The official newsletter of the British Society for Allergy and Clinical Immunology

BSACI 2013
Annual Meeting report

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WE’RE FIGHTING THE SAME FIGHT

I HAVE A SEvere RESPIRATORY ALLERGY

I’M AN IMMUNOTHERAPY RESEARCHER

The biopharmaceutical company Stallergenes has been driving research and collaboration with the medical community for 50 years now and is at the forefront of allergen immunotherapy.
Welcome to a new edition of Allergy Update! Summer is now a distant memory but a fond one particularly the BSACI annual conference where we began our acquaintance with our new home in style. For those who were unable to make it (and for those who did) we have a report and more importantly pictures which no doubt will remain long in our collective awareness. Planning is now in full swing for next year and I am sure that any ideas for sessions or themes would be gratefully received by Claudia Gore and Helen Brough. Congratulations must also go to the Barry Kay prize winners, who have summarised their posters here for us.

Commissioning both locally and nationally is now upon us and there is still much work to do. Rubaiyat Haque and Adam Fox have summarised the state of play at the moment, but it is very important that everyone should be speaking to their local commissioners. We also have a view from the commissioners themselves which gives a unique insight in what they expect from us. Moving around the country Leicester tell us what services are offered as well as their research and thanks to Gary Stiefel for sharing this with us. There have been many changes in the sub-committees and we welcome the new chairs of the committees. We welcome Jennifer Whisken, Chair of the Nurses Committee, Matt Doyle who is now Chair of the Primary Care Committee. We also would like to welcome Chris Rutkowski as the new Junior Members Representative and hope they continue to go from strength to strength. Chris has set up a new e-mail for the junior members in order to be able to contact him and we hope that this will be much used.

Lastly we recently heard the sad news of the passing of Harry Morrow Brown who was a pioneer in the field of asthma in particular and who will be sorely missed by his friends, colleagues and the society in general.

Commissioning - a new opportunity!

Dr Lee Noimark, Paediatric Allergist, Barts and the London Children’s Hospital
Our first annual meeting in Telford was a great success—more delegates than ever before; plenty of space for delegates and exhibitors, and some very friendly and efficient staff at the Congress Centre. On behalf of the membership I’d like to thank our Meeting Secretary, Dr Claudia Gore and everyone else who helped her to deliver such an excellent meeting. From next year, we are going to move the timing of the meeting to the autumn. This follows some careful thought about how we make the meeting work even better, and how we plan the academic calendar to keep some time between our meeting and the key international events. A September meeting should also allow us to interact with key partners including the dermatology and respiratory communities.

Commissioning of allergy services remains a hot potato—our working group led by Rubaiyat Haque is addressing this for secondary care services. The national process is moving forward steadily even if the end game is not yet in sight.

Publication of the Francis report on the problems at Mid-Staffs, has triggered a wide debate about how we should look after acutely sick adults presenting to our hospitals. This has led to talks about which specialties might link with general internal medicine to provide enhanced consultant input for the acutely unwell. Clinical allergy is in a very good position to pick up some of the slack and active discussions are taking place about the possibility of new training programmes in allergy and internal medicine. This would complement existing training in pure allergy or in clinical immunology but could lead to an expansion of the number of allergy specialists in secondary care. Watch this space!

This issue contains a tribute to one of UK allergy’s iconic figures, Harry Morrow Brown, who recently passed away. Harry was a past president of BSACI and an honorary BSACI member. My personal memories of him started when I was an SHO up in Nottingham, and I met a lot of patients who had been to see Harry about their allergies over in Derby. Later I learned about his key role in the development of inhaled steroids and his other achievements, not least in skin testing techniques, which became the subject of my research thesis. Harry always had something useful to say about junior colleagues’ research and was an active participant in our meetings right up to last year. I will miss him.

Finally, BSACI Council will be meeting in December to review progress and plan the next year’s activities. If you have any topics or issues that you want us to address please do get in touch!

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Message from the President

Professor Anthony Frew,
President, BSACI

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Are you part of it?
ALLERNI
Improving the care of infants with cow’s milk allergy
What are Commissioners looking for when they consider new or additional services

Commissioners buy services on behalf of the public with public money. Health commissioning is divided between Clinical Commissioning Groups, Specialist Commissioning at NHS England, and Public Health services, (local and national).

These are the key issues that they need to consider:

What is the need?
Local Public Health services have a duty to produce a Joint Strategic Needs Assessment, (JSNA) - a description of need in a local population, taking account of age, deprivation, health inequalities and major health problems. So, if allergic illnesses are on the rise, the JSNA may well say so; a commissioner can ask for a detailed piece of work to understand this in more detail. This will include looking at current activity in local services, as well as prevalence, talking to patients, the public and professionals. The JSNA is used as the basis for identifying broad priorities for the yearly Commissioning Intentions of Clinical Commissioning Groups; if the need is specialist, then PHSEngland will carry out a similar piece of work for the Specialist Commissioning groups.

What is the evidence of what works?
Evidence based commissioning both to expand or to create something new locally is important.

What are the outcomes?
The focus now is not only on clinical outcomes, but whether the patient experience is good.

What will it cost?
What commissioners are often looking for is the additional costs of any service, but whether there are savings they will make as a result, or efficiencies. They may also ask about possible de-commissioning of services which will duplicate, or be superceded.

Does it fulfil the priorities of the Commissioning Intentions of the CCG or SCG?
If it doesn’t in one financial year, you may want to raise awareness so that it might in the following year.

The proposal is put together in a business case. Devising it working alongside commissioners so they are in tune with the ideas is important. It will be considered from a clinical, financial and patient perspective. The appropriate Board will consider the case.

CCGs, and SCGs are tasked with the difficult job of ensuring that priorities are met, making savings on their total expenditure, improving health services, and reducing health inequalities. If your business case helps them to deliver all of this, then success may well be yours. Good luck!!
Paediatric Allergy commissioning is now being managed separately to Adult Allergy and is instead part of the Specialist Paediatric Medicine Clinical Reference Group (CRG) which is chaired by Jackie Cornish, the National Clinical Director for Children, Young People and Transition to Adulthood.

The role of the CRG is to produce a service specification that determines what constitutes specialist work (and will thus be paid for by NHS England rather than local commissioning groups) and the requirements of providers. Services who hope to provide specialist work have been asked by their trusts to complete a gap analysis on their own service relative to the requirements of the current service specification. This will become a formal contract between trusts and NHS England in October. However, the CRG is very active in updating and revising the specification, which is an evolving project. The initial version was produced in a very short timeline and hence the opportunity to revise it for 2014/15 is very welcome although this revised version needs submission by October.

