
— ACT FOR ANAPHYLAXIS ALLIANCE

No Time to Lose – A European Call to Action

Alliance for Access, Care & Training in Anaphylaxis Preparedness

The ACT for Anaphylaxis Alliance is a European multi-stakeholder platform that aims to bring together patients, parents/caregivers, healthcare professionals, relevant sectoral advocacy bodies (e.g. school/transport/hospitality sector representatives), policymakers, and industry partners with a shared commitment to improving emergency response for serious allergic reactions across Europe. The Alliance serves as a collaborative platform to identify key challenges, exchange best practices, generate evidence, and drive policy change that enhances the safety and quality of life of people at risk of anaphylaxis.

Act for Anaphylaxis Alliance Call to Action:

- I Develop European minimum principles for anaphylaxis preparedness in high-risk settings:** The Develop common EU guidance for anaphylaxis preparedness in high-risk settings, standardising core allergy training for all healthcare professionals.
- II Recognise anaphylaxis as a time-critical preparedness priority:** Explicitly integrate anaphylaxis and basic emergency response skills into the EU's broader health security and safety initiatives.
- III Embed anaphylaxis response in EU preparedness education and teacher training:** Integrate medical emergency recognition into school curricula and provide standardised training for teachers and school food-service staff.
- IV Support access to stock emergency adrenaline in schools and critical public settings:** Encourage Member States to allow schools and high-footfall public venues to maintain unprescribed emergency stocks of adrenaline treatment.
- V Strengthen legal clarity for trained non-healthcare responders:** Establish clear liability safeguards for trained non-healthcare responders (e.g., teachers, first-aiders) who administer adrenaline.

- VI Integrate anaphylaxis preparedness into workplace safety and vocational skills:** Include anaphylaxis in risk-based workplace first-aid planning (especially in hospitality, transport, and childcare) and vocational training (VET) strategies.
- VII Mobilise sustainable EU and national funding for implementation:** Utilise EU funds for training and research and explore EU-coordinated joint procurement to lower the cost of anaphylaxis treatment.
- VIII Strengthen data, monitoring and accountability on anaphylaxis:** Create an interoperable EU-wide dataset to track anaphylaxis incidents, triggers, and national preparedness levels.

Anaphylaxis' Preparedness Gap in Europe

About 1 in 300 Europeans will experience anaphylaxis at some point in their lives, which in some cases will result in fatal outcomes¹. Across Europe, serious allergic reactions, such as anaphylaxis, are becoming more common, and hospital admissions for food-induced anaphylaxis are increasing². While anaphylaxis can be triggered by many factors, children and younger people are at higher risk of food-induced reactions, and the trend is increasing year by year³. Early recognition of anaphylaxis and timely administration of life-saving treatment, including by lay people, can help reverse this growing trend.

Anaphylaxis is a sudden, life-threatening allergic reaction, that can occur often without a prior diagnosis and can lead to fatal outcomes within minutes if not treated promptly. Swift action is key to surviving anaphylaxis, as any delay in administering treatment significantly increases the risk of serious harm or death. With emergency response times ranging between 10 and 30 minutes across the European Union, bystander response to anaphylaxis is critical.

Yet across Europe, the ability to respond remains inconsistent. Schools, workplaces, food-service environments, transport settings and public venues may lack trained responders, clear emergency protocols or access to emergency adrenaline. Legal uncertainty can also leave trained non-healthcare professionals unsure whether they are authorised to act. The result is a system in which timely response can still depend on where a reaction happens and whether the person has a prescribed device immediately available.

EU Policy Context

The EU has several tools to help close this gap, from legislation and guidance to sharing best practice between Member States.

Similar to national approaches, the EU is able to incentivise allergy preparedness in schools. The EU Child Guarantee, for example, is an initiative designed to ensure that every child in need receives a healthy school meal each day. To ensure the safety of this meal, anaphylaxis training and treatment can be provided to staff. Enabling employees to access anaphylaxis treatment and training is another national best practice that can be replicated at the EU level. The Quality Jobs Act is looking to address ongoing occupational health risks and can be leveraged to improve anaphylaxis preparedness in workplaces.

EU policy also offers opportunities to harmonise disparities in preparedness for serious allergic reaction response across Member States. For example, the EU Preparedness Strategy aims to strengthen Member States capacity and collaboration in crisis resilience. Several initiatives engage healthcare professionals, citizens, teachers, and children in training in how to respond in case of a (medical) emergency. We aim to feature anaphylaxis training in this preparedness initiative to ensure more widespread access to training.

