Changes on the Horizon: BSACI Elections, your views and your news!

BSACI incoming President: The challenges ahead! 5

BSACI 2015 Meeting: Something for everyone 9

IQAS: Accreditation update 13

A tribute to Carlos E. Baena-Cagnani 21
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.

INNOVATION AT HAND  PATIENTS AT HEART  STALLERGENES
New beginnings...

There is change on the horizon as we wind down another successful Presidency and look forward to new ideas and direction from Shuaib Nasser the incoming president who sets out some of his aims in this edition. Like the new government in Westminster where we have a mix of the old and the new, so it is with the BSACI, and we hope that the coming years, will be as successful as those in the past.

This issue contains important updates on IQAS and current KBA situation and we look forward to later on this year when we go back to Telford and enjoy the generous surroundings of the BSACI Annual Meeting. Helen Brough and her team have put together a wonderful conference and promises to be a real highlight of the year. The subgroups all appear to be very busy and this will impact positively on the annual conference, which offers ever increasing diversity for all attendees.

Sian Ludman has written about 2 papers she feels are a must read and both are very practical. We also bring news about a new food allergy website which has been part developed by Lauri-Ann Van der Poel who has created an excellent resource for not only patients, but health care providers as well, which I highly recommend you have a look at.

I thank all those that have continuously provided me with articles over the past 3 years and for the moment, I am delighted to carry on in the role of the magazine editor. I started out 3 years ago requesting that if there are any comments (positive or negative) we would love to hear from you, and I reiterate it moving forward.

Dr Lee Noimark,
Paediatric Allergist, Barts and the London Children’s Hospital

Editorial

Message from the President 4
News 5-7
BSACI 2015 Annual Meeting 8-9
Awards 10-11
News 12-13
BSACI AGM 14
Committee and Group News 16-20
Obituary 21
News 22

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As I come to the end of my three years as BSACI President, I thought I should look back a little but I also want us to look forward to what we need to do over the next few years. Back in March 2012 we held a think tank where the top priority we identified was commissioning of allergy services. With the close result of 2015 general election, it is unclear what the immediate future holds for the NHS - everyone said the NHS will be safe in their hands, but nobody seems to want to raise taxes to pay for an enhanced service. Equally there has been a reluctance to explain how the NHS budget can be balanced and which services, if any, may have to be constrained.

Allergy is a common condition but has few champions. The new commissioning arrangements that arrived in 2013 looked helpful to our cause, but they may prove to be short-lived - there is a very real risk we will be dragged back into local arrangements for most services apart from the rarest conditions. This is a particular concern for allergy where the lack of strong local champions has led to us being drowned out by other services clamouring for funds. It therefore remains very important that professional and lay organisations continue to make the case for better services for people with allergic conditions.

Membership of the Society is strong and our annual meeting is going well - moving to September has been judged a success and we look forward to another excellent meeting, under the stewardship of Helen Brough and her team. We need to encourage attendance by colleagues and friends who have not historically come to our meeting but can find sessions relevant to their work. Our regional meetings for primary care allergy continue to be popular - these rely on local clinicians to organise and market the meetings. Not only do these meetings provide excellent education, enabling primary care teams to manage more patients in the community without referral, but they also allow local services to raise awareness of what is on offer, and who should be referred for advice and help. Grass roots education is and will remain a key to improved clinical care.

Our journal, Clinical & Experimental Allergy is doing well, at a time when print journals have been under considerable economic and scientific pressure. Andy Wardlaw has done a sterling job as editor-in-chief in looking after the journal and I wish his successor Graham Roberts, every success during his tenure. As I hand over the reins to Shuaib Nasser in September, I am proud to report that BSACI is thriving - our membership figures are strong, our journal remains a flagship for the society's visibility; our meeting goes from strength to strength and our clinical voice is being heard. Working together we can press the case for improving clinical services for all patients with allergic disease, in an effective and economic way, at a time when there is severe pressure on public funding and competition for NHS resources. I'd like to thank everyone who has contributed to the Society's activities over the past two and half years and helped make it a pleasure to have served you all as President. Particular thanks are due to our Secretary Adam Fox, our Treasurer Robin Gore and our chief executive Fiona Rayner. