AWTTC
Canolfan Therapiwteg a Thocsicoleg Cymru Gyfan
All Wales Therapeutics & Toxicology Centre

Equality and Health Impact Assessment

Intranasal adrenaline (EURneffy®) for the emergency treatment of severe allergic reactions (anaphylaxis) caused by insect stings or bites, foods, medicinal products, and other allergens as well as idiopathic or exercise-induced anaphylaxis, in adults and children with a body weight ≥ 30 kg.

AWTTC will fill in an Equality and Health Impact Assessment (EqHIA) in parallel with each development stage of our projects. This will help us to follow the five ways of working for public bodies, and work to achieving the wellbeing goals, outlined in the Well-Being of Future Generations (Wales) Act 2015.

Date: 26/05/2026

1.	AWTTC contact details	Tel: 02921 826900 Email: awttc@wales.nhs.uk
2.	State the objectives of the project.	To assess the use of intranasal adrenaline (EURneffy®) for the emergency treatment of severe allergic reactions (anaphylaxis) caused by insect stings or bites, foods, medicinal products, and other allergens as well as idiopathic or exercise-induced anaphylaxis. For use in adults and children with a body weight of ≥ 30 kg. ALK-Abello, the company that holds the UK licence for EURneffy®, has submitted information to help AWTTC prepare an evidence status report (ESR) for a limited assessment of EURneffy by the Licensed One Wales Medicines Assessment Group (LOWMAG). The ESR will summarise the current use of EURneffy in Wales, its expected impact on patients and on the NHS Wales budget, and equity of access. AWTTC will request the views of relevant patient organisations and send the ESR to the company and to clinicians in Wales for comment. Clinicians,

		company representatives and patient organisation representatives will be invited to attend the meeting of the LOWMAG to consider the ESR. The LOWMAG constitution is available online.
3.	Evidence and background information considered. For example: • population data • staff and service users' data, as applicable • needs assessment • engagement and involvement findings • research • good practice guidelines • participant knowledge • list of stakeholders and how stakeholders have engaged in the development stages • comments from those involved in the designing and development stages Population pyramids are available from Public Health Wales Observatory.	Allergy UK states that 21 million people in the UK (~30% of the population) have allergies, with 5 million experiencing severe enough symptoms to need specialist care and 4.5 million at risk of life-threatening allergic reactions. Numbers are increasing, especially in children, with hospital admissions for anaphylaxis rising significantly over the past decades. Intramuscular adrenaline is the first-line treatment for anaphylaxis (RCUK). Adrenaline autoinjectors (AAI) are often prescribed to people at risk of anaphylaxis for early self-administration or injection by a carer or family member in the event of an anaphylactic reaction. Anaphylaxis is more easily reversed in early adrenaline administration and delayed administration of adrenaline is a feature in fatal and near-fatal anaphylaxis. EURNeffy® is the first intranasal adrenaline treatment for anaphylaxis and is positioned as an alternative to AAIs. At the present time, the British Society for Allergy and Clinical Immunology (BSACI) do not recommend EURneffy® as the sole rescue therapy for patients in these two groups and advise that these patients should continue to have ongoing access to adrenaline autoinjectors although they could be prescribed EURneffy® for use in the first instance (BSACI). BSACI has recently published paediatric and adult Allergy Action Plans for people prescribed EURneffy® (BSACI). EURneffy® was granted marketing authorization in the UK on 18 July 2025. It will be made available in England through local commissioning. The applicant company said it is not planning to submit to the Scottish Medicines Consortium for assessment. BSACI and some clinicians in Wales said that the easier administration of EURneffy® may offer advantages over AAIs to some people with clinical

		indications such as needle phobia, neurodiversity or additional learning needs. Clinicians state that adolescents are often reluctant to carry AAIs and being able to offer a needle-free alternative would be of benefit. Clinical experts in Wales estimate that up to 7,500 patients may switch to EURneffy®.
4.	Who will this project affect?	Patients (adults and children weighing ≥ 30 kg) in Wales who might need emergency treatment with intranasal adrenaline for severe allergic reactions (anaphylaxis) caused by insect stings or bites, foods, medicinal products, and other allergens as well as idiopathic or exercise-induced anaphylaxis. Also patients' families and carers, and healthcare staff in Wales.

