

Anaphylaxis Notifications

A new Victorian law commencing 1 November 2018

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What is the new law?

On 27 February 2018, an amendment was made to the *Victorian Public Health & Wellbeing Act 2008*, that:

- requires all Victorian public and private hospitals to notify the department of all cases presenting to hospital for treatment of anaphylaxis;
- puts the onus on the hospital to notify, rather than a particular person,
- **came into effect from 1 November 2018.**

This is an Australian first – no other state or territory requires this type of reporting.

What does the Act actually say?

New Division 3A – Notification of anaphylaxis presentation

Three new sections:

- 130A – Definitions, including “anaphylaxis reporting body”
- 130B – Notification by anaphylaxis reporting body
 - Who
 - How
 - What
 - When
- 130C – Secretary may provide anaphylaxis reporting information
 - » Allows referral to another authority for public health purposes

Section 130A: Definitions

***anaphylaxis reporting body* means-**

- (a) A public hospital; or
- (b) A denominational hospital; or
- (c) A private hospital; or
- (d) a multi purpose service; or
- (e) A privately-operated hospital within the meaning of the Health Services Act 1988;

Section 130A: Definitions

Person in charge means-

- (a) In the case of an anaphylaxis reporting body that is a public hospital, denominational hospital , multi purpose service or privately-operated hospital, the chief executive officer of the body; and
- (b) In the case of an anaphylaxis reporting body that is a private hospital, the proprietor of the private hospital.

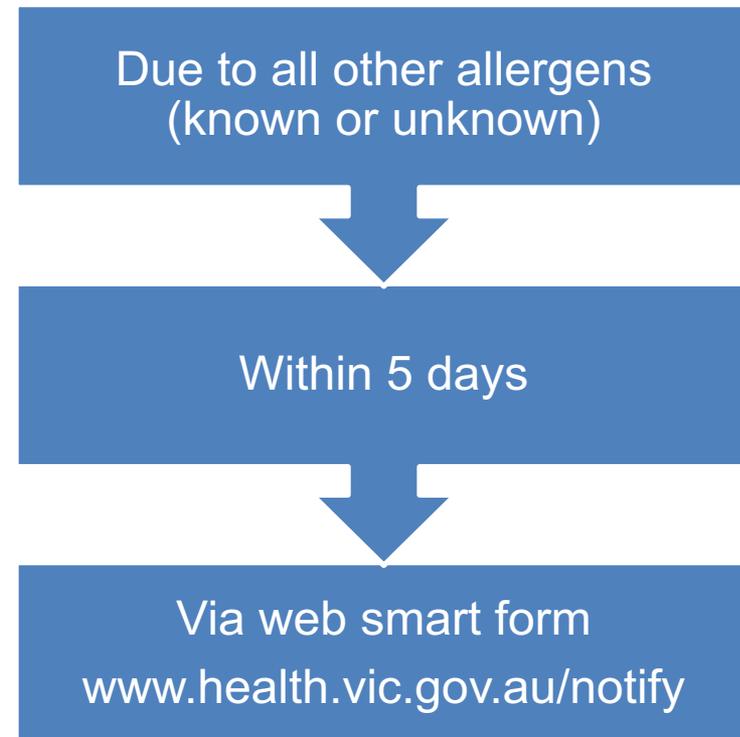
What does section 130B say?

- (1) This section applies if a registered medical practitioner employed at the anaphylaxis reporting body has reasonable grounds to believe that a person presenting for treatment at the reporting body has anaphylaxis.
- (2) An anaphylaxis reporting body must notify the Secretary in the prescribed manner of the prescribed notification details within the prescribed period.
 - *contained in Regulations .*
- (3) The person in charge of the anaphylaxis reporting body must implement processes to ensure the reporting body complies with subsection (2)..

What does this mean?

The Notification

Anaphylaxis due to any allergen, all age groups



Notification Scope

- From Victorian public and private hospitals
- Only presentations to EDs will be in scope
- Hospital-acquired anaphylaxis will not be in scope, including anaphylaxis to medication/ anesthetics/ blood derived products/ contrast, etc., these will need to continue being notified to TGA + usual pathways.
- The TGA adverse events online notification form is available at:
<https://aems.tga.gov.au/>
- However hospitals are still encouraged to report cases to the Food Safety Unit at foodsafety@dhhs.vic.gov.au or [1300 364 352](tel:1300364352) if suspected cause is packaged food or other possible Food Act breach eg. food containing allergen served to an allergic person whilst in care of hospital.

