



# Annual Report

**National Asthma Council Australia  
Annual Report 2016/17**

## We are the national authority for asthma knowledge, setting the standard for asthma care

The National Asthma Council Australia is a not-for-profit organisation and is a collaboration of four member bodies:

- Australasian Society of Clinical Immunology and Allergy
- Australian Primary Health Care Nurses Association
- The Pharmaceutical Society of Australia
- The Royal Australian College of General Practitioners

## Our purpose

To reduce the health, social and economic impacts of asthma.

## Our actions

As a leading organisation for asthma, we:

- write the national treatment guidelines for asthma
- educate and support health professionals to deliver best-practice asthma diagnosis and management
- develop and disseminate evidence-based tools and resources for health professionals
- promote best-practice care to people with asthma and their families
- work to address the impacts of asthma through advocacy and collaboration with policy makers and stakeholders.

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## Chairman's message



In addition to our usual work of ensuring that the National Asthma Council (NAC) is run with good governance, my fellow directors and I have been following, with great interest, each step of the merger the NAC was planning with Asthma Australia and six of its seven member asthma foundations. This process began three years ago and has consumed much of our Board meetings and a great deal of our CEO's time. We have deliberated on each development and negotiation. Our specially appointed merger team was Dr Joanna Wriedt, the CEO and me. It was an engrossing experience with real relevance to me, given my relatively recent experience with the merger of the Medical Defence Association of Victoria and United Medical Protection of Sydney to form Avant, the largest medical indemnity company in Australia. However, in the case of the asthma merger, the NAC Board eventually decided to withdraw, after carefully weighing up the advantages and disadvantages of joining the merger. The final decision was made after engaging a strategic facilitator to assist us in reaching the decision. We felt that in the interests of our member bodies, the Australian Primary Health Care Nurses Association (APNA), the Royal Australian College of General Practitioners (RACGP), the Pharmaceutical Society of Australia (PSA) and the Australasian Society of Clinical Immunology and Allergy (ASCIA), and their members, as well as the work of the NAC, we should withdraw from the merger. We embarked on the merger journey with enthusiasm and goodwill and while we are not continuing we are still of the view that a single asthma organisation is sensible. We have learnt much about the other asthma organisations during the process and we will continue to work with them in a collaborative spirit of co-operation.

The other significant development for us is the retirement of our inaugural CEO, Kristine Whorlow AM, who leaves us at the end of July. Kristine has done an enormous amount of work over the years to establish the NAC as the leading authoritative body for asthma in Australia and with a considerable international reputation. I know that Kristine has always enjoyed working with the NAC Board, and we with her, and her considerable experience in governance has assisted us greatly. We are all going to miss her contribution to the NAC and to asthma in general. Read page 5 for more information on her decades of accomplishments as the CEO of the NAC.

The new CEO will be Ms Siobhan Brophy, currently NAC Strategy and Communications Manager, who has been with us for 10 years and has worked closely with Kristine on many aspects of the NAC's work. The Board and I are delighted to welcome her to this new role.

I would be remiss if I didn't mention the unprecedented thunderstorm asthma event in Melbourne in November 2016 which caused nine deaths and many thousands of hospital presentations. I was a part of the Department of Health & Human Services (DHHS) Epidemic Thunderstorm

Asthma Clinical Advisory Group and worked alongside health professionals across Victoria to identify the issues and come up with immediate responses to provide relief for patients. There can never be complacency in asthma, and I commend the efforts of all those who responded that day.

As we end the financial year, I am pleased to report that we have continued our steady financial progress - our income increased by \$140,000 (5.8 per cent), the net result for the year is up 40 per cent on last year, and our equity now stands at \$2,823,044.

In today's world, where there are so many charities, it is challenging to raise the necessary money to fund our important work and to put money aside for the future or the "rainy day".

We continue to work with the pharmaceutical industry and have seen a growth there in project income. Our Sensitive Choice program has also grown in value and in the number of partners with which we work. It is rewarding to see a steady financial growth in a charity like the NAC with such an important role. We are now entering a more difficult period as the Australian Government program funding we have had for 16 years will now be reduced by some 60 per cent. We are already working to overcome that shortfall and anticipate that we will, at least in the next financial year. I would like to thank our Finance Committee for overseeing our finances so rigorously.

We are looking forward to the coming year and anticipating the launch of the fifth National Asthma Strategy which will help formulate the NAC's next strategic plan. 2017 has already brought about great change for the NAC so we are planning, not only for the continuation of our current work, but also our new strategic plan and the development of our business.

I would like to thank my fellow directors, especially Dr Joanna Wriedt, who has worked extremely hard on the merger negotiations, our Committee members and the health professionals who work on our various projects and who are our volunteer supporters.

Many thanks also to our staff who are really dedicated and always there to make sure the NAC is well served.



Dr Jonathan Burdon AM

MBBS, MD, M Hlth and Med Law, FRACP, FCCP,  
FACLM, FAICD  
Chairman



## Chief Executive Officer's message



In my last year as CEO of the National Asthma Council Australia (NAC), the November thunderstorm asthma event in Melbourne was a real wake up call to us as a national organisation based in Melbourne, and to the whole of the Australian respiratory community. This terrible

climatic event was unheralded and unprecedented, causing nine deaths and sending many thousands of people to hospitals, general practices and pharmacies for help. We were familiar with earlier such events, though much smaller in scale, in Melbourne, and particularly in Wagga, where there has been an excellent campaign for the last 20 years to prepare the community each spring, for the thunderstorm asthma season. No one anticipated or was prepared for what happened in Melbourne on November 21 last year. The NAC has been involved since then, working with the Victorian Department of Health and Human Services on preparation for the next thunderstorm asthma season. We will be providing primary care health professional workshops and webinars, complementing the work of the Asthma Foundation of Victoria which is implementing consumer activities all over Victoria. This work has implications for the rest of Australia so there is a great deal of national interest and involvement from the respiratory community.

The NAC played a part this year in helping the Asthma Foundation of Victoria work through some problems it had been experiencing which involved our Operations Manager, Rhonda Cleveland, doing some hard work on financial analysis, and for me, a brief stint as Acting CEO of the Asthma Foundation Victoria. Since then, the staff and new CEO, Danielle Dal Cortivo, supported by the Board, have done a great job getting things back on track.

One of the early tasks I set myself at the NAC was to co-ordinate stakeholders to write the first National Asthma Strategy which was one of the important building blocks in our case to have asthma recognised as a National Health Priority Area. It is ironic that the fifth National Asthma Strategy, now entering the Australian Health Ministers' Advisory Council (AHMAC) process, funded by the Australian Government Department of Health, will be launched at a time when the reduced health budget has brought about a 60% reduction in our program funding for primary care health professional education, and for our sister body, Asthma Australia's program funding for its complementary consumer activities. This reduction in funding is a real challenge for the implementation of the National Asthma Strategy and of great concern to the asthma organisations.

Another of those early important building blocks was, and will always be, our core business, the national treatment guidelines for asthma, the Australian Asthma Handbook. Over some years, we invested a considerable sum of money in the current edition to establish the state of the art website it is today. Our earlier investment means that the guidelines can now be maintained at a reasonable annual cost whilst holding to their high standard. Since my first day at the NAC, I have been overwhelmed with the

respiratory community's commitment to the guidelines. We started with consensus-based guidelines moving into the evidence-based ones they are today, a steady progression since 1989, from the original Medical Journal of Australia (MJA) insert to today's website. The Australian Asthma Handbook owes its greatness to the many health professionals who have contributed their time and expertise. Our Strategy and Communications Manager, Siobhan Brophy, has led this process for the last 10 years, and so much of its current success is due to her. We have also the most amazing medical writer, Jenni Harman, who has taken us through quite a few Handbook editions, and can always remind the Guidelines Committee on the background of any of their decisions.