5. EQIA - How will the project impact on people?

Questions in this section relate to the impact on people based on the 'protected characteristics' of the Equality Act 2010, and other factors.

How will the project impact on, or affect:	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Actions taken (and who by).
5.1 Age For most purposes, the main categories are people aged: • under 18 years; • between 18 and 65 years; • over 65 years.	We do not expect a potential negative, or unequal, impact on people based on their age. We may expect a positive impact on adolescents who may be reluctant to carry an autoinjector device. This device is not licensed for use in children weighing below 30 kg. [Note: For prescription medicines we expect the prescriber to have prescribed or advised their use within the terms of their UK marketing authorisations. Healthcare professionals should take note of the contraindications, warnings, safety recommendations and any	Any patient-facing resources produced will be provided on the AWTTC website in accessible formats that can be printed.	N/A

How will the project impact on, or affect:	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Actions taken (and who by).
	monitoring needs for the medicine. These are explained in the Summary of Product Characteristics (SmPC) for the medicine. Healthcare professionals should follow relevant professional guidance and take full responsibility for the decision when prescribing or advising the use of off-label or unlicensed medicines. This includes considering the contraindications, warnings, monitoring requirements and other safety recommendations for the medicine (MHRA guidance on off-label or unlicensed use of medicines)]		
5.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health	We do not expect a potential negative, or unequal, impact on people with a disability. We may expect a positive impact on some people with clinical	All related documents published on the AWTTC website will meet accessibility requirements. Any patient-facing materials will	N/A

How will the project impact on, or affect:	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Actions taken (and who by).
conditions, long-term medical conditions such as diabetes.	indications such as needle phobia, neurodivergence or additional learning needs. We may expect a positive impact for people with hearing impairments as training in correct device usage is more straight forward than for AAIs, resulting in reduced rates of erroneous administration.	also be produced in easy read formats in Welsh and English.	
5.3 People of different genders: Consider men, women, people undergoing gender reassignment. **N.B.** Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender.	We do not expect a potential negative, or unequal, impact on people based on their gender, or on people undergoing gender reassignment.	N/A	N/A

How will the project impact on, or affect:	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Actions taken (and who by).
5.4 People who are married or who have a civil partner.	We do not expect a potential negative, or unequal, impact on people based on their marital status or being in a civil partnership.	N/A	N/A
5.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding. They are protected for 26 weeks after having a baby whether or not they are on maternity leave.	We do not expect a potential negative, or unequal, impact on women who are expecting a baby, are breastfeeding, or are on a break from work after having a baby. The manufacturer advises that the use of EURneffy® may be considered during pregnancy, if necessary, and that EURneffy® can be used in breastfeeding women. The Summary of Product Characteristics states it is unlikely that there would be any detrimental effects on fertility.	Prescribers should take account of the Summary of Product Characteristics (SmPC) when prescribing any medicines for women who are pregnant, or who are breastfeeding.	The SmPC criteria specify which people are excluded from treatment due to the associated risks of treatment. This will be identified for consideration of any change to the advice at the next review if there is a change to the current advice for pregnant and breastfeeding women.

How will the project impact on, or affect:	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Actions taken (and who by).
5.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies and travellers, migrant workers.	We do not expect a potential negative, or unequal, impact on people of a different race, nationality, colour, culture or ethnic origin. We may expect a positive impact for non-native Welsh/English speakers as training in correct device usage is more straight forward than for AAIs, resulting in reduced rates of erroneous administration. People of different race and ethnicities can have varying responses to medicines.	Note in the project document that people of different race and ethnicities can have varying responses to medicines. Any patient information leaflets produced will be available in Welsh and English.	N/A
5.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief. Implications of religious beliefs on selection of medicines (BMJ)	We do not expect a potential negative, or unequal, impact on people who have a religion or belief, or people with no religion of belief. Some medicines are made from certain animal products	N/A	N/A