Another workstream is the development of service standards that will be used to monitor performance of specialist providers, with the intention of driving up quality. There is also funding becoming available for clinical and service innovations and we are keen that allergy is well represented in the applications process. If you wish to be involved in revising the specification, applying for innovation funding or developing service standards and are not already on the email list, please let me know so that you can be added to the regular updates.
Commissioning: where are we now and what should we be doing?

It is fair to say that there has been considerable interest in commissioning of services in the allergy community. Reflecting this interest was the surprisingly large attendance at the commissioning session at the BSACI annual meeting, matched only by the degree of audience confusion that the session generated.

Whether we see commissioning as a threat to allergy services, or as an opportunity to develop new ones (both of which are potentially true), we know that it is something important with which we need to engage. But as clinicians, what exactly do we need to do?

Before discussing this, we need to understand the basics of what commissioning is all about. The Health and Social Care Act 2012 abolished Primary Care Trusts (PCTs) and Strategic Health Authorities (SHAs), replacing them with approximately 200 Clinical Commissioning Groups (CCGs). Each CCG is responsible for commissioning clinical services from “any willing/qualified provider” based on the local population’s clinical needs. The majority of allergy services will be locally commissioned by CCGs.

Some highly specialised services dealing with conditions that affect small numbers of patients and require complex and expensive treatments may not be amenable to local commissioning. These services will be commissioned at a national level by NHS England (previously know as the NHS Commissioning Board). An estimated 0.1% of allergy sufferers in the UK will require highly specialised allergy services commissioned at a national level. What is included in “highly specialised allergy services” seems rather vague and includes conditions such as complex anaphylaxis, drug allergy, venom allergy, vaccine allergy, latex allergy, severe atopic dermatitis, severe allergic asthma, severe allergic rhinoconjunctivitis, hypereosinophilic disorders, mastocytosis and hereditary angioedema.

So, what do we need to do as clinicians? Firstly, you need to determine whether your practice will involve highly specialised services requiring national commissioning, less specialised services requiring local commissioning, or (most likely) a combination of both. The implication of providing services that are nationally commissioned is that your practice will need to fulfill NHS England’s specification for Specialised Allergy Services (Service Specification Number B09, available on the NHS England website). The clinical lead will need to declare compliance with these specifications which is then subject to inspection by NHS England. If you do not comply with the specifications, your services will not be nationally commissioned. Make sure your service managers and more senior managers are aware of this.

If you provide a mixture of locally and nationally commissioned services, then you will need to devise a way of coding these services separately. Larger services may have separate clinics for nationally commissioned work (for example, drug allergy clinics, immunotherapy clinics, severe asthma clinics, venom allergy clinics etc). These specialist clinics can be coded for national commissioning. More realistically, many general allergy clinics will have a mixture of cases, some for local commissioning and others for national. To deal with this the clinician, at the end of each consultation, should record whether the case is for local or national commissioning (a simple outcome form with a tick box and subsequent electronic record should suffice) so that the appropriate authority is billed and differential specialist activity recorded.

For local commissioning, clinicians with services that are already established probably need not do anything immediately beyond liaising with their service managers to ensure that services are being paid for. In the longer term, and for the establishment of new locally commissioned allergy services, CCGs are likely to be interested in hearing about demonstrable need for allergy services in their local population, evidence for clinical and economic effectiveness of allergy services and some quality assurance of current and proposed new services. The BSACI local commissioning group is currently working on a document containing information that should be of assistance with this matter and it will be circulated in due course.

Finally, for quality assurance of smaller service providers, it is essential that you get involved in a network led by a large specialist centre with regular clinical meetings and shared governance activity. Any providers in the south east (however small or large) who want to form such a network, please get in touch with me at rubaiyat.haque@gstt.nhs.uk. I would encourage other large allergy centres around the country to do the same.
"can be considered the drug of choice for the treatment of AR"

For moderate/severe allergic rhinitis


**Indications:** Dymista is indicated for the relief of symptoms of moderate to severe seasonal and perennial allergic rhinitis if monotherapy with either intranasal antihistamine or glucocorticoid alone is not considered sufficient.²

**Medication:** Dymista Nasal Spray, suspension. Prescribing Information:

- **Presentation:** Nasal spray suspension. Each gram of suspension contains 1000 micrograms of azelastine hydrochloride and 366 micrograms of fluticasone propionate.
- **Indications:** Relief of symptoms of moderate to severe seasonal and perennial allergic rhinitis.
- **Dosage and administration:** Adults and children over the age of 12. One actuation into each nostril twice daily. Contraindications: Hypersensitivity to azelastine hydrochloride or fluticasone propionate or any of the other ingredients in this medicine.
- **Warnings and precautions:** Avoid concomitant use with tricyclics. Systemic effects of nasal corticosteroids may occur. Systemic exposure in severe liver disease may be increased. Dymista may result in clinically significant adrenal suppression. Monitor patients who experience changes in vision or have a history of ocular pressure, glaucoma and/or cataract. If adrenal function is impaired, take care when changing medication to Dymista. In patients with infections, recent surgery or injury to nose or mouth, weigh benefits against risks of use. Contains benzalkonium chloride.
- **Undesirable Effects:** Epistaxis, headache, dizziness, unpleasant smell, hypersensitivity reactions including anaphylactic reactions, angioedema, bronchospasm, rash, increased intracranial pressure, cataract, septal perforation, growth retardation may be possible in adolescents receiving prolonged treatment and growth should be monitored regularly. Consult the Summary of Product Characteristics for other side effects. **Package Quantities and Basic Price (UK):** £18.91 for 23g bottle. Each spray (0.14 g) contains 137 mcg of azelastine hydrochloride and 50 mcg of fluticasone propionate. Legal category: POM. Product Licence Holder: Meda Pharmaceuticals Ltd, Skyway House, Parsonage Road, Tadley, Hampshire, GU10 1XU. Marketing Authorisation Number: PL 15142/0258. Date of preparation: April 2013. UK/DYM/13/00002(2).

**Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard. Adverse events should also be reported to Meda Pharmaceuticals Ltd.**

**Abbreviations:**
- AR: Allergic rhinitis.
Leicester Allergy Service

As part of my plan to highlight BSACI Allergy Services around the UK in this edition Leicester gives us an insight into their service.

In contrast to much of the UK there has been an Allergy service in Leicester since the 1980s. Originally established by Immunologist Dr Martin Stern the service separated into separate adult and paediatric services in 2004.

Adult Allergy Service

This is provided by a multidisciplinary group of consultants: Immunologist Dr Richard Baretto, Allergist Dr Alexandra Croom and Respiratory Physicians Dr Nasreen Khan and Professor Andy Wardlaw. Supported by a team of 7 specialist nurses from Immunology, Allergy and Asthma as well as 2 specialist dietitians the service aims to provide holistic care for patients. The service is split across 3 sites coming together twice a month for clinical and management meetings. We also participate in the local clinical network – the Trent Region Immunology and Allergy Consortium.

A complete range of specialist services is provided. Professor Wardlaw runs a service for patients with hypereosinophilia as well as pursuing a specialist interest in fungal asthma. There is a large drug allergy practice run by Drs Khan and Baretto. Food allergy care is available in a specialist Dietitian-delivered clinic as well as in Dr Croom’s clinics. There are day case facilities with an ever-expanding food, latex and drug challenge service and subcutaneous immunotherapy. We have followed a small cohort of patients receiving sublingual milk desensitisation (as learnt from our colleagues in paediatrics) and intend to expand this service further.

The Midlands Asthma and Allergy Association (MAARA) has supported allergy research in Leicester with grants totalling ~£700,000. These have funded the establishment of an aerobiology and mycology group in the University of Leicester led by Dr Catherine Pashley. This is one of a few UK centres that measure airborne concentrations of fungal spores and study their role in asthma and allergic airways disease.

Paediatric Service

Dr David Luyt joined the service in 1996 (with his appointment as Paediatric Intensivist!) and Heidi Ball as a specialist allergy dietician. Kerrie Kirk joined as a paediatric allergy nurse in 2006. Subsequent additions have been Kristian Bravin (dietitian), Lesley Danvers (allergy nurse) and Drs Mhorag Duff and Gary Stiefel. Gary was appointed following Paediatric Allergy Grid Training.

We provide a comprehensive allergy service including open food challenges, drug challenges and assessments for suspected vaccine allergy. We have an immunotherapy programme providing both sublingual (for grass and tree pollen, house dust mite and animal allergy) and subcutaneous (for wasp and bee allergy) immunotherapy.

In 2007 Leicester was the first UK service to offer specific oral tolerance induction (SOTI) as treatment for children with persistent milk allergy. We have enrolled over 50 children for treatment and presented our experience at the BSACI Meeting in Telford this year. We have also developed a baked egg SOTI programme.

Education, Research & Network

We run an annual paediatric allergy study day for healthcare professionals and currently receive BSACI sponsorship. We are providing lectures to the 3 Leicestershire CCGs and have worked with them in conjunction with local education authorities to role out standardized emergency action plans across the region.

We are involved in SNIFFLE, a UKCRN study looking at the safety of nasal influenza immunisation in egg allergic children and we have joined forces with the West Midlands to create a Midlands Paediatric Allergy Group.

Future

We hope to provide a sub-specialty post in paediatric allergy from September 2015 and special Interest Modules in allergy for trainees in general paediatrics. Finally, we are keen to develop our research portfolio and collaborate with other centres.
The 2013 BSACI Annual Meeting saw professionals from the field of allergy and immunology coming together in our new venue - the Telford International Centre - for our largest, most successful meeting so far!

United under the theme of “Allergy Across the Ages”, national and international speakers and delegates explored the origins and mechanisms of allergic disease, as well as sharing their understanding and expertise about the best treatments for children, adolescents and adults with allergic disease.

We provided several strands within the conference programme - primary care, allied health sessions, paediatric and adult allergy and the basic science of allergic disease. We were supported in this by an excellent faculty of over 100 leading national and international speakers from Europe and North America.

From the first plenary session on Monday morning to the last symposium at lunchtime on Wednesday, we were impressed with the excellent attendance at these great sessions. All credit goes to our excellent speakers and convenors, who made these sessions such a success.

This year, 657 registered delegates attended the meeting - an increase of 100! Of these, 148 were faculty members (109 speakers) delivering 36 sessions over the three days. The new venue worked well for the sessions, networking, breaks and the generous exhibition area was much appreciated by exhibitors and poster presenters alike. A big "Thank You" at this point, for the exhibitors and sponsors, without whom the meeting would not be possible in its current, high-quality form.

We accepted 124 high quality abstracts across the three submission categories of Basic Science, Paediatric and Adult Allergy. All were presented as poster presentations and 15/124 were selected for presentation in the oral abstract sessions.

The abstract selection and judging process was expertly coordinated by Dr Helen Brough, Deputy Meeting Secretary, and six excellent and high-calibre presentations were selected for our six Barry Kay Award categories: Primary Care, Allied Health, Basic Science, Paediatric Allergy, Adult Allergy and best Undergraduate presentation. We thank Professor Kay, who presented the awards on the Tuesday.
Professor Christopher Corrigan and Professor Adnan Custovic were honored for their contributions to the field of asthma, allergy and immunology:

Professor Corrigan delivered the 2013 Jack Pepys lecture and received this prestigious award from Professor Sir Mark Pepys.

Professor Adnan Custovic received the 2013 William Frankland Award for his contribution to the delivery of allergy care. The award was presented by Dr Frankland himself.

To celebrate our move to the new venue and welcome all of the delegates to Telford, we had a special surprise for the Welcome Evening on Monday night!

When the Fun Fair with Bumper Cars was unveiled, the expressions of delight on those present was priceless! The photos speak for themselves (http://bsacimeeting.org/news-and-resources/gallery-from-2013/)! Needless to say, it took very little time for everyone to get stuck in.

The 2013 President’s Dinner moved to a new venue – Enginuity Ironbridge Gorge Museum, set in a UNESCO Heritage Site. Professor Frew, BSACI President, was joined by a record number of guests (205), who enjoyed the interactive reception area and meal in a great setting.

2013 Annual meeting in numbers:
- 109 speakers
- 657 delegates
- 36 sessions
- 124 abstracts
- 27 countries represented
- 1,209 bumps in a bumper car!