Information

- A guidance document has been sent to hospital CEO's and emergency departments and is available on webpage below
- A web page has been developed with information about the scheme and link to notification form at:
<https://www2.health.vic.gov.au/public-health/anaphylaxis-notifications>
- A dedicated email inbox for queries:
anaphylaxis@dhhs.vic.gov.au
- A telephone number for queries: 1300 364 352

Why was this introduced?

- By the Minister for Health, the Hon Jill Hennessy MP, in response to a Victorian Coronial report regarding the death of a 10 year old boy in 2013.
- He drank an imported coconut drink which contained dairy milk as an ingredient, however the label failed to declare its presence. Breach of Australian food law.
- There was therefore no way for his parents to identify that this product was unsafe for their child.
- He was anaphylactic to dairy and tragically died as a consequence. Coronial cause of death: complications of anaphylaxis.

Primary purpose

- To take timely public health action in response to cases which reveal a broader public health risk
- Mislabeled packaged foods are the highest risk and main focus of the scheme, however
 - All cases regardless of cause will be required to be notified
 - Data on all will be kept and used where possible for any relevant future research or trend analysis
- We expect the numbers of notifications which relate to (mislabeled) packaged food to be low in the context of the entire scheme
- Other food-related notifications are expected – e.g. food provided from food premises, meals prepared at home

What will the department do with this data?

Anaphylaxis notifications due to:

- Packaged food – Food Safety Unit (FSU) for recall investigation
- Food from premises – FSU oversight & Local Government follow-up
- Food at home or accidental – educational
- Drugs, vaccines, blood-derived products – refer to TGA adverse events scheme
- Insect venom – health protection branch database
- **All entered into our database**

Reporting Back

- It is proposed that reporting back to hospitals will occur in the first 12 months after the start of the notification scheme.
- Hospitals will be provided by their own data and it is likely that this will be compared to state data.
- Actions taken by the department as a result of the notification process will also be highlighted in the reports, for example the number of food recalls from the marketplace and outcomes from food premises.

Q & A's

Do I notify anaphylaxis to food only or other allergens as well?

all confirmed cases of anaphylaxis to **all** allergens are notifiable

What if I'm not sure what caused the anaphylaxis or there were several possibilities?

You are required to notify all cases of anaphylaxis, whether due to known and unknown allergens . Please provide as much information as possible to help us make a risk assessment and take any necessary public health action.

My patient received adrenaline prior to arriving at hospital and now has mild symptoms, so does not meet all the criteria for the clinical definition of anaphylaxis, do I still notify?

Yes. For the purposes of this scheme, a case is considered confirmed even if one or more symptoms have resolved.

Q & A's

My patient has had an allergic reaction, but not anaphylaxis. Should I notify?

no legal obligation to notify other allergic reactions, however, if the cause of the allergic reaction may be (mislabelled) packaged food or mishandling please report it to the Food Safety Unit at foodsafety@dhhs.vic.gov.au or 1300 364 352.

What if my patient developed anaphylaxis on the ward while an inpatient and was sent to ED for observation, assessment or treatment, do I notify then?

Yes, if a patient is sent to ED, even from within the hospital, for treatment of anaphylaxis, you should notify

Q & A's

What about patients who present to outpatients for follow up and testing for allergies and anaphylaxis, do I notify those?

only presentations in the acute setting (e.g. emergency departments) need to be notified.

If, however, the patient develops anaphylaxis whilst in clinic and is then sent to the ED for treatment, you should notify

Do I only have to notify people who have a previous history of anaphylaxis (known anaphylaxis) or those presenting with anaphylaxis for the first time?

All individuals presenting to hospital with anaphylaxis symptoms should be notified whether they have a past history of anaphylaxis or have developed anaphylaxis for the first time.

Questions and Discussion

THANK YOU

Further information

To receive this publication in an accessible format, email anaphylaxis@dhhs.vic.gov.au

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