Mensen die lijden aan astma en die een

anaphylaxis are more likely to experience serious respiratory problems during an anaphylactic reaction," says Dr. Nina Verreault, a pediatric allergist at Chicoutimi Hospital. "Whence the importance of properly controlling asthma." 2)

The guide *Anaphylaxis in Schools & Other Settings* lists six principal recommendations on the emergency procedure. Among them, "epinephrine is the first-line drug for the emergency treatment of someone suffering a potentially fatal allergic reaction", and "antihistamines or asthma medications are not to be used as a first-line treatment for an anaphylactic reaction". 3)

"As soon as the initial symptoms of anaphylaxis appear, there should be no hesitation in using epinephrine," states Dr. Susan Waserman, president of the Canadian Society of Allergy and Clinical Immunology. Contrary to what is generally believed, there is no danger in administering epinephrine for the vast majority of people. People at risk of anaphylaxis must have access to an epinephrine auto-injector (EpiPen® or Twinject®) at all times. Ideally they should carry it with them wherever they go, no matter what the activity." 4)

#### Adolescence = major concerns

Adolescents comprise the group that is most exposed to serious allergic reactions. Their sense of invincibility, their new independence and their resistance to appearing different from their friends mean that they take more risks. They often refuse to identify themselves as being allergic and to carry around their epinephrine auto-injector. It is imperative that young people be encouraged to inform their friends and those around them of their condition so that these are able to recognize the symptoms of an anaphylactic reaction and quickly administer epinephrine if needed.

"Many efforts have been undertaken to advise youngsters and schoolchildren at risk of serious allergic reactions in their various environments," says Claire Dufresne. "We have to recognize that many of those children are teenagers now and that the risk of a serious reaction does not decrease – quite the contrary. Actually, in Quebec, no education or prevention tool is available for this age group. In that regard, we can only applaud the recommendation aimed at developing an awareness-raising and prevention program focusing on food allergies among the young."

#### Training for health workers for the young arrives in the nick of time!

The AQAA in collaboration with officials from the Department of Health and Social Services and the Montreal and Quebec Public Health Agencies, the faculties of nursing at the Université de Montréal and Université Laval, the Ordre des infirmières et infirmiers du Québec, the Institut national de Santé publique and the Allergy/Asthma Information Association (AAIA) is organizing a training seminar on food allergies and anaphylaxis intended primarily for

diagnose anafylaxis hebben zullen waarschijnlijk ernstige ademhalingsproblemen krijgen tijdens een anafylactische reactie" zegt Dr. Nina Verreault, een kinderarts-allergoloog in het Chicoutimi Ziekenhuis. Daarom is het belangrijk dat astma op de juiste manier wordt beheerst.

- 3) "epinefrine is het eerste middel voor de nood behandeling van iemand die een potentieel dodelijke allergische reactie heeft" en "antihistamine of astma medicatie moeten niet gebruikt worden als eerste nood medicatie bij een anafylactische reactie".
- 4) "Zodra de initiële symptomen van anafylaxis verschijnen, dan zou je niet moeten aarzelen om epinefrine te gebruiken". verklaard Dr. Susan Waserman, voorzitter van de Canadese Society of allergy and klinische Immunologie. In tegenstelling tot wat in het algemeen geloofd wordt, is er geen gevaar bij de toediening van epinefrine voor het grootste deel van de mensen. Mensen met een risico op anafylaxis moeten de beschikking hebben van een epinefrine auto-injector (EpiPen® of Anapen®) ten alle tijden. Idealiter zouden zij het altijd bij zich moeten dragen, ongeacht welke activiteit ze uitvoeren.

school nurses and those working in health services for young people. The seminar will take place on June 9 in Quebec City and on June 13 in Montreal. Focus will be on the new recommendations aimed at the best possible management of anaphylaxis among young people, and legal aspects connected to the administration of epinephrine. The seminar brochure and registration form can be downloaded at [www.aqaa.qc.ca/colloque](http://www.aqaa.qc.ca/colloque).

The mission of the **Association québécoise des allergies alimentaires** (AQAA) is to provide support and information on food allergies and anaphylaxis, to promote education and prevention, and to encourage research into these two health problems. Made up of individual, institutional and corporate members, the AQAA was founded in 1990 by the parents of children with multiple severe allergies. To learn more about the AQAA, food allergies and anaphylaxis, visit the website [www.aqaa.qc.ca](http://www.aqaa.qc.ca).

The **Association québécoise des allergies alimentaires** (AQAA) is also the initiator of the Certified Allergen Control (CAC) Program, the only food certification program of its kind in the world. Officially launched this past March 21, the program has its goal to offer safe products to consumers and a solution for standardizing allergen control methods in the food-processing industry. The CAC Program was developed in collaboration with Health Canada, the Canadian Food Inspection Agency, the Ministère de l'agriculture, des pêcheries et de l'alimentation du Québec, Agriculture and Agri-Food Canada and a host of specialists in food, certification and management, as well as consumers with allergies. The first products bearing the CAC logo are available in groceries. For information: [www.certification-allergies.com](http://www.certification-allergies.com).

The guide *Anaphylaxis in schools and other settings*, developed in collaboration with the Canadian Society of Allergy and Clinical Immunology (CSACI), the Canadian Allergy, Asthma and Immunology Foundation (CAAIF), Allergy/Asthma Information Association (AAIA), Anaphylaxis Canada (AC), is available from the Association québécoise des allergies alimentaires (AQAA) at a price of \$15.

**For further information:**

**Patricia Kéroack, AQAA**  
(450) 677-6222 / cell: (514) 572-8087