Date for your diary:
BSACI 2014 “Allergy - towards true multidisciplinary care”
Telford International Centre, Sunday 28th to Tuesday 30th September 2014
I am a post-doctoral research fellow with a background in psychology and work on a number of allergy and asthma-related projects. One project I was involved in looked to determine if a primary care based formal allergy assessment (history and skin prick test) with appropriate allergy avoidance advice, improved symptom control and quality of life in children with asthma and/or rhinitis. We recruited 341 children aged 6-16 years from 19 general practices across Sussex. Half of the children were randomised to our formal allergy assessment group and the remaining to our usual care group. We measured children's asthma and rhinitis symptoms, quality of life and lung function at baseline and 12-months later. We found that the primary care based formal allergy assessment in children improves quality of life and reduces rhinitis symptoms but appears to have no impact on asthma symptoms or lung function.

Dr Faruk Ramadani
Basic Allergy

In vitro generation of human IgE+ cells and characterisation of their differentiation into IgE-secreting plasma cells (Pcs)

Summary
Studies on IgE B cell biology are of fundamental interest and value in understanding the pathogenesis of allergy. Due to the rarity of IgE+ cells this is made very challenging. Here we have identified a pattern where the frequency of eGC and memory B cells can be used to predict the yield of IgE+ cells in a tonsil B cell culture facilitating research in this rare antibody class. In these cultures, we also consistently observe two populations of IgE+ cells, IgElo and IgEhi, when staining for intracellular IgE. Characterisation of these two IgE+ cell populations has given us the first insights into human IgE differentiation pathway.

Dr Helen A Brough
Paediatric Allergy

Consultant in Paediatric Allergy, Guy’s and St. Thomas’ NHS Foundation Trust.

Gene-environment interactions are known to play an important role in the development of atopic disease. In this study we examined the role of filaggrin null mutations and environmental peanut exposure on the development of peanut sensitization and allergy in children recruited to the Manchester Asthma and Allergy Study. This study was funded by Action Medical Research.
Dr Nicola Gray  
**Adult Allergy**

Double Blind Placebo controlled food challenges (DBPCFC) in the birch oral allergy syndrome: Should they really be considered “gold standard” in clinical trials?

Our group are looking at whether birch specific immunotherapy can be used to treat birch oral allergy syndrome. A number of trials have researched this previously but have used a variety of outcome measures. In clinical trials involving food allergy, the DBPCFC is considered a “gold standard” test. We undertook a pilot study to determine whether they could be utilised effectively in this syndrome.

There was no correlation to symptoms experienced at open challenge with fresh apple and the blinded challenges. The blinded challenges failed to reproduce symptoms even when an entire apple was consumed. We believe this is because blinding reduces contact with the oral mucosa decreasing symptoms. The lability of the protein Bet v 1 may also play a role. DBPCFCs should not be considered “gold standard” outcome measures in the assessment of this syndrome.

I gained my MBBS from UCL in 2004 and began my training in Respiratory Medicine in 2008. As part of my training I’m undertaking an MD and moved from the East of England deanery to the university of Brighton and Sussex Medical School. I am particularly interested in pollen food syndrome and immunotherapy. Away from research I am involved in teaching the medical students and am an ALS instructor.

Miss Rachel Griffin  
**Allied Health**

The poster presented the findings of 503 Children and Young People’s Allergy Specific Patient Reported Experience Measure (PREM); 253 were children’s and young people questionnaires and 250 were parent versions. Understanding their experience is integral to measuring the quality and understanding the efficacy of healthcare. The majority questionnaires were collected in hospital allergy clinics and some from primary care and other non health care community settings.

Overall respondents felt their conditions were well looked after, however some areas performed better than others:

**Doing well:** Providing information, giving clear answers, discussing treatment, talking in way that is understood • How and when to use medication

**Could improve:** Communicating with school or nursery • Giving enough information on side effects • Information on support groups • Providing written management plan.

Miss Gabriella Capel-Williams  
**Undergraduate**

Written patient information has been found to increase patient’s knowledge, compliance and satisfaction. To maximise their impact, patient information leaflets need to be easily accessed and understood. Allergy UK is a major provider of information to allergy sufferers and their families, producing over 120 different leaflets. The study aimed to assess the readability, presentation and quality of these leaflets. The recommended reading grade for the general public is 4-6, but it was found that the readability levels of the leaflets were much higher at 10.5-13.8. Generally the presentation and quality of these leaflets was good, but in order to maximise their impact more leaflets need to contain aims, key points, case studies and suggested further reading.
The 2014 British Society of Allergy and Immunology Annual Meeting will be held from Sunday 28th Sept until Tuesday 30th September 2014 at the Telford International Centre in Shropshire. The meeting date was changed following feedback from delegates and to avoid the current overlap of our meeting with the Annual Meetings of the British Association of Dermatologists and in particular with that of the European Academy of Allergy and Clinical Immunology. Starting the meeting on Sunday will also reduce the amount of time taken for study leave.

Following the success of the 2013 BSACI Annual Meeting we hope to make the 2014 BSACI Annual Meeting even better, with joint sessions with other specialties - in particular dermatologists, respiratory physicians, gastroenterologists and ENT specialists. We will continue to enhance our dedicated days for Primary Care and Allied Health Professionals and much more.

The program planning meeting for the 2014 BSACI Annual Meeting was held on the 4th October at the Reform Club and comprised a wide range of participants from Adult and Paediatric Allergy, Clinical Immunology, Dermatology and Respiratory specialties and a strong representation from Primary Care and Allied Health.

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BSACI Travel Fellowship Scheme

In the past year, 36 members were awarded a BSACI Travel Fellowship to attend meetings to present research both nationally (at the BSACI Meeting) and internationally.

Presenting research at conferences offers a great opportunity for young researchers to network with likeminded colleagues, receive feedback on their work from their peers and be inspired by the leaders in the field of allergy.

BSACI are pleased to announce that funds are available again for the next year for members to help towards paying the cost of travel, accommodation and the registration fees for Meetings. Successful applicants will receive a grant of up to £400 towards the cost of the BSACI 2014 Meeting and up to £1,000 for European and international meetings.

The BSACI would like to thank DANONE Baby Nutrition (UK) & MEDA Pharmaceuticals Ltd & Stallergenes (UK) Limited for supporting BSACI Travel Fellowship Scheme and welcome our new supporter Diagenics into the scheme.

Funds are available to: Junior Members, Student Members, Adult or Paediatric Allergy and Immunology Trainees, Nurses and Dieticians. If you are a member and have submitted an abstract, which has been accepted - you can apply!

How to apply for a BSACI?

Having been notified that your abstract has been accepted applicants need to submit the following by email to: Fiona Rayner at Fiona@bsaci.org

- A covering letter
- Brief curriculum vitae
- The abstract that has been accepted
- A supporting letter from the Head of Department.

If you wish to apply for a BSACI Travel Fellowship please ensure your abstract has been accepted, before applying. All applications must be made at least two months prior to the meeting you wish to attend.

Successful applicants may be called upon to submit a report on their attendance at the meeting for publication in Allergy Update.

Further details on BSACI Travel Fellowship Scheme can be found on: www.bsaci.org/meetings-and-events/travel-fellowships-and-bursaries
Travel Fellowship Awardee Report

I was fortunate enough to be granted a BSACI travel grant to attend EAACI 22nd to 26th June 2013, hosted in Milan’s famous MiCo centre which had an incredible buzz throughout the event. The moment I arrived on the premises there were huge banners guiding me towards the exhibition site. The friendly and helpful staff kept the registration process running smoothly and security kept everyone in check! The event was supported by numerous sponsors all of whom contributed to the atmosphere in the exhibition hall. This was the largest conference I had ever attended. There were 9,000 delegates and over 2,000 abstracts submitted for presentation at the conference.

I had worked with Dr Lee Noimark, paediatric allergist at Bart’s Health, on an innovative piece of work pertaining to oral allergy syndrome (abstract title “Burning mouth syndrome and oral allergy syndrome - is there an overlap?”). We have conducted an initial pilot questionnaire which sought to identify the allergic profile of patients with burning mouth syndrome. The view of this piece of work was that some patients identified as having burning mouth syndrome may have an allergic cause to their symptoms and therefore would benefit from the treatment offered by allergy specialists. It had not occurred to me that delegates from the conference would suggest that patients they treat unsuccessfully for oral allergy syndrome, may indeed be closer to a burning mouth syndrome profile. I was thrilled to see that this early piece of work seemed to draw attention at the conference with some delegates specifically seeking me out (having read the abstract) to discuss the work with me.

I had an enjoyable experience at the conference, meeting new colleagues and in exploring Milan city. I would strongly recommend to anyone interested in allergy or asthma to attend next year’s conference in Copenhagen on 7 - 11 June 2014.

I wish to extend my thanks to Dr Lee Noimark and to Dr Tim Hodgson (consultant in oral medicine at UCLH) for their supervision on this piece of work. I am grateful to BSACI for sponsoring my attendance at the event, the support of whom without which I would not have had this experience.

Joanna Christou,
Medical Student, Barts and the London School of Medicine and Dentistry

News from Europe

Those of you who were at the Congress in Milan this summer will know that EAACI is thriving despite the turmoil that has hit much of Europe. The Academy is continuing to run its Food Allergy and Anaphylaxis Campaign over the next year. Please look out for a series of systematic reviews and guidelines in Allergy that have been developed as part of this initiative. With Nikos Papadopoulos as the Academy’s new president, we can expect some changes over the next two years. Within the Paediatric Section, Susanne Lau is now Chair and George Du Toit is the Section’s new secretary. I have remained on the Academy’s Executive Committee as a Member at Large. My focus will be upgrading the Academy’s approach to developing guidelines, as well as ensuring that UK views are represented. Please feel free to contact me if you have any issues that need to be discussed at a European level.

Graham Roberts, Professor and Honorary Consultant Paediatrician in Paediatric Allergy and Respiratory Medicine, at the University of Southampton.
Food allergy and allergic diseases are very common paediatric conditions. Despite this there are few opportunities to undertake training in this area of medicine. In consequence most paediatric consultants have no formal training in this common and important area. The RCPCH has developed the “SPIN” programme in Paediatric Allergy in order to address this training need.

To date, paediatric trainees have had only 2 routes to develop knowledge and skills in paediatric allergy. For the vast majority, this has been through the general paediatric route, where experience of allergy case management may contribute to development of general competences listed in the curriculum. The condition-specific curriculum for general paediatric trainees is pretty limited – to anaphylaxis & food allergy – and notably most competences are assigned to levels 1 and 2 of the training scheme, meaning that senior trainees (level 3), who are approaching consultant applications, are not actually required to further their allergy skills!

Currently the only way to secure formal post graduate training in allergy is through the RCPCH “national grid” scheme. Trainees are required to apply through a central national recruitment process. Successful trainees follow a training scheme in a number of approved centres and exit with subspecialist accreditation. The number of grid allergy trainees is very small – and only between 1 & 3 enter the programme each year.

So, the SPIN programme has been developed by the RCPCH to enable senior trainees (level 3), who have a particular interest in a subspecialty to complete an additional curriculum, which will enable them to develop their ‘special interest’ and gain the competences they require to run a busy allergy clinic as a general paediatrician.

The allergy SPIN curriculum has been developed by the paediatric allergy, immunology and infectious diseases CSAC (College Specialty Advisory Committee), with input from BSACI-paediatric allergy group, and is due for release very shortly. It is closely aligned with the grid curriculum, but is designed to be achievable within district general hospital training posts, and be relevant to the practice needs of a consultant who is competent to manage children with a wide range of allergic conditions. The website will also include details of the training standards required for CSAC approval of the local SPIN training programme.

We would welcome contact from any general paediatric trainee who would like to know more about the allergy SPIN module. Keep an eye on the RCPCH website, or contact Dr Gillian Vance for further information (Gillian.Vance@nuth.nhs.uk)

Allergy Action Plans

A recent international survey by the World Allergy Organisation found that the UK is one of the few countries in the developed world which does not have nationally-agreed Allergy Management Plans, which is leaving sufferers at risk of potential life threatening delays in the appropriate treatment of severe allergic reactions. After an extensive consultation process involving health professionals, patient organisations, parents of food-allergic children and teachers, the new BSACI Allergy Action Plan was approved by the BSACI PAG at the BSACI conference in July. The plan is available to all on the BSACI website via the Publications and Resources tab, at www.bsaci.org/about/pag-allergy-action-plans-for-children . These plans have been designed to facilitate the identification and personalised, appropriate, treatment of accidental allergic reactions including anaphylaxis, to be delivered by people without any special medical training nor equipment apart from access to an adrenaline autoinjector device.

The reverse side of the Plan incorporates a ‘Travel Plan’; this aims to facilitate safe travel with medications and safe foods. It will also reduce the administrative burden on allergy clinicians as families frequently request such documents.