How will the project impact on, or affect:	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Actions taken (and who by).
In practice: guidance on religion, personal values and beliefs (General Pharmaceutical Council)	and people might not want to take them because of religion or belief.		
5.8 People who are attracted to other people of: • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual).	We do not expect a potential negative, or unequal, impact on people based on who they are attracted to.	N/A	N/A
5.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design.	We do not expect a potential negative, or unequal, impact on people who communicate using the Welsh language. Any patient-facing materials will be produced in Welsh and English, in line with the Welsh language standards, including easy read booklets.	Any patient-facing materials will be produced in Welsh and English, in line with the Welsh language standards, including easy read booklets. These will be provided on the AWTTC website in accessible formats that can be printed.	N/A
5.10 People according to their income related group.	We do not expect a potential negative, or unequal, impact on people based on their income-related group. In Wales, all prescription medicines are free-of-charge for patients; positive	N/A	N/A

How will the project impact on, or affect:	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Actions taken (and who by).
	recommendations through this project will not affect people depending on their income-related group.		
5.11 People according to where they live.	We do not expect a potential negative, or unequal, impact on people based on where they live.	N/A	N/A
5.12 Consider others who face health inequalities, such as: • Looked after and accommodated children and young people • Carers: paid/unpaid, family members • People who are homeless or those who experience homelessness: people on the street; those staying temporarily with friends/family; those in hostels/B&Bs • People involved in the criminal justice system: offenders in prison or on probation, ex-offenders	We do not expect a potential negative, or unequal, impact on people who face health inequalities. We may expect a positive impact for parents, caregivers and school staff, who may need to administer emergency adrenaline to people under their care as the simpler administration may reduce user hesitancy.	N/A	N/A

How will the project impact on, or affect:	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Actions taken (and who by).
• People with addictions and substance misuse problems • People who have poor literacy • People living in remote, rural and island locations			
5.13 Consider any other groups and risk factors relevant to this project.	N/A	N/A	N/A

6. HIA - How will the project impact on the health and wellbeing of people in Wales and help address inequalities in health?

Questions in this section relate to the impact on the overall health of individual people, and the impact on the population in Wales.

How will the project impact on, or affect:	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Actions taken (and who by)
6.1 People being able to access the service offered.	We do not expect a potential negative, or unequal, impact on people's ability to access the service offered.	N/A	N/A
6.2 People being able to improve or maintain healthy lifestyles.	We do not expect a potential negative, or unequal, impact on people's ability to improve or maintain healthy lifestyles.	N/A	N/A
6.3 People in terms of their income and employment status.	We do not expect a potential negative, or unequal, impact on people in terms of their income and employment status.	N/A	N/A
6.4 People in terms of their use of the physical environment.	We do not expect a potential negative, or unequal, impact on people's use of the physical environment.	N/A	N/A
6.5 People in terms of social and community influences on their health.	We do not expect a potential negative, or unequal, impact on people in terms of social and community influences on their health.	N/A	N/A

How will the project impact on, or affect:	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Actions taken (and who by)
6.6 People in terms of macro-economic, environmental and sustainability factors.	We do not expect a potential negative, or unequal, impact on people in terms of macroeconomic, environmental and sustainability factors. We may expect a positive impact as AAIs have a higher carbon footprint. The applicant company highlight that the smaller size and the disposal route of EURneffy® results in it having a lower environmental impact than AAIs.	N/A	N/A

7. **Please fill in section 7.1 after completing the EqHIA, and fill in the action plan.**

7.1 Please summarize the potential positive and/or negative impacts of the project.	We did not identify any potential negative impact. We have identified there may be potential positive impacts on people with protected characteristics and on the environment.

Action plan for mitigation or improvement and implementation

	Action	**Lead(s)**	**Timescale**	**Actions taken** *(state who by)*
7.2 What are the key actions identified as a result of completing the EqHIA?	• Consult with clinical experts in Wales, patient organisations, patients and carers in Wales (or the UK) and invite comments through the AWTTC website. • AWTTC to prepare an Evidence Summary Report (ESR) • Licensed One Wales Medicines Assessment Group (LOWMAG) meet to consider and agree a recommendation. • AWMSG meet to ratify LOWMAG's recommendation.	AWTTC	May 2026 May 2026 Jul 2026 Sep 2026	

	Action	Lead(s)	Timescale	Actions taken *(state who by)*
7.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment needed?	No			
7.4 What are the next steps? •	AWTTC to write an evidence summary report for consideration by the Licensed One Wales Medicines Assessment Group (LOWMAG).	AWTTC	May 2026	
7.5 Review of project and EqHIA		AWTTC	[TBC]	

AWTTC's EqHIA template is adapted from the Cardiff & Vale University Health Board EHIA template.