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CMAJ headlines:

- Spike in new nut anaphylaxis in children at Halloween and Easter
- COVID-19 and the decolonization of Indigenous public health

Spike in new nut anaphylaxis in children at Halloween and Easter

A new study looking at the link between peanut and tree-nut anaphylaxis in children and holidays found spikes at Halloween and Easter. The study, published in *CMAJ (Canadian Medical Association Journal)* found that most were previously unknown allergies, calling for increased awareness. [VIEW ARTICLE](#).

“Identifying certain times associated with an increased risk of anaphylaxis could help to raise community awareness, support and vigilance,” write Dr. Melanie Leung, 4th-year medical student at McGill University and Dr. Moshe Ben-Shoshan, McGill University Health Centre, Montreal, Quebec, with coauthors. “This information would identify the best timing for public awareness campaigns to prevent allergic reactions.”

Researchers compared anaphylaxis at Halloween, Easter, Christmas, Diwali, Chinese New Year and Eid al-Adha.

The study included 1390 patients visiting participating pediatric emergency departments between 2011 and 2020 in 4 Canadian provinces: Quebec, Ontario, Newfoundland and Labrador, and British Columbia. The median age of patients was 5.4 years and 62% were boys.

For peanut-triggered anaphylaxis, there was an 85% increase in daily average cases during Halloween and a 60% increase during Easter compared with the rest of the year. For anaphylaxis triggered by unknown nuts, there was a 70% increase during Halloween and Easter compared with the rest of the year. However, the researchers did not find an increase at Christmas, Diwali, Chinese New Year or Eid al-Adha.

“The difference in the anaphylaxis incidence among holidays may have been due to the social setting in which each holiday takes place,” write the authors. “At Halloween and Easter, children often receive candies and other treats from people who may be unaware of their allergies. The absence of such an association at Christmas may be because Christmas is a more intimate celebration among family members and close friends, who are more vigilant regarding allergen exposure.”

Canadian labelling may also be a factor, as individual packages of candies and snacks, which are exempt from labelling requirements listing ingredients, are popular at Halloween and Easter.

The authors suggest education and awareness may help reduce the risk of anaphylaxis.

“Our findings suggest that educational tools to increase vigilance regarding the presence of potential allergens is required among children with food allergies, their families and lay people interacting with children who have food allergies. Newer strategies targeting intervals associated with high anaphylaxis risk are required.”

“Risk of peanut- and tree-nut-induced anaphylaxis during Halloween, Easter and other cultural holidays in Canadian children” is published September 21, 2020.

MEDIA NOTE: Please use the following public links after the embargo lift:

Research: <http://www.cmaj.ca/lookup/doi/10.1503/cmaj.200034>

Visual abstract: <https://www.cmaj.ca/lookup/doi/10.1503/cmaj.200034/tab-related-content>

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COVID-19 and the decolonization of Indigenous public health

Indigenous self-determination, leadership and knowledge have helped protect Indigenous communities in Canada during the coronavirus disease 2019 (COVID-19) pandemic, and these

principles should be incorporated into public health in future, argue the authors of a commentary in *CMAJ (Canadian Medical Association Journal)*. [VIEW ARTICLE](#)

Indigenous communities in Canada have experienced lower rates of infection and lower death rates from COVID-19 than the general population despite significant differences in social determinants of health, such as adequate housing, access to clean water and healthy food as well as income disparities. First Nations people living on reserve had a COVID-19 case rate 4 times lower than the general population, 3 times fewer deaths and a 30% higher recovery rate.

“Governments, policy-makers and public health providers must embrace the knowledge, expertise and strong leadership of Indigenous communities to face COVID-19,” write Dr. Lisa Richardson, a physician at University Health Network and Dr. Allison Crawford, a psychiatrist at Centre for Addiction and Mental Health, Toronto, Ontario.

Public health approaches in Canada were shaped by repressive colonial practices, which outlawed traditional Indigenous cultural and healing practices, forced Indigenous Peoples to seek health care far from their communities and had other negative effects.

The lower incidence of COVID-19 in Indigenous communities may be due to Indigenous ownership of practices to stem the spread of the virus.

“During COVID-19, many Indigenous communities have shown self-determination by articulating and enforcing rules on who can enter their communities, often implementing far stricter measures than those enacted by local municipalities, such as closures and checkpoints,” write the authors.

Indigenous self-determination must shape public health approaches during future waves of COVID-19, they urge.

“Anticipating further waves of COVID-19, it is important that the design, implementation and leadership of public health by First Nations, Inuit and Métis communities continue in Canada. At its foundation, Indigenous public health must be self-determined: adapted for the needs of specific nations and grounded in local Indigenous language, culture and ways of knowing; developed, implemented and led by Indigenous Peoples; and informed by ongoing monitoring of data as governed by appropriate data sovereignty agreements.”

All levels of governments in Canada must work to address the social determinants of health to improve health in the short-term as well as lay the foundation for longer-term improvements.

“*COVID-19 and the decolonization of Indigenous public health*” is published September 21, 2020

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Commentary: <http://www.cmaj.ca/lookup/doi/10.1503/cmaj.200852>

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