We will review the efficacy of the plans after a year and look forward to creating additional plans for adults. We are also investigating the release of a small wallet-sized version following requests by patients in clinic.
Regional Primary Care Day Bursaries

Given the lack of knowledge many GPs have of allergy, training primary care health professionals continues to be a major priority for BSACI. As a result BSACI have continued to work with our industry partners to secure funding to enable BSACI members to provide training for GPs.

BSACI members are best placed to provide important allergy training and to help, BSACI can offer up to £3,500 to cover costs for the day. **BSACI have increased the funds from £2,000 to £3,500 due to feedback we have received from BSACI allergy services who have organised a training day.** To apply for a bursary of up to £3,500 you can download the simple application form from ‘Travel Fellowships and Bursaries’ page on the Member’s area or email the Training and Education Coordinator at primarycare@bsaci.org. NB: Please do make sure that you leave a minimum of 3 months notice between the application and your proposed date.

If you are thinking of applying and would like to have an informal chat beforehand please call Fiona Rayner on 0207 501 3910.

**Regional Primary Care Day Bursaries**

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**BSACI website update**

It has now been a year since the new BSACI website went live and with a 40% increase in traffic compared to the old site, the updated site can be considered a success. To date there have been over 60,000 visitors with traffic peaking in July coinciding with the annual meeting. The top four visited pages (apart from the home page) are: find a clinic, the BSACI guidelines, BSACI meeting and resources – information about common allergies.

The website remains regularly updated with articles about the society and its members. After a break over the summer, regular email alerts will be sent out once more highlighting the latest news on the website. Revalidation source guides and photographs from the meeting at Telford (the latter of which are definitely worth looking at if you have not seen them); are both accessible to members on-line.

Moves are also currently afoot to expand the versatility of the website, so it becomes a resource allowing clinical researchers to update both the society and members of the general public about their on-going research and publish trials that they are actively recruiting to. Funders are increasingly recognising the importance of public engagement in science. Furthermore, many members of the society are involved in academic research but there is no collective overview and it is hoped that the website, will facilitate communication between researchers.

Finally, the BSACI, Standard’s of Care Committee will also be shortly publishing a number of guidelines on the Website for Consultation. As always members are encouraged to look at and comment on the guidelines. Guidelines that are expected to open for consultation in the next quarter include the beta-lactam guidelines in November 2013 and the revised urticaria and angioedema guidelines in January/February, 2014.

**Clinical Immunology Committee Update**

We had a very successful immunology meeting at the BSACI with three expert speakers on vasculitic problems and their presentation. There was a lot of interest from both immunologists and allergists regarding this area of overlap between specialities, we continue to input into the KBA in allergy providing questions on immunodeficiency.

We continue to encourage joint training of both immunology and allergy trainees particularly in core areas and trainees are attending both immunology and allergy sessions. We are currently working to review the 2005 report on the relationship between Immunology and Allergy and hope to establish a committee. A copy of the report is available on the Clinical Immunology section of the BSACI website.

If there are any members of the BSACI interested in taking part in the review please contact the BSACI Office.
The Standards of Care Committee (SOCC) has had a very active summer, having made lots of progress since our last update in February. We were pleased to welcome two new members to the committee, Dr David Luyt from Leicester, who recently led on the milk allergy guideline and Prof Helen Smith from Brighton representing paediatric and primary care respectively. Professor Aziz Sheikh stood down, but will be available for consultation.

The highly anticipated milk allergy guideline has been submitted to Clinical and Experimental Allergy for publication. Members of BSACI had the opportunity to comment on the document during the consultation period and we thank those who contributed to this. We feel that the online consultation process is a vital part of guideline development and encourage members to take part in this.

Guidelines that have already been published by SOCC are updated periodically. Prof Richard Powell and Dr Susan Leech are co-authoring an update to the urticaria guideline (first published in 2007) which will be available for membership consultation on the website soon.

BSACI SOCC hosted a symposium at the Annual Meeting this year, where we presented the milk allergy and beta-lactam allergy guidelines and the new SOCC audit manual. The session was very well attended and generated some interesting discussion. This will be a regular fixture in future years, where we will give members an additional opportunity to preview and comment on guidelines in development.

Guidelines in the pipeline include beta-lactam allergy, peanut/nut allergy, the prescription of adrenaline auto-injectors, allergen avoidance, local anaesthetic allergy and latex allergy.

Primary Care Committee Update

I must firstly pass on both mine and the groups thanks to Elizabeth Angier who has chaired us so well over the last three years. She and Dermot Ryan, whilst kindly remaining members of the BSACI primary care group, have gone on to Chair the EAACI Primary Care Interest Group which met at the conference in Milan this year. We wish them well going forward.

I took over as chair in July at Telford with Steve Holmes starting as vice-chair. Our members of the primary care group cover a wide range of primary care; from medicine, nursing, dietetics and other allied health professionals to representatives from associated charities. To this end we are pleased to welcome Maureen Jenkins from Allergy UK to our number.

The group are involved in a wide range of activities: we have members currently on the guideline development group for the upcoming NICE guidance on Drug Allergy; members writing articles which have been published in journals aimed at Primary Care whilst others have been involved in creating guidance on the management of Cow’s Milk Allergy. We spent some of our time at Telford recording webinars for GP’s on “Taking an Allergy History” and “Cow’s Milk Protein Allergy”, with excellent contributions from Adam Fox, Pamela Ewan and Andrew Clark. Many thanks to all who gave their time to this project.

Much of our focus this year will be on commissioning. At a time of shrinking budgets and significant pressures on General Practice from all corners we will need to ensure that Allergy services are well promoted, represented and appropriately commissioned.
The Food Allergy and Intolerance Support Group of the British Dietetic Association

Dr Carina Venter, Chair of the Food Allergy and Intolerance Support Group (FAISG)

The group consists of 150 members with weekly e-mail contact and round robin question/answers. Members of the group are, as in the past, involved with the AAAAI, EAACI, WAO and the BSACI with members involved in:
- The BSACI Milk and Nut allergy guideline development group
- The EAACI Food Allergy Guideline development group and tool on how to take an Allergy Focused diet history
- The AAAAI task force on developing an on-line educational tool for AHP

The group has now produced four diet sheets on Wheat avoidance, Milk avoidance, Nut avoidance and Salicylate avoidance which are now available on-line on the BDA website www.bda.uk.com

The group has been involved in the Milk Allergy and Primary Care guidelines, which has now been published by Clinical and Translational Allergy.