I have always enjoyed my work at the NAC, I like working on a good cause in which I passionately believe, in this case the delivery of improved asthma health outcomes. We have, during my years at the NAC, made steady progress in asthma in many ways, and many other countries have expressed great interest in our work. I have had the privilege of presenting on the NAC's strategies and programs to many countries in the Asia Pacific region and elsewhere. As the NAC led the phase-out of CFCs in 2001, this led to my appointment as an Australian Government representative on the UN Environment Program Medical and Chemical Technical Options Committee under the Montreal Protocol on Substances which deplete the ozone layer. Through this involvement, I have been able to share our experience in the CFC phase-out, especially with health professional and community communication, with many countries.

Working with the Board of the NAC has always been rewarding. The current Board and I have had a very interesting time working through the merger process of the asthma organisations. The debate has been intensive, always good humoured, practical and strategic as our Board deliberations always are. One of the most constructive aspects of being a CEO is to have a good working relationship with a committed Board and I have been privileged to enjoy this.

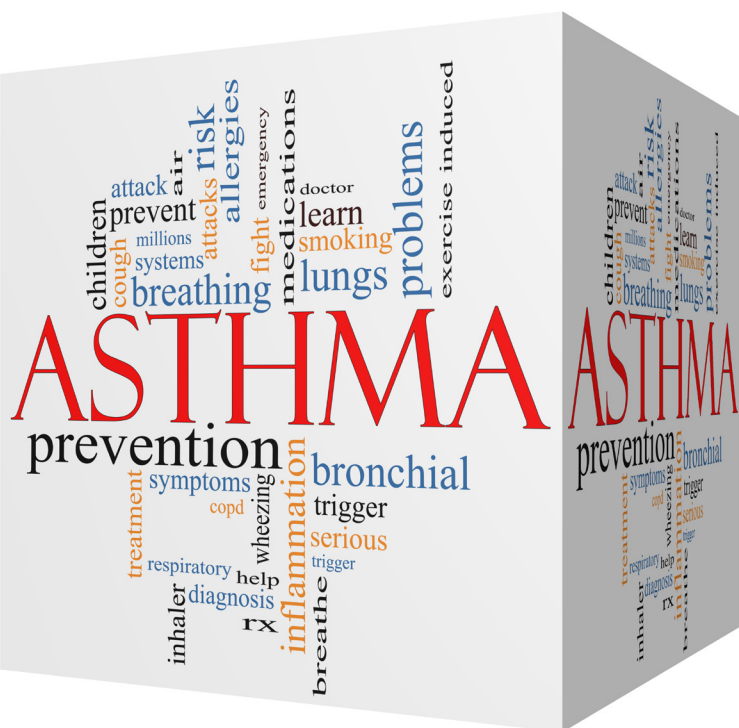
The NAC staff have been fantastic to me, hardworking and inspiring. I cannot thank them enough for humouring their CEO and being so ready to further the NAC's work. Everyone is pleased that Siobhan Brophy, our Strategy and Communications Manager is succeeding me. She will do a wonderful job as CEO as the NAC enters a new phase.

To the NAC's many dedicated health professional supporters, there are too many to mention, I thank you for having worked with me to make the NAC a great success.

*Kristine Whorlow*

Kristine Whorlow AM  
Chief Executive Officer

# Special features



## Then and now, the NAC

A reflection by Kristine Whorlow AM

The National Asthma Campaign, now the National Asthma Council Australia, began in a deliberate and carefully planned way, basing its activities on a business plan developed early in its existence. Its initial meetings were held in the late 1980s, in response to the high number of annual asthma deaths which had caused a media outcry and which instigated an National Health and Medical Research Council (NHMRC) inquiry leading to a report into asthma related deaths. Representatives from the RACGP, the Thoracic Society of Australia and New Zealand (TSANZ), the PSA, the Asthma Foundations and individual experts from business, advertising and epidemiology came together in 1988 to discuss and plan actions to combat the asthma problem. By February 1989, they decided to formalise their activities by forming the National Asthma Campaign, initially to run for three years to solve the asthma problem.

The Six Step Asthma Management Plan was developed by the TSANZ which published the first national treatment guidelines for asthma, the Asthma Management Plan, published in the MJA in 1989. The first activity of the new organisation was to promote the Six Step Plan to GPs with the aim of getting them

to follow the same protocol for asthma and to speak the same language to patients. Some initial resistance from the medical profession was experienced, “who are these people telling us what to do?”. With the doctors prepared, the next step was to conduct the first ever national public awareness campaign for asthma, “Could it be asthma?” This campaign was evaluated, demonstrated good outcomes and the findings published.

An unusual aspect of the organisation at this time, was getting doctors to work with pharmacists, and giving pharmacists an essential role in asthma management, recognising that many people see pharmacists first, and see them more often than doctors. So began the asthma management team of doctor, pharmacist and the person with asthma. The TSANZ was supportive of these initiatives and asked the National Asthma Campaign to take over the Asthma Management Handbook, write it for GPs specifically, and disseminate it to them nationally. The National Asthma Campaign operated in a spirit of collaboration, communication and co-operation with stakeholders, and has always operated with the support of many dedicated volunteers, experts in respiratory medicine and primary care.

From the NAC’s beginning, the importance of involving the media was recognised as an essential method to reach the community and, through the medical media, to reach health professionals. The official launch of the NAC was at the Sydney Aquarium, memorable not only because of the significance of the first national campaign against asthma but because one of the photographers climbed into the crocodile enclosure for a better picture, set off the alarms and the guards rushed in!

From those early days, the NAC has developed in many ways - moving on from its initial three year mandate as the asthma problem proved to need longer to resolve; becoming a company limited by guarantee; adapting its name to a more national and descriptive format, the National Asthma Council Australia; appointing its inaugural CEO, Kristine Whorlow; conducting major national media campaigns delivering positive health outcomes for people with asthma; establishing asthma as a National Health Priority Area and thus acquiring significant Australian Government funding for primary care health professional and patient programs for over 16 years; establishing the national treatment guidelines, now called the Australian Asthma Handbook, as one of the best known treatment guidelines with a substantial international reputation; developing and distributing health professional and patient resources (especially asthma action plans); assisting other countries with their guidelines and health professional education; maintaining good relationships with the pharmaceutical companies in asthma; working with the media, including creating the asthma media awards;

many advocacy activities such as the development of the first National Asthma Strategy and the current fifth National Asthma Strategy; and setting up the Sensitive Choice community awareness and sponsorship program.

All of these activities and programs have contributed, along with the development of new and improved asthma medicines, to a gradual but substantial improvement in asthma management, especially the reduction in asthma deaths. There is, however, a great deal more to do to achieve patient and health professional adherence to guidelines. The development of the fifth edition of the National Asthma Strategy was a concerted effort by many stakeholders including government, industry, and other asthma organisations. It will be the basis of our strategic plan and guide the future directions in asthma care in Australia.

## Thunderstorm asthma

On 21 November 2016 Melbourne experienced the world's largest ever thunderstorm asthma event. Although parts of Australia, including Melbourne, had experienced similar weather events before, no one could anticipate the breadth and scale of its effects on a large city.

With thousands of people developing breathing issues in a very short space of time, ambulance services, emergency departments, GP clinics and pharmacies juggled emergency presentations, walk-ins requiring medical assistance and excessive demand for reliever medication all within the space of a few hours.

Those mostly affected by thunderstorm asthma had experienced seasonal allergic rhinitis and may have had undiagnosed or poorly managed asthma.

With funding support from the Victorian DHHS, we will be developing a program of education and support on thunderstorm asthma to prepare healthcare professionals and their practices for the 2017 grass pollen season. The new resources include an information paper on the causes, prevention and treatment of thunderstorm asthma, and a handy flowchart for pharmacists to identify and advise at-risk patients. A comprehensive series of in-person education workshops will be held across Victoria in August and September, augmented by online education modules.



## Forthcoming retirement of CEO

Our Chairman Jonathan Burdon AM announced the forthcoming retirement of Kristine Whorlow AM, our inaugural CEO, effective at the end of July 2017.