The EU's civil protection framework offers another avenue for harmonising response. The revision of the Union Civil Protection Mechanism, currently being discussed in the European Parliament, coordinates emergency response training and best-practice exchange across participating countries through the Union Civil Protection Knowledge Network — a timely opportunity to ensure anaphylaxis recognition and treatment are featured as part of core health emergency preparedness.

Act for Anaphylaxis Alliance: Calls for EU Action

The EU now has a clear policy window to act. From the Preparedness Union Strategy and the revision of the Union Civil Protection Mechanism, to the strengthened European Child Guarantee, the Quality Jobs Act and the forthcoming European VET Strategy, a wide range of EU processes are being shaped in parallel, each with the potential to embed stronger anaphylaxis preparedness into EU law, guidance

or practice. Without deliberate action, however, anaphylaxis risks being addressed only implicitly, if at all, across these processes. The Act for Anaphylaxis Alliance calls on the European Union's Institutions to:

- 1 Develop European minimum principles for anaphylaxis preparedness in high-risk settings.** The Commission should work with Member States, patients, healthcare professionals and relevant sectoral stakeholders to develop common, preparedness guidance, prioritising schools and then other settings where exposure or large public attendance increases risk. The guidance should cover clear emergency protocols, recurring staff training, accessible emergency treatment, defined responsibilities and regular review of preparedness arrangements.

This guidance should also set expectations for standardised anaphylaxis training among healthcare professionals - GPs, specialists, nurses and pharmacists - closing the gap left by anaphylaxis training's continued treatment as a specialist rather than core competency. To respect the diversity of national health systems, Member States should be able to tailor implementation to their existing legal frameworks, clinical capacity and local risk assessments.

- 2 Recognise anaphylaxis as a time-critical preparedness priority.** The European Commission and Member States should explicitly reflect anaphylaxis and other serious allergic reactions in relevant health preparedness, education and safety initiatives. Implementation of the Preparedness Union Strategy should recognise basic health emergency response skills, including recognition of anaphylaxis and rapid access to adrenaline, as part of a broader culture of preparedness. This should be reinforced by public communication campaigns that extend this awareness beyond trained responders to the general population.

- 3 Embed anaphylaxis response in EU preparedness education and teacher training.** The Commission should integrate age-appropriate recognition of medical emergencies, including anaphylaxis, into its work on preparedness curricula. Teachers and designated school staff should have access to standardised training resources and professional development through the European School Education Platform, Erasmus+ and other relevant education and youth instruments. School canteen and food-service staff should be included in preparedness planning.

4

Support access to stock emergency adrenaline in schools and critical public settings. The EU should encourage Member States to enable primary and secondary schools to maintain appropriate stocks of adrenaline treatments for emergency use, including for a first known reaction or when a prescribed device is unavailable. This should be supported by clear arrangements for storage, accessibility, expiry replacement, emergency protocols and trained staff. Allergy safety should also be incorporated into school-meal implementation and good-practice exchange under the strengthened European Child Guarantee.

The same principle of proportionate stocking, scaled to expected footfall, should extend to other high-risk public settings such as transport hubs, sport centres, and workplaces, building on recent Member State precedents such as Lithuania's 2026 requirement for schools and preschools to hold adrenaline treatment on site.

5

Strengthen legal clarity for trained non-healthcare responders. The Commission should map legal and operational barriers to the administration of emergency adrenaline by trained non-healthcare responders and facilitate Member State exchange on effective frameworks. Member States should provide clear authority and safeguards for trained school staff, pharmacists, workplace first aiders and other designated responders so that legal uncertainty does not delay treatment.

6

Integrate anaphylaxis preparedness into workplace safety and vocational skills. As the EU advances the Quality Jobs agenda and reviews occupational safety and health rules, anaphylaxis should be recognised in risk-based first-aid planning. Where risk assessments justify it, especially in food service, hospitality, childcare, transport, security and large public venues, planning should include trained staff and access to emergency treatment. The forthcoming European VET Strategy should recognise anaphylaxis response as a transversal competence for relevant sectors, supported by accredited and regularly refreshed training. This work should draw on dialogue with EU Social Partners, who are well placed to translate risk-based first-aid planning into sector-specific occupational health agreements.

7

Mobilise sustainable EU and national funding for implementation. Funding should translate preparedness principles into routine practice. EU4Health, Erasmus+, Horizon Europe, the European Social Fund Plus and Cohesion Policy should support standardised training, implementation research, cross-border best-practice exchange, data systems and sustainable procurement pilots. Future EU funding frameworks should sustain preparedness and equitable access. Transparent public-private collaboration can complement public investment where patient safety, accountability and long-term sustainability are safeguarded.