Dr Isabel Skypala has been elected as Chair of the Allied Health Interest Group of EAACI and Dr Venter as the Secretary at the recent EAACI annual meeting in Milan, June 2013.

Junior Members Update

Dr Chris Rutkowski, Allergy SpR, Addenbrooke’s Hospital, Cambridge.

Since you last read Allergy Update, Melanie York has completed her training and therefore has stood down as BSACI Junior Member Representative. Big thanks to Melanie for her excellent work! I am the new BSACI as well as RCP/RCPath JCIA Trainee Representative. Prathap Pillai from Guy’s will represent us on the JRCPTB Allergy SAC.

It has been a very busy time in the allergy trainees’ world. In June, a training day on the state of the art in allergen immunotherapy was organised by Prof Durham at Royal Brompton. In July, quite a few of us participated in the EAACI meeting in Milan. The BSACI conference in Telford was a great success scientifically but also socially - a funfair-themed social event with crazy dodgem rides will definitely be long remembered by many members of the Society. Then in September, Dr Gore invited us to Imperial College Hospital, London to a training session that covered many crucial aspects of paediatric allergy including its psychosocial aspects.

We showcased our specialty at the RCP Careers Fair on September 21st. This was a one-day event were we spoke to medical students and foundation doctors about allergy and immunology. We also had a stand at the BMJ Careers Fair in Islington London on October 18 & 19th and hope some of those who visited us at our stand will choose allergy as their career path.

Last but not least, please email me to let me know what you expect of your new BSACI representative. Also, please share your suggestions for the trainees programme at the next year’s BSACI conference. My email: juniormembers@bsaci.org.

SpR Training Days

Most of the trainees will know the BSACI supports a three year programme of Allergy training days for trainees. These take place at various centres around the country and are open to all Allergy, Immunology and Paediatric SpRs. These days form part of your allergy training, and specifically cover aspects of the allergy curriculum. The next training day will take place at the Royal National Throat, Nose and Ear Hospital on 28th January 2014. It will cover Rhinitis, Sinusitis and Rhinoconjunctivitis. This will be followed by a training day focused on laboratory Investigations in Sheffield in May.

If you do not currently receive details of the training days, but think you are eligible to attend please email primarycare@bsaci.org with details of your current position.
Earlier this year the NASG launched its latest campaign to improve NHS allergy services with a postcard designed to be sent to MPs to urge them to highlight in Parliament the issue of the hopelessly inadequate services currently offered to those living with allergic disease. We’re calling on all MPs to raise our concerns with the Health Minister and to investigate the state of allergy services in their constituency.

It is now a decade since the RCP report “Allergy: the unmet need” which reported that 20 million people in Britain have allergies yet the NHS is still failing them. Many of these people have severe or complex allergy with more than 50% of children developing some kind of allergy. The NASG wants to highlight the ongoing lack of care many patients continue to receive and hope we can call on your support during this stage of the campaign.

This edition of Allergy Update contains a copy of the postcard and we are asking you to take the time to send the card to your local MP to prompt them to get involved in the campaign. All you need to do is add your MP’s name to the front of the card, your details to the back, add a stamp and pop it in the post. We would also like to encourage all patients to send cards, and have been working closely with the Anaphylaxis Campaign and Allergy UK to achieve this. If you feel you could distribute the cards to patients in clinic please get in touch.

For more information visit www.nasguk.org or email Mandy East mandy@nasguk.org

I wish to extend sincere thanks to Jan Chantrell on behalf of the BSACI Nurses Group for her unwavering nursing leadership over two years as Chair. Jan has worked extremely hard to put together an effective nurse team and championed the contribution of nursing to allergy care most notably through training and development at BSACI conferences.

I am delighted to officially take over the Chair of the Nurses’ Group following July’s BSACI conference. I am a full-time Allergy Nurse Specialist with six years clinical experience in allergy at Addenbrooke’s Hospital, Cambridge, and work with a broad spectrum of allergic disease in adults and children.

The Nurses’ Group has written standard operating procedures (SOPs). The SOP for administration of a nasal spray is now available on the BSACI website, with EpiPen and Jext adrenaline auto-injector SOPs to follow soon, and an adult skin prick testing SOP is planned.

Delegate evaluations from the 2013 BSACI conference were very positive regarding the drop-in one-to-one workshops covering skin prick testing, anaphylaxis management, administration of adrenaline auto-injectors and nasal sprays, and application of topical creams.

Over the next quarter the Nurses’ Group will be addressing nursing competencies that can be applied to all bands of nurses working in allergy. Our committee members represented nursing at October’s meeting to begin planning for the 2014 BSACI conference.

If you are interested in joining the BSACI Nurses’ Group, we have a vacancy, please contact me at the following email address; jennifer.whisken@addenbrookes.nhs.uk
Committee and group news

Paediatric Group News

Dr Susan Leech, Consultant Paediatric Allergist, Kings College Hospital and Chair of the Paediatric Group.

Over the last month the paediatric group have been busy finalising the Specialised Service Specification for 2014/15. As I write, it is with the stakeholders for comment, who will let us know if it’s fit for purpose. Work still needs to be done on the Outcome Framework, Quality Requirements and CQUIN goals, so will be meeting at the BSACI in Battersea on the 12th November to take this forward. Thanks to Adam Fox, who represents allergy in the Specialist Paediatric Section of the Paediatric Medicine CRG.

Paediatric allergy Specialist Services are being visited and assessed by the NHS Commissioning Board, for compliance with the 2013/14 Standard Contract. Identification rules (IR) appears to be a sticking point. Because outpatient attendances aren’t diagnostically coded, there is no way of splitting specialist and non-specialist allergy work. When the NHSE tested their identification rules last year, pilot sites told them this would be an unnecessary administrative burden to ICD 10 code every outpatient appointment for no differential tariff. So we’re watching with anticipation, to see where this leads.

Paediatricians in training are constantly asking about training as a general paediatrician with an interest in allergy. Until now, this has only been achieved through informal routes. Gill Vance and CSAC have been working hard to develop the SPIN (SPecial INterest) training programme in Paediatric Allergy. Please read her report in this issue of Allergy update.

Thanks to Paul Turner and George DuToit, the final versions of the BSACI Anaphylaxis and Allergy Management Plans are now on the BSACI website. You can find them under ‘Publications and Resources’ > ‘Paediatric Allergy Action Plans’. We hope you enjoy using them and find them useful.