Kristine has done an enormous amount of work over the years to establish the NAC as the leading authoritative body for asthma in Australia and with a considerable international reputation. She has led the NAC strategically with the goal of improving asthma management in Australia, engaging many stakeholders to support our work. She instigated and led the campaign to have asthma recognised as a national health priority, thus generating Australian Government program funding for asthma since 2001. Our many resources and courses for primary care health professionals and consumers are the result of her hard work in generating stakeholder involvement and sponsorships to bring these about.

One of her strategies to gain Commonwealth Government recognition was to lead the development of the first National Asthma Strategy, and more recently, acquired Government funding for the fifth National Asthma Strategy now in the final stages of the AHMAC process. She ensured the continuing development of the asthma treatment guidelines from their early consensus-based version through to its current evidence-based Handbook edition, as well as its continuing evolution from hard copy only, to the first website version in 1996 to today's state of the art website. One of her first tasks at the NAC was to inform the Australian community about asthma, so she planned our ongoing regular media strategies which are strengthened today by the engagement of social media. She has also promoted and shared our work with many countries mostly in the Asia Pacific region when they wished to develop asthma programs.

Kristine will be greatly missed not only in our office but also in the wider asthma community.





# Ongoing activities



## Asthma & respiratory education program

### Asthma & respiratory education program

After four successful years, our Asthma Best Practice (ABP) for Health Professionals program concluded in June 2017. The program provided education and training for primary healthcare practitioners to increase best-practice management of asthma and linked chronic respiratory conditions. The program is part of the Department of Health's wider Asthma Management Program, funded by the Department of Health.

We primarily partner with Primary Health Networks (PHNs) to host the workshops, and have over 100 expert presenters involved in developing and presenting our workshops. We are very appreciative of the ongoing commitment and availability of presenters to deliver our workshops and host organisations to enable such a wide reach across Australia.

### Workshop types

Under this program we offer seven workshop types which are delivered face-to-face by our team of experienced healthcare presenters using standardised material adapted for local needs.

*Primary Care Asthma Update* (2.5 hrs) – best-practice essentials for all primary care health professionals

*Asthma and Respiratory Management Seminar for Practice Nurses* (6 hrs) – role-specific education for practice nurses, now with an optional extra module on nurse-led clinics (1 hr)

*Spirometry Training Course* (6 hrs) – comprehensive, hands-on spirometry training for GPs and practice nurses

*Spirometry Training Update* (2.5 hrs) – refresher spirometry training for previously trained GPs and practice nurses

*Asthma and Spirometry Update for Aboriginal Health Workers and Practitioners* (4 hrs) – role-specific education for Aboriginal health workers and Aboriginal health practitioners

*Asthma Update for Pharmacists* (2.5 hrs) – an overview of best-practice asthma management tailored for pharmacists, including a practical session on device use

*Practitioner Asthma Communication and Education* (6 hrs) – an interactive seminar for general practitioners on effective communication and management of asthma patients.

*"One of the best courses I have attended!"*

**Spirometry Training Course, GP, WA**

*"Was a great and informative evening"*

**Asthma Update for Pharmacists,  
Pharmacist, NT**

*"Definitely feel inspired to suggest a better approach to asthma management at our clinic with increased practice nurse involvement"*

**Primary Care Asthma Update, Nurse, VIC**

## Professional development recognition

Our workshops have received professional development recognition from a range of relevant professional associations including:

- RACGP
- Australian College of Rural and Remote Medicine (ACRRM)
- APNA
- Australian Pharmacy Council (via the PSA and the Pharmacy Guild of Australia)

## Evaluation update

Over the four year period, the NAC, with assistance from hosting organisations, delivered 447 workshops across Australia to almost 7,500 participants. Over 50 per cent of total workshops were delivered in rural and remote locations. The ABP evaluation demonstrates NAC is providing appropriate, high quality and effective education.

We followed up with a sample of participants six months after returning to their practices:

- from Asthma and Respiratory Management Seminar for Practice Nurses, 93% of respondents felt confident in teaching correct device use;
- from Spirometry Training Update workshops, 84% of respondents felt confident in performing spirometry meeting recommended start and end criteria;
- from Asthma Update for Pharmacists workshops, 94% of respondents felt confident in checking device use.

## Moving forward

A new funding period has been confirmed from July 1, 2017 - June 30, 2018. This enables us to continue delivering education and training for primary healthcare practitioners to increase best-practice management of asthma and linked chronic respiratory conditions. We will continue to work closely with our presenters and hosting organisations to deliver high quality education to primary health professionals.



## Sensitive Choice

The Sensitive Choice program commenced in 2006 with the objectives to identify products and services that may be a better choice for people with asthma and allergies, encourage manufacturers and distributors to develop or distribute products that have fewer asthma and allergy triggers, and communicate messages to people with asthma and allergies about better managing their conditions while raising revenue for the NAC. A decade later, it is a well-established program with hundreds of approved products and services from a wide variety of partners - from small businesses through to international household names.

The Sensitive Choice program is a very important generator of funds to enable the NAC to undertake its work.

Unlike most other funding, revenue generated by the Sensitive Choice program is not tied to particular programs or projects, but is available for any worthwhile purpose. From 31 July 2016 to 30 June 2017, Sensitive Choice generated \$1.19 million in revenue, some of which was shared with the Asthma and Respiratory Foundation of New Zealand. In addition to covering the costs of running the program, these funds are used to support the ongoing work of the NAC, including development of the Australian Asthma Handbook, health promotion work and media campaigns.

The number of partners in the program remained static over the year, although interest from consumers and prospective partners continues, with an increased focus from places outside Australia and New Zealand.

We appreciate the support of all partners both in financial terms and for their assistance in communicating messages to consumers about better managing asthma and allergies.

## Partner forum

In 2016, we celebrated our Sensitive Choice 10-year Anniversary with partners from across Australia and New Zealand in a full-day Partner Forum and celebratory dinner on the Gold Coast.

The forum started with the sun shining on an inspirational Russell Winwood, aka COPD Athlete, sharing his intimate story and the many obstacles he has overcome (COPD and asthma to name two) to be the successful athlete he is today.

Other highlights from the day included a lung function testing demonstration from our in-house Asthma and Respiratory Educator, Judi Wicking, and a talk by Alison Sansbury, Digital Marketing Specialist at CSR on generating consumer demand through digital marketing.

Associate Professor Sheryl van Nunen spoke at the celebratory dinner on the impact and treatment of allergies and asthma, and partners welcomed the networking opportunity.



## Website

The Sensitive Choice website continues to be the program's main communications channel to provide information and promote products and services that may be a better choice for people with asthma and allergies.

The increase year on year in users was almost 50 per cent with users spending on average 1:36 minutes per visit. The increase is a result of a combination of organic and paid social media posting, primarily on Facebook and to a lesser extent Twitter. The Healthy Home Blue Butterfly Bundle Facebook competition (2 April – 5 May 2017) alone accounted for a 21 per cent increase in users from the previous month.

## Healthy Homes Blue Butterfly Bundle Facebook competition

The key objectives of the campaign was to drive traffic to the Creating a Healthy Home webpage, Healthy Home Video page and factsheets.

We were supported by Sensitive Choice partners with whom we maintain excellent relationships. A number of our partners became involved in the competition and contributed over \$10,000 in products to give away as part of the competition. In return, the competition

provided exposure for their approved products. The NAC and Sensitive Choice appreciate their generous support.

The Healthy Homes campaign used three Facebook campaign strategies, including page likes, website clicks, and post boost to meet key objectives.

New Healthy Home videos were produced for the campaign, each video showcases healthy home tips for key areas of the home including, bedroom, wardrobes, bathroom etc.