Alongside training and research funding, the Commission should also explore EU-coordinated or joint procurement mechanisms for adrenaline treatment to improve affordability and supply security for schools and other public institutions.

8

Strengthen data, monitoring and accountability on anaphylaxis. The EU should support better and interoperable data on anaphylaxis. A common minimum dataset should capture incidents, triggers, settings, treatment, timing and outcomes. Data collection linked to policy implementation should move beyond measuring activities and focus increasingly on outcomes, including reductions in complications, emergency care use, hospital admissions and avoidable deaths, as well as health-economic impacts. EU-supported projects should also monitor preparedness indicators, including training coverage, emergency treatment availability and implementation of school protocols. Better evidence would help identify inequalities and implementation gaps, assess whether earlier intervention improves outcomes and reduces costs, and support the development of more proportionate, risk-based approaches to post-anaphylaxis emergency care and observation⁴.

Every Minute Counts: Making Europe Prepared

Anaphylaxis is unpredictable. Europe's preparedness should not be. A child at school, a worker in a restaurant, a traveller in a transport hub or a person experiencing a first serious allergic reaction should not face avoidable delay because emergency systems are fragmented or unclear. The EU already has the policy instruments to lead, and Member States offer practical examples of what works. The next step is to connect these efforts around a shared objective: recognising anaphylaxis quickly, making emergency adrenaline accessible and empowering trained people to act.

Several of these openings are time-bound: the Commission is expected to bring forward its revision of the Union Civil Protection Mechanism in Q3 2026, its review of the European Child Guarantee in Q2 2026, the Quality Jobs Act in Q4 2026 and the European VET Strategy towards the end of 2026. More generally the themes of child and workplace safety and systems preparedness will remain central in future legislative processes and represent a key opportunity to develop strengthened systems which can contribute to make EU policy more prepared for anaphylaxis.

The ACT for Anaphylaxis Alliance calls on the European Commission, European Parliament, Council of the EU and Member States to work together to build more consistent anaphylaxis preparedness across Europe. The Alliance stands ready to contribute patient, caregiver, clinical and cross-sector expertise to the development and implementation of these actions.

The activities of the ACT for Anaphylaxis Alliance are collectively funded by Viatris and ALK, in support of the mission and objectives of the Alliance.

-
- ¹ Panesar, S. S., Javad, S., de Silva, D., Nwaru, B. I., Hickstein, L., Muraro, A., Roberts, G., Worm, M., Bilò, M. B., Cardona, V., Dubois, A. E. J., Dunn Galvin, A., Eigenmann, P., Fernandez-Rivas, M., Halken, S., Lack, G., Niggemann, B., Santos, A. F., Vlieg-Boerstra, B. J., Zolkipli, Z. Q., & Sheikh, A. (2013). The epidemiology of anaphylaxis in Europe: A systematic review. *Allergy*, 68(11), 1353–1361. <https://doi.org/10.1111/all.12272>
- ² Turner, P. J., Gowland, M. H., Sharma, V., Ierodiakonou, D., Harper, N., Garcez, T., & Boyle, R. J. (2015). Increase in anaphylaxis-related hospitalizations but no increase in fatalities: An analysis of United Kingdom national anaphylaxis data, 1992–2012. *Journal of Allergy and Clinical Immunology*, 135(4), 956–963.e1. <https://doi.org/10.1016/j.jaci.2014.10.021>
- ³ Bulut, İ., Yegin Katran, Z., & Yavuz, D. (2024). Anaphylaxis in a country where Asia and Europe meet: Evaluation according to World Allergy Organization (WAO) and European Academy of Allergy and Clinical Immunology (EAACI) diagnostic criteria. *World Allergy Organization Journal*, 17(9), 100962. <https://doi.org/10.1016/j.waojou.2024.100962>
- ⁴ Dribin, T., & Schnadower, D. (2026). Prediction model for children with anaphylaxis who may not require emergency department care: A multicenter retrospective cohort study. *The Journal of Allergy and Clinical Immunology: In Practice*. [https://www.jaci-inpractice.org/article/S2213-2198\(26\)00513-1/fulltext](https://www.jaci-inpractice.org/article/S2213-2198(26)00513-1/fulltext)

Signatories of the Call to Action

Want to get involved or support the work? Get in touch with Alliance via: act-alliance@rpp-group.com · ACT for Anaphylaxis Alliance (LinkedIn page of the Coalition)

Signatories include Members of the European Parliament and endorsing organisations. Photographs and organisation logos will replace this table after the event.

[illegible]