BSACI seeks new Editor of Clinical & Experimental Allergy

Call for Expressions of Interest

Clinical & Experimental Allergy - the official journal of the British Society for Allergy and Clinical Immunology - is the third highest ranked allergy journal, published by Wiley Blackwell - it strikes an excellent balance between clinical and scientific articles and carries regular reviews and editorials written by leading authorities in their field. Clinical & Experimental Allergy publishes clinical and experimental observations in disease in all fields of medicine in which allergic hypersensitivity plays a part.

Clinical & Experimental Allergy is essential reading for allergy practitioners and research scientists with an interest in allergic diseases and mechanisms.

Professor Wardlaw and his fellow editors have indicated that they wish to step down from their role as editors of the journal at the end of 2015. Wiley Blackwell and the BSACI are therefore looking to appoint a new editor who could possibly work alongside the current Editor for three months (pending their journal experience) and then take over full editorial control of the journal at the start of 2016.

At this stage the BSACI are asking the allergy community for expressions of interest in the editorship of Clinical & Experimental Allergy. The Editor will be appointed for five years in the first instance with the option of a further five years by mutual consent. The Editor will have a strong track record in research into one or more aspects of allergic disease.

Individuals who are interested in becoming Editor of Clinical & Experimental Allergy should submit a one page CV together with a short paper (no more than two pages of A4) summarising the following:

- Research experience
- Other relevant experience and perceived strengths
- How they would envisage managing the editorship of Clinical & Experimental Allergy

Expressions of interest should reach the BSACI office by no later than Monday April 28th 2014. Professor Wardlaw would be happy to have informal discussions with interested individuals either by email aw24@le.ac.uk or telephone 0116 256 3841.

Selected individuals will be invited to submit a full application by the end of June 2014. Short listed candidates will be invited to interview in July 2014.

NB: It is expected that the journal will most likely move from print to solely online publication once the new Editor takes over.
Obituary

Dr Harry Morrow Brown

Harry Morrow Brown 1917-2013 was born in Scotland near Gleneagles in 1917. He qualified at Edinburgh University in 1939 and joined the army on October 1939. In 1942 he was drafted to India but finished in charge of half the medical administration of Ceylon and was demobilised with the rank of Major. Various appointments in Scotland, during which he took his MRCP and MD, was followed by his appointment in 1953, as Consultant Chest Physician at Derby. At first, he was dealing mainly with tuberculosis but his interest soon changed to asthma and allergy. A paper in the Lancet in 1958 showed that patients with asthma who responded to oral steroids depended on the presence of eosinophils for case selection. Based on this some years later he had dramatic success with his trial being the first to show that inhaled steroids were therapeutic in asthma for which he gained international recognition. He wrote to the Lancet in 2010 about his first paper of fifty two years ago, stating that the paper would now never be published because ‘there is only one simple table of results, no statistics, no blinding of the investigator, no objective results from spirometry and only one author.’

He arranged a series of highly successful Charles Blackley Symposia at Derby. They became popular because the clinical rather than the academic side of allergy was discussed.

He was particularly interested in food allergy but perhaps his main interest and greatest continued achievement was founding in 1968 the Midlands Asthma and Allergy Research Association. It funded research particularly developing strong teams in aerobiology. Even in his own garden he would measure the pollen and fungal spores counts. Two years ago at the annual congress of the BSACI, he showed in beautiful colour, what happens to grass pollen in the presence of water. Hundreds of small (and very allergenic) particles become airborne. He added that this was not an original observation since Blackley described it in 1873.

He studied air spora by various means. He built volumetric and gravity slide methobiologic apparatus. He became interested in nano-particles and their role in pathology. He made a needle for skin prick testing which became commercially available. His microscope had many added attachments. A talk on the phone about things he was interested in would last an hour or more.

So much of what we should know about allergy and asthma start in children or before they are born. Because of this interest, he has endowed a special lecture to be given every other year at the BSACI annual meeting. It will be in his name.

He had received many awards including being made an honorary member of BSACI but he was particularly pleased when Derby University gave him an Honorary Doctorate in 2006.

His wife died 2 years ago. He missed her a great deal. He is survived by a son and daughter.

Dr William Frankland
Anaphylaxis Campaign launches new film on YouTube about its work - Just in time for 20 year anniversary!

The film provides insights into the daily struggles faced by those living with severe allergies and features appearances from Professor John Warner OBE, consultant paediatric allergist and chest physician at Imperial College Healthcare NHS Trust and professor of paediatrics at Imperial College London, as well as one of the Charity’s celebrity patrons, World Champion and Olympic swimmer Mark Foster.

In the film, Mark Foster speaks candidly about his reasons for getting involved with the Anaphylaxis Campaign’s work, saying, “I became a patron of the Anaphylaxis Campaign in 2009 after a very good friend of mine, Ross Baillie, died in 1999 after a severe reaction.”

The film also features the charity’s co-founder, David Reading, speaking about the experience that started it all - the loss of his 17 year old daughter, Sarah, to anaphylaxis.

The film can be found on the Anaphylaxis Campaign’s YouTube channel (http://www.youtube.com/user/AnaphylaxisCampaign), as well as on the Anaphylaxis Campaign’s website. It is hoped that the film will raise awareness of the condition, as well as the Charity’s profile.

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Managing Editor: Clinical & Experimental Allergy, TBA

www.bsaci.org

Advertising opportunity
If you would like to advertise a job vacancy in Allergy Update or the BSACI website please contact Fiona@bsaci.org

DIARY DATES
See www.bsaci.org for a comprehensive list of meetings, courses and workshops.

2014 Meetings
28 February - 4 March 2014
AAAAI Annual Meeting
San Diego, CA, USA
www.annualmeeting.aaaai.org/

19-22 March 2014
World Immune Regulation Meeting VIII
Davos, Switzerland
www.wirm.ch/WTM/HOME.html

20-22 March 2014
PAAS Spring Training Course and Seminar
Dallas, Texas, USA
www.paas.org/page4_SpringTCS.html

9-12 April 2014
EAACI Drug Hypersensitivity Meeting
Bern, Switzerland

26-29 April 2014
VII World Asthma, Allergy & COPD Forum
New York, USA
www.wipocis.org/Page351.html

16-21 May 2013
America Thoracic Society (ATS) International Conference
San Diego, USA
www.conference.thoracic.org/2013/attendees/call-for-abstracts-and-case-reports/

21-24 May 2014
7th IPCRG World Conference (International Primary Care Respiratory Group)
21-24 May 2014
www.ipcrq2014.org/
Danone advert to be provided