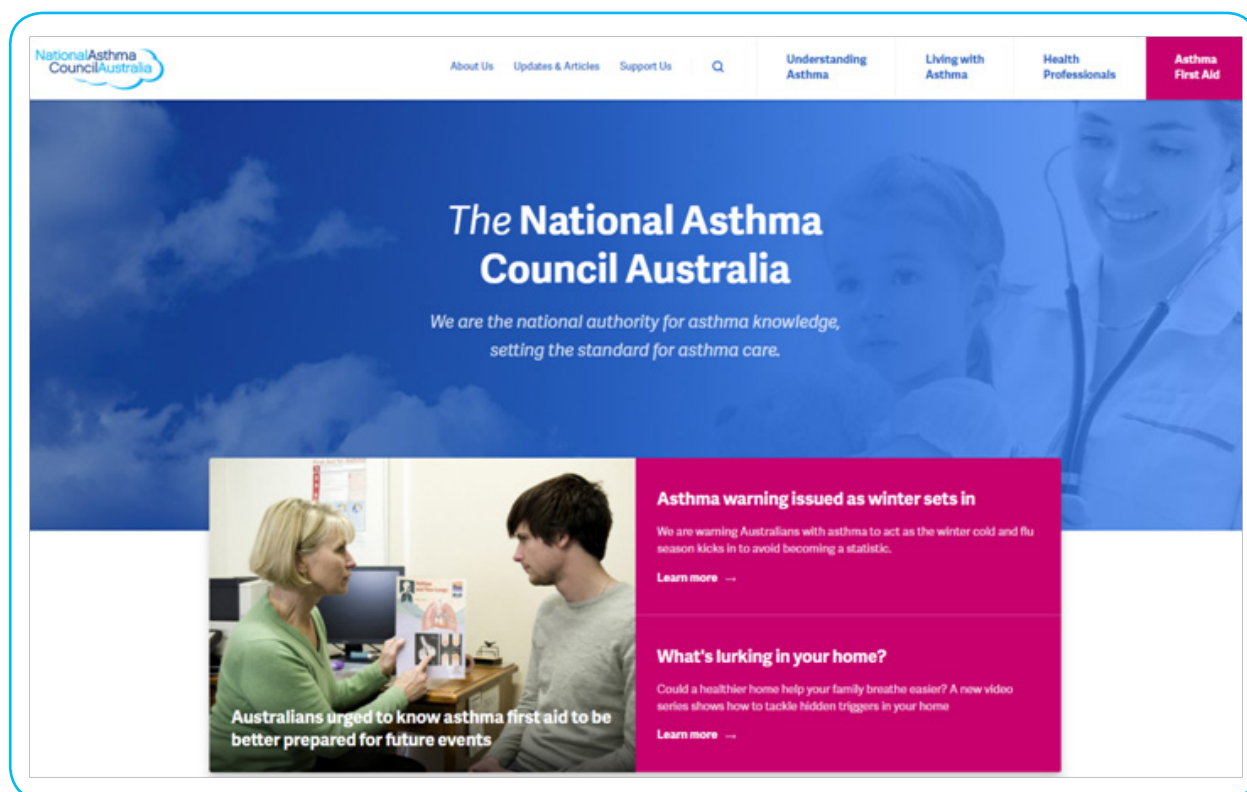
A competition themed post was put up during each week of April asking followers of the Sensitive Choice Facebook page for their input and best ideas for a healthy home. Over the four-week period, the Healthy Homes Facebook competition received 1,476 entries and a total of 7,371 engagements (total number of reactions, comments and shares on Facebook) and the content was seen nearly 240,000 times. The campaign helped to grow the awareness of Sensitive Choice and increase the number of followers on Facebook by approximately 25 per cent.

As a result of the competition and subsequent regular ongoing Facebook engagement, the Products and Services web page continues to be one of the most visited pages on the website.

Example of the Facebook posts:



## Websites and apps



### NAC online presence

The NAC website provides credible resources for up-to-date information on asthma for the public and health professionals. There have been over 445,000 visits on the website over the last year, a 22 per cent increase from the previous year. Close to 32 per cent of visitors accessed the mobile optimised site via their devices.

#### Healthcare professionals

The NAC continued to engage regularly with the health professional community through Twitter, sharing information that was more of a clinical nature through the @asthmacouncilau account. Twitter was also used to share any new resources provided by the NAC, such as the latest information papers, charts, infographics and other relevant clinical study findings. Twitter was used effectively to promote forthcoming asthma and spirometry training workshops and webinars. Our tweets were frequently shared by key partners including APNA, ACRRM, the Pharmacy Guild and various PHNs.

The Asthma Action Plans web page is the most visited page on the NAC website and it's encouraging to see that healthcare professionals continue to utilise the resources we offer. Users can download action plans or order hard copies from our Shopify online store, all free of charge.

The fold out Asthma Action Plan Z-card, sponsored by GlaxoSmithKline Australia (GSK), continues to be the most popular resource ordered and we would like to acknowledge the support of our sponsor.

#### Consumers

The living with asthma how-to videos are also very popular and are an excellent way to learn how to adopt the correct technique when using inhalers or nasal sprays. There were nearly 10,000 views on the videos, of which, "How to Use a Standard Puffer and Spacer" had the most at almost 1,600 views.

The Asthma Experts Facebook page targets asthma patients and their carers and delivers information in plainer language. The objective of the Facebook page continues to be to drive traffic and attention to the NAC website and the world class asthma care resources available on the site. Facebook following reached 3,907, a 10 per cent increase from the previous year.

#### Shopify

Most of the resources on our website can be downloaded as well as ordered and posted free of charge in Australia. This year, our online store welcomed approximately 6,700 visitors, 14 per cent of whom were repeat customers. The Asthma Action Plan Z-cards were ordered almost 8,000 times, making it the most popular item. In second place was the My Asthma Guide – My Handbook for Managing Asthma, with over 4,200 copies ordered.

## e-Newsletters

We continued to distribute two email newsletters – one for people with asthma and allergies and the other for health professionals. Both mailing lists continue to grow steadily and reach many thousands of people each month. The significant number of people opening our email to read it or to follow our links for related information is above industry standards, particularly for our health professional newsletter, which shows the audiences' ongoing interest in the content we are providing.


## Social media

Our targeted social media strategy to promote the NAC as the leading authority and standard setter for asthma care has been successful. Both the Asthma Experts and Sensitive Choice Facebook pages have reached more than 4,000 “likes” in this period. The Asthma Experts is our consumer ‘hub’, with content focusing on promoting asthma awareness and information on good asthma management, as well as providing our expert guidance on seasonal and topical issues as they arise. Our highest ever reach and engagement was during November 2016 following the thunderstorm asthma event in Victoria. The increase in engagement during times of crisis shows that people do look to the NAC as their main source of reliable and up to date information about asthma.

This year we put an increased focus on raising the profile of our Sensitive Choice program through social media, mainly Facebook. We ran two very successful, targeted campaigns on Facebook which focused on helping people ‘create a healthy home’ by providing education on asthma and allergy triggers in and around the home, and offering guidance on how people can make improvements through the products and services they choose. We also use this platform to promote our Sensitive Choice partners’ products and activities. One of the campaigns was based around a four week competition that ran from early April through to World Asthma Day in May. Our Sensitive Choice partners provided extensive and generous support through prize donations. We received donations from 10 different partners, enabling us to give away weekly prize packs that ranged in value from \$1,800 to more than \$4,600 and included a Queen Bed Ensemble.


Other Facebook campaigns this year included the importance of correct inhaler technique for asthma and COPD and launching our Healthy Homes video series which were based on the Healthy Homes content on our Sensitive Choice website.

Our NAC Twitter continues to be our chosen social media platform to reach healthcare professionals and other stakeholders (such as health journalists, PHNs and health organisations) and to promote initiatives such as the Australian Asthma Handbook (treatment guidelines).


**The Asthma Experts**  
September 19 at 3:30pm · 🌐

Do you have an asthma action in place? Another reminder to consult with your doctor and discuss your treatment options. <http://owl.li/7S7p30fvk1>

Need to know more about asthma action plans? Further information available here <http://owl.li/C92Z30fVeD>




**Flu season behind city asthma spike**

ASTHMA is on the rise in Geelong, with nearly 500 severe cases presenting to Barwon Health's emergency department in need of urgent care every year.


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12
1 Comment 1 Share

Like Comment Share


**The Asthma Experts**  
January 30 · 🌐

It's been a while since nebulisers have been the recommended way for most people to take their #asthma meds - using a puffer with a spacer is the way to go. Could this smart nebuliser change that? <http://ow.ly/JkMF308kc7I>



**Smart Nebulizers for Children with Asthma are Underway**

Vectura has received FDA approval to start testing a smart device designed to improve the treatment of asthma in children.

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24
2 Comments 1 Share

Like Comment Share

## Asthma blog

Our asthma blog was rebranded as the article section during our last major website update. Articles published have covered a wide range of topics, including personal stories of living with asthma, thunderstorm asthma and tips for managing asthma on a budget.



## Media relations

We continued to work with journalists across Australia to highlight the impact that asthma has on people's lives and to raise the community's awareness of how to manage and prevent asthma and allergies.

As the authority for asthma knowledge and care, an ongoing focus was working with health professionals' media to update medical specialists, GPs, pharmacists and practice nurses about treatment guidelines and best-practice asthma diagnosis and management.

Over the year, more than 20 news releases were issued, including three for the Sensitive Choice program. In addition to news releases for the mass media, targeted versions were distributed to health professionals, parents, older persons, and state-based media outlets. The topics covered seasonal advice, the release of annual asthma-related death statistics, the launch of new resources such as 'how to' videos on inhaler use and information papers, and annual initiatives such as National Asthma Week and World Asthma Day. The NAC also wrote blogs about asthma care for several high profile online publications.

With the increasing incidence of allergies in Australia, there was wide interest from media on ways to make a home asthma and allergy-free, with Sensitive Choice providing practical advice through radio, television and print interviews.

The unprecedented November 2016 Victorian epidemic thunderstorm asthma event sparked high media interest on how Australians can be ready for any future asthma emergencies. Our Chairman was widely quoted and interviewed across national and local media in Australia, and internationally through a BBC interview.

Throughout the year, the NAC's expert spokespeople were highly sought after by media for comment and interviews on a range of topical asthma and allergy-related issues. We are most grateful to our spokespersons for their responsiveness and significant contribution to the success of its media relations program.

## Australian Asthma Handbook v1.2

Fulfilling NAC's commitment to remain at the forefront of asthma guidance in Australia by providing a more readily updated online resource, version 1.2 of the Australian Asthma Handbook was published in October 2016, 18 months after the previous update.

Version 1.2 was another minor update of the Handbook, which considered user feedback, the release of new asthma medicines and indications, and identification of key messages that required further emphasis and clarification.

The update's development was overseen by the Guidelines Committee. The update included amendments to existing recommendations and the development of new recommendations subjected to

the same rigorous standards as the original version.

Planning for the next version of the Handbook commenced in early 2017, with publication planned for October.

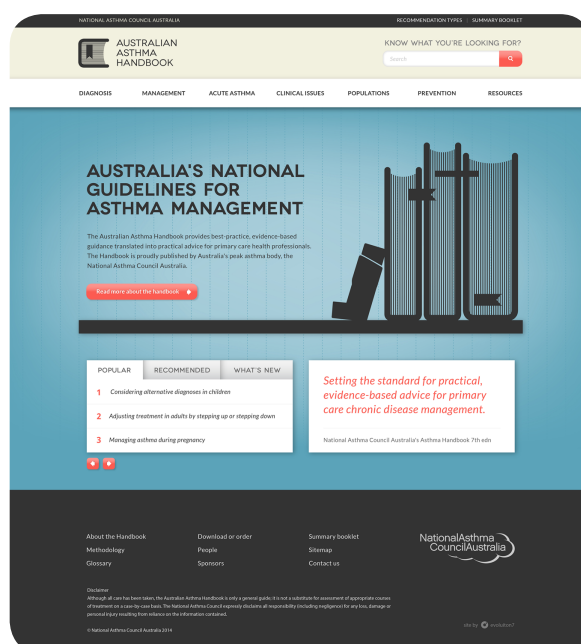
The Australian Asthma Handbook continues to be endorsed by:

- The Royal Australian College of General Practitioners
- The Australian Primary Health Care Nurses Association
- The Thoracic Society of Australia and New Zealand
- The Pharmaceutical Society of Australia

The NAC would like to acknowledge the support of the sponsors of Version 1.2 of the Australian Asthma Handbook, AstraZeneca Australia, Mundipharma Australia and Novartis Australia.

## Website statistics

The Handbook attracted nearly 190,000 unique visitors from over 200 countries over this period, an increase of over 45 per cent from previous year. The number of page views increased by over 33 per cent, reaching 790,000 views this year, which indicates strong and ongoing engagement with our health professional audience. The NAC website continued to be the top referrer of visitors to the Handbook site, although there were noticeable increases in referrals from professional development and education institutions.



# Activity highlights

**“No question is silly when it comes to asthma”**



**When you need asthma answers, just ask**



45% of people\* have poorly controlled **asthma** that can impact everyday life, even though many think their **asthma** is OK. You don't have to put up with regular symptoms of coughing, wheezing and waking up at night.

Talk to your doctor or pharmacist about your **asthma** symptoms, medication and any questions you have. An up to date **Asthma Action Plan** and regular **asthma** reviews can help you breathe better.

\*Reid H, Sawyer S et al: Asthma control in Australia: a cross-sectional web-based survey in a nationally representative population Med J Aust 2015; 202 (9): 492-496

**Asthma Week  
1-7 September**

Contact your local Asthma Foundation call **1800 ASTHMA Helpline (1800 278 462)** or visit [www.asthmaaustralia.org.au](http://www.asthmaaustralia.org.au)



## Asthma awareness and advocacy

### World Asthma Day

On World Asthma Day on 2 May, we encouraged Australians to know asthma first aid, given the recent thunderstorm asthma event in Melbourne. We asked health professionals to check in with their patients about asthma first aid to ensure preparedness for any future asthma emergencies.

### National Asthma Week

During the National Asthma Week (1-7 September), we partnered with Asthma Australia in a campaign to promote good asthma self-management. The theme

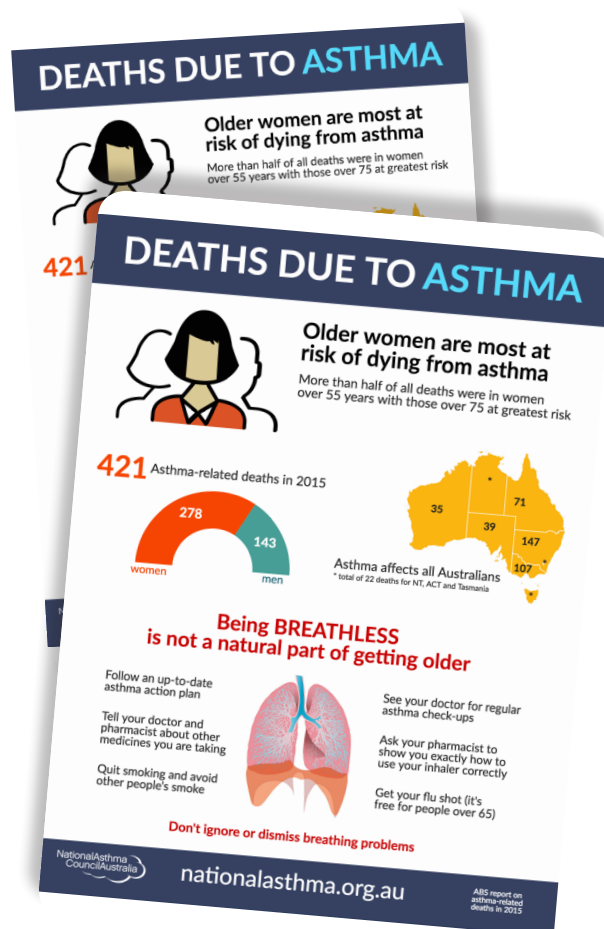
was 'Become a better breather, I did'. People with asthma were encouraged to be proactive with their asthma management by contacting their local asthma foundations and learn how they can become a better breather.

### Mortality statistics

The Australian Bureau of Statistics (ABS) released mortality statistics in September 2016 revealing that more than half of all asthma deaths occurred in women aged 55 and over.

In total, 421 deaths were recorded in 2015, affecting 278 females and 143 males. The overall figure was up slightly from the previous year, likely due to the ageing population.

Our media messages encouraged women over 75 years to be vigilant as this data also found that women in this age group were almost three times more likely to die from asthma compared to their male counterparts.





## Education resources

### Launch of new asthma resources

We updated the popular Asthma & COPD Medications chart to include all the latest inhalers available in Australia and specify each medication's current Pharmaceutical Benefits Scheme reimbursement status for asthma and/or COPD.

We developed a brand new resource featuring the main intranasal treatment options available in Australia for

allergic rhinitis. The Allergic Rhinitis Treatments chart was designed to be used as a handy tool for health professionals in helping patients recognise effective management of allergic rhinitis as a necessary component of good asthma control. Prescription-only, pharmacy-only and non-prescription products were included.

## ASTHMA & COPD MEDICATIONS

SABA RELIEVERS	ICS PREVENTERS	ICS/LABA COMBINATIONS	LAMA MEDICATIONS
<b>Bricanyl Turbuhaler</b> † terbutaline 100mcg  <b>Alimri Autohaler</b> † salbutamol 100mcg	<b>Fixotide Inhaler</b> † fluticasone propionate 50mcg • 125mcg • 250mcg *Fixotide Junior  <b>Pulmicort Turbuhaler</b> † budesonide 100mcg • 200mcg • 400mcg  <b>QVAR Inhaler</b> † beclomethasone 50mcg • 100mcg	<b>Symbicort Turbuhaler</b> † budesonide/formoterol 100/6 • 200/6 • 400/12*  <b>Seretide MDI</b> † fluticasone propionate/halmeterol 50/25 • 125/25 • 250/25*  <b>Flutiform Inhaler</b> † fluticasone propionate/formoterol 50/5 • 125/5 • 250/5	<b>Spiriva Respimat</b> † tiotropium 2.5mcg  <b>Brearis Genuair</b> † acridinium 322mcg  <b>Incruse Ellipta</b> † umeclidinium 62.5mcg
<b>Ventolin Inhaler</b> † salbutamol 100mcg  <b>Asmol Inhaler</b> † salbutamol 100mcg	<b>Fixotide Accuhaler</b> † fluticasone propionate 100mcg • 250mcg • 500mcg  <b>Alvesco Inhaler</b> † ciclesonide 80mcg • 160mcg  <b>QVAR Autohaler</b> † beclomethasone 50mcg • 100mcg	<b>Symbicort Rapihaler</b> † budesonide/formoterol 80/3 • 160/3 • 320/6*  <b>Seretide Accuhaler</b> † fluticasone propionate/halmeterol 100/5 • 250/5 • 500/10*  <b>Bree Ellipta</b> † fluticasone furoate/vilanterol 100/25 • 200/25	<b>Spiriva Handihaler</b> † tiotropium 18mcg  <b>Seebri Breezhaler</b> † glycopyrronium 50mcg  <b>SAMA MEDICATION</b> <b>Aerovent Metered Aerosol</b> † ipratropium 0.1mcg
NON STEROIDAL PREVENTERS	LABA MEDICATIONS	LAMA/LABA COMBINATIONS	RESOURCES
<b>Singular Tablet</b> † montelukast 4mg • 5mg • 10mg  <b>Montelukast Tablet</b> † montelukast 4mg • 5mg Generic medicine suppliers  <b>Intal Inhaler</b> † sodium cromoglycate 1mg • 5mg* *Total Forte  <b>Tiade Inhaler</b> † nedocromil sodium 2mg	<b>Oxis Turbuhaler</b> † formoterol 6mcg • 12mcg  <b>Serevent Accuhaler</b> † salmeterol 50mcg  <b>Ombree Breezhaler</b> † indacaterol 150mcg • 300mcg	<b>Spiolto Respimat</b> † tiotropium/salmeterol 2.5/2.5  <b>Brimca Genuair</b> † acridinium/formoterol 340/12  <b>Ultibro Breezhaler</b> † indacaterol/glycopyrronium 110/50  <b>Anoro Ellipta</b> † umeclidinium/vilanterol 62.5/25	<b>TREATMENT GUIDELINES</b> Australian Asthma Handbook: <a href="http://asthmaandbook.org.au">asthmaandbook.org.au</a> <b>COPD-X Plan</b> : <a href="http://copd.xplan.org.au">copd.xplan.org.au</a>  <b>INHALER TECHNIQUE</b> How-to videos, patient and practitioner information <a href="http://nationalasthma.org.au">nationalasthma.org.au</a>  Inhalers/MDIs should be used with a compatible spacer  This chart was developed independently by the National Asthma Council Australia with support from AstraZeneca, Boehringer Ingelheim, GlaxoSmithKline, Mundipharma and Novartis

ICS, inhaled corticosteroid | LABA, long-acting beta<sub>2</sub> agonist | LAMA, long-acting muscarinic antagonist | SABA, short-acting beta<sub>2</sub> agonist | SAMA, short-acting muscarinic antagonist

2016 © National Asthma Council Australia

## ALLERGIC RHINITIS TREATMENTS

CORTICOSTEROID	ANTIHISTAMINE	COMBINATION
<b>Flixonase</b> fluticasone propionate 50mcg  <b>Telnase</b> triamcinolone 55mcg  <b>Avamys</b> fluticasone furoate 27.5mcg  <b>Omnaris</b> ciclesonide 50mcg	<b>Azep</b> cetirizine 10mg  <b>Livost</b> levocetirizine 0.5mg/mL  <b>Zyrtec</b> cetirizine 5mg/mL	<b>Dymista 125/50</b> azelastine/fluticasone propionate 125mcg/50mcg
<b>Beconase</b> beclomethasone 50mcg  <b>Rhinocort Hayfever • Rhinocort</b> budesonide 32mcg • 64mcg  <b>Nasonex Allergy • Nasonex</b> mometasone 50mcg *generic brands also available	<b>Livost</b> levocetirizine 0.5mg/mL  <b>Zyrtec</b> cetirizine 5mg/mL	<b>Decongestant</b> Decongestant spray Decongestant spray short-term use only multiple brands available
SALINE	RESOURCES	ANTICHOLINERGIC
<b>Saline spray</b> Saline irrigation multiple brands available	<b>National Asthma Council Australia</b> How-to videos for nasal spray technique Clinical recommendations for asthma & allergies Patient advice, factsheets and brochures <a href="http://nationalasthma.org.au">nationalasthma.org.au</a>  This chart shows the main intranasal treatment options available in Australia. Check TGA-approved product information for indications and precautions.  It was developed independently by the National Asthma Council Australia with support from Meda Pharmaceuticals Australia.	<b>Atrovent Nasal • Atrovent Nasal Forte</b> ipratropium 22mcg • 44mcg  <b>Zyrtec</b> cetirizine 5mg/mL

© National Asthma Council Australia 2016

## Expansion of how-to video library

Our very popular how-to video library was expanded to include step by step use of flutiform inhaler and Cipla inhaler, with and without a spacer. The Cipla inhaler is a new addition to asthma options in Australia.

Having an incorrect inhaler technique is a very common issue among patients with asthma or COPD, thus we continuously promote the video library on all media platforms, to consumers and our health professional community as a teaching tool.



## Primary Care Inhaler Technique training program

Pharmaceutical sponsor GSK supported us to develop clinical content for their Primary Care Inhaler Training Program, designed to offer practical training to health professionals on inhaler technique, including demonstration of correct inhaler technique and using specific best practice methodologies.

Part of the sponsorship included us facilitating a 'train-the-trainer' one hour workshop with their Clinical Support Specialists. The program has so far been a big success.

The following panel members contributed to developing the program:

- Ms Marg Gordon, asthma and respiratory educator
- Ms Judi Wicking, asthma and respiratory educator
- Associate Professor Sanjiva Wijesinha, general practitioner

## Conferences

### GPCE

We continued our regular presence at the General Practitioners Conference and Exhibition (GPCE) events. At the Melbourne GPCE in November 2016, NAC presented a series of one hour workshops titled 'Immunotherapy, Allergies and Allergic Asthma – New Horizons' sponsored by Seqirus. The workshop provided an overview of the epidemiology of allergic respiratory disease and asthma, covering common allergens and the use of skin and laboratory tests in diagnosis. The workshops were presented by Dr Jo Douglas on behalf of the NAC.

At the Sydney GPCE in May 2017, NAC presented a series of one hour workshops titled 'Allergen immunotherapy: practical workshop on treating patients with allergic asthma or rhinitis', sponsored by Seqirus. The workshop provided an overview of identification of appropriate patients, conducting and interpreting allergy tests, understanding treatment options and their indications, and practical aspects of initiating and maintaining allergen immunotherapy. The workshops were presented by Dr Jessica Tattersall on behalf of the NAC.

### APNA National Conference

Our partnership with APNA continues to flourish.

The NAC was invited to present at the APNA National Conference, held in Hobart in May 2017. Judi Wicking presented a 90 minute session that included two topics: 'Understanding and preventing thunderstorm asthma', and 'Asthma and COPD inhaled medications – what, why and how?'

We were a Satchel Partner of the conference and provided all conference attendees a copy of our Asthma & COPD medications chart, allergic rhinitis medications chart and inhaler technique device checklist.

We also presented at APNA's Education Workshops in Bathurst, March 2017. The NAC presenter Suzanne Hull spoke at a 1.5 hour workshop titled 'What's new in the world of Asthma?'

### TSANZ Annual Scientific Meeting 2017

As a long-standing partner of the TSANZ, the NAC has regular involvement with the TSANZ Annual Scientific Meeting, which was held in Canberra in March 2017. We hosted a 1.5 hour workshop titled 'New perspectives on allergen immunotherapy'. The workshop was presented by Professor Jo Douglas and chaired by NAC's Judi Wicking.

## Asthma awards

We fund annual asthma awards to encourage research on asthma. The awards are presented at stakeholder organisations' annual/biennial scientific meetings or conferences.

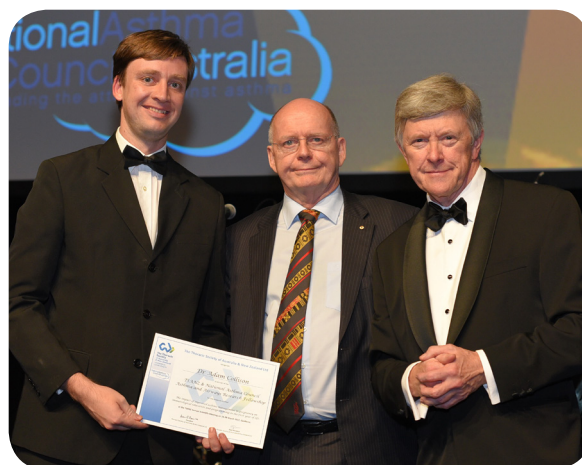
In 2016, we presented the ASCIA award to Dr Joy Lee, Allergy, Asthma & Clinical Immunology Service, Alfred Hospital, Melbourne, for her research on Risk factors for vocal cord dysfunction in patients with difficult asthma, at the ASCIA's annual conference on the Gold Coast, Queensland. Dr Lee's dedication and success as a researcher in this field was again recognised at the Annual Scientific Meeting of the TSANZ in Canberra in March 2017, where she was also the recipient of the TSANZ award for her research on medication adherence in a difficult asthma population.



*Dr Joy Lee receiving her award*

## Asthma and Airways Career Development Fellowship 2017

For the fourth year, we were very pleased to collaborate with the TSANZ to support the Asthma and Airways Career Development Fellowship. This year's \$60,000 PhD Fellowship aims to enable mid-career investigators to establish themselves as independent, self-directed researchers and foster the development of research in respiratory medicine in Australia and New Zealand. The 2017 recipient was Dr Adam Collison for his planned research into the impact of improved asthma management in pregnancy on immunological education and programming in the first year of life. This is a small but significant way for us to acknowledge the ongoing support of the many experts who provide advice and expertise to us in the development of our resources and educational programs for primary care health professionals and people with asthma.



*Chairman Dr Jonathan Burdon AM (centre) presenting Dr Adam Collison with his award*

## International activities

### Global Alliance against Respiratory Diseases (GARD)

#### Executive Committee Meeting, January 2017

Our CEO attended this meeting to review GARD's structure, finance, functions and strategic approach. Leading respiratory organisations from many countries are GARD members, and GARD has generated or is involved with a number of demonstration projects which are either disease specific projects or integrated with non-communicable diseases.

### International Primary Care Respiratory Group

The International Primary Care Respiratory Group (IPCRG) is a clinically-led charitable organisation with the prime mission of carrying out and promoting research into the care, treatment and prevention of respiratory diseases and tobacco dependence in the community. The NAC is the Australian member organisation, represented on the Senate by Associate Professor H John Fardy, GP. We continue to be an active member of the IPCRG and look forward to attending its first South Asian Scientific Conference in Sri Lanka in August 2017.



# Our people



## Board

### Chairman

- Dr Jonathan Burdon AM  
Respiratory Physician

### Directors

- Ms Julianne Badenoch  
Practice Healthcare Nurse  
Australian Primary Health Care Nurses Association  
representative
- Prof. Robert Heddle  
Pathologist  
Australasian Society of Clinical Immunology and  
Allergy representative
- Mr Stephen Hughes  
Community Pharmacist  
Pharmaceutical Society of Australia representative
- Dr Bastian Seidel  
Clinical Professor and General Practitioner  
The Royal Australian College of General  
Practitioners representative
- Dr Joanna Wriedt  
Lawyer  
Independent Director

## Finance Committee

- Mr Stephen Hughes
- Mr Peter Norman
- Mr Alasdair Norton
- Mr Robert Yeo

## Asthma Handbook Guidelines Committee

The Asthma Handbook Guidelines Committee steers development of the Handbook.

- Prof. Amanda Barnard  
General Practitioner (Chair)
- Dr Ian Almond  
General Practitioner
- Ms Naomi Fenton  
Nurse Practitioner
- Dr Jenny Gowan  
Pharmacist
- Prof. Adam Jaffé  
Paediatric Respiratory Physician
- Prof. Helen Reddel  
Respiratory Physician
- Assoc. Prof. Janet Rimmer  
Respiratory Physician and Allergist
- Prof. Peter Wark  
Respiratory Physician

## General Practitioners' Asthma Group

The General Practitioners' Asthma Group works to coordinate the expertise, enthusiasm and skills of general practitioners who have a special interest in the management of asthma.

- Dr Kerry Hancock (Chair)
- Prof. Amanda Barnard
- Dr David Batt
- Assoc. Prof. Ian Charlton
- Assoc. Prof. H. John Fardy
- Dr Victoria Smith
- Assoc. Prof. Noela Whitby AM
- Dr Russell Wiseman

## Pharmacists' Asthma Group

The Pharmacists' Asthma Group works to coordinate the expertise, enthusiasm and skills of community and hospital pharmacists who have a special interest in the management of asthma.

- Mr Marcus Weidinger (Chair)
- Prof. Carol Armour
- Mr Kingsley Coulthard
- Mr Mark Feldschuh
- Mr Peter Holder
- Mr Stephen Hughes
- Ms Karalyn Huxhagen
- Mr Grant Kardachi
- Mr Kevin Morgan
- Ms Toni Riley
- Dr Bandana Saini
- Mr Kevin De Vries (ex-officio)

## Sensitive Choice Product Advisory Panel

The Sensitive Choice Product Advisory Panel considers products and services for acceptance into the Sensitive Choice program. It is supported by Mr John Wills, Chief Executive, Asthma Foundation (NZ), and Ms Kristine Whorlow, Chief Executive Officer, NAC.

The Panel consists of the following experts:

- Engineer (Chair)
- Respiratory Physician
- Allergist
- General Practitioner
- Pharmacist

## Staff

- Ms Kristine Whorlow, Chief Executive Officer
- Ms Siobhan Brophy, Strategy and Communications Manager
- Ms Natalie Bourne, Administration Officer
- Ms Rhonda Cleveland, Operations Manager
- Ms Madelaine Griffith, Project Officer
- Ms Leanne Koster, Online Communications Officer
- Ms Milena Mijas, Project Officer
- Ms Jennifer Norbury, Communications Project Officer
- Ms Rebecca Percoco, Administration Officer Sensitive Choice
- Ms Lisa Sayer, Executive Assistant
- Mr Adam Trumble, Partnerships Manager
- Ms Judi Wicking, Program Manager



# Supporters



## Acknowledgements

The NAC is able to carry out our important work thanks to the generosity of our sponsors and supporters. The Australian Government Department of Health continues to provide invaluable backing for our asthma and respiratory education program under the Department's Asthma Management Program 2013–2017.

We thank the Department for their ongoing support of the NAC and asthma management more widely.

Our sponsors from the pharmaceutical and spirometry industry are important allies in spreading the best-practice respiratory management message. We were able to develop many of our latest resources as a result of unrestricted educational grants from these companies and we look forward to their continued support.

We are also grateful to our many Sensitive Choice® Partners who continue to raise awareness of asthma in the community and support our important educational activities.

Finally, we extend our thanks to the many tireless health professionals who help us in all facets of our work. You truly are the cornerstone of the NAC.

## National Asthma Council Supporters

### Government



**Australian Government**

**Department of Health**

### Corporate Sponsors



### In-Kind Supporters



## Sensitive Choice Partners





# First Aid for Asthma

1

## Sit the person comfortably upright.

Be calm and reassuring.

Don't leave the person alone.

2

## Give 4 puffs of a blue/grey reliever

(e.g. Ventolin, Asmol or Airomir)

Use a spacer, if available.

Give 1 puff at a time with 4 breaths after each puff

Use the person's own inhaler if possible.

If not, use first aid kit inhaler or borrow one.

3

## Wait 4 minutes.

If the person still cannot breathe normally, **give 4 more puffs.**

4

If the person still cannot breathe normally,

**CALL AN AMBULANCE IMMEDIATELY (DIAL 000)**

Say that someone is having an asthma attack.

## Keep giving reliever.

Give 4 puffs every 4 minutes until the ambulance arrives.

Children: 4 puffs each time is a safe dose.

Adults: For a severe attack you can give up to 6–8 puffs every 4 minutes

OR

## Give 2 separate doses of a Bricanyl or Symbicort inhaler

If a puffer is not available, you can use Symbicort (people over 12) or Bricanyl, even if the person does not normally use these.

## Wait 4 minutes.

If the person still cannot breathe normally, **give 1 more dose.**

If the person still cannot breathe normally, **CALL AN AMBULANCE IMMEDIATELY (DIAL 000)** Say that someone is having an asthma attack.

## Keep giving reliever while waiting for the ambulance:

For Bricanyl, give 1 dose every 4 minutes

For Symbicort, give 1 dose every 4 minutes (up to 3 more doses)



# HOW TO USE INHALER

## WITH SPACER



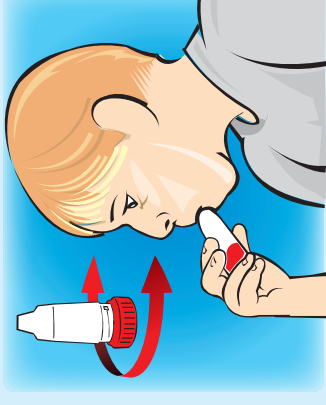
- **Assemble spacer**
- **Remove puffer cap and shake well**
- Insert puffer upright into spacer
- Place mouthpiece between teeth and seal lips around it
- **Press once firmly** on puffer to fire one puff into spacer
- **Take 4 breaths** in and out of spacer
- Slip spacer out of mouth
- **Repeat** 1 puff at a time until 4 puffs taken – remember to shake the puffer before each puff
- **Replace cap**

## WITHOUT SPACER



- **Remove cap and shake well**
- **Breathe out** away from puffer
- Place mouthpiece between teeth and seal lips around it
- **Press once firmly** on puffer while breathing in slowly and deeply
- Slip puffer out of mouth
- **Hold breath** for 4 seconds or as long as comfortable
- Breathe out slowly away from puffer
- **Repeat** 1 puff at a time until 4 puffs taken – remember to shake the puffer before each puff
- **Replace cap**

## BRICANYL OR SYMBICORT



- **Unscrew cover** and remove
- **Hold inhaler upright and twist grip** around and then back
- **Breathe out** away from inhaler
- Place mouthpiece between teeth and seal lips around it
- **Breathe in forcefully and deeply**
- Slip inhaler out of mouth
- Breathe out slowly away from inhaler
- **Repeat** to take a second dose – remember to twist the grip both ways to reload before each dose
- **Replace cover**

## Not Sure if it's Asthma?

**CALL AMBULANCE IMMEDIATELY (DIAL 000)**

If a person stays conscious and their main problem seems to be breathing, follow the asthma first aid steps. Asthma reliever medicine is unlikely to harm them even if they do not have asthma.

For more information on asthma visit:

Asthma Foundations – [www.asthmaaustralia.org.au](http://www.asthmaaustralia.org.au)

National Asthma Council Australia – [www.nationalasthma.org.au](http://www.nationalasthma.org.au)

## Severe Allergic Reactions

**CALL AMBULANCE IMMEDIATELY (DIAL 000)**

Follow the person's Action Plan for Anaphylaxis if available. If the person has known severe allergies and seems to be having a severe allergic reaction, use their adrenaline autoinjector (e.g. EpiPen, Anapen) before giving asthma reliever medicine.

# NATIONAL ASTHMA COUNCIL AUSTRALIA

## 2016 HIGHLIGHTS



WORKING TO IMPROVE THE LIVES OF THE  
1 IN 10 AUSTRALIANS LIVING WITH ASTHMA

### OUR ONLINE RESOURCES

**2.8 million**

visitors

**86,000**

referrals to our websites

**98,000**

resources downloaded



**192,000**

views of our inhaler videos

### EDUCATION & TRAINING



**4,000 +**

Health professionals trained in  
best-practice asthma management

## AUSTRALIAN ASTHMA HANDBOOK the national guidelines for asthma management



### VERSION 1.2

Our updated Handbook continues  
to provide practical, evidence-based  
advice for primary care



**156,000**

Health professionals accessed  
the national guidelines online

**65%**

more visitors  
than 2015

**17,000**

Quick Reference  
Guides distributed



### NEW MEDICATIONS CHARTS

Our updated Asthma & COPD Medications Chart  
and NEW Allergic Rhinitis Treatments Chart are  
popular resources for health professionals

**71,000**

distributed nationally



### OUR EXPERTS

**400 +**

Leading asthma and allergy  
experts from our national network  
contributed to projects this year

### SOCIAL MEDIA

Our expanding network includes  
eNews, Facebook and Twitter

**12,700**

followers

### OTHER MEDIA 100 +

Radio and television interviews  
nationally with coverage  
including thunderstorm asthma  
and the latest mortality statistics

### SENSITIVE CHOICE

57 program partners and  
growing range of asthma  
and allergy aware  
products and services



The coming year will see the finalisation of the  
National Asthma Strategy 2017–2021 as well as  
the development of new asthma resources for  
health professionals and their patients



[nationalasthma.org.au](http://nationalasthma.org.au)

[sensitivechoice.com](http://sensitivechoice.com)

[astmahandbook.org.au](http://astmahandbook.org.au)





[www.nationalasthma.org.au](http://www.nationalasthma.org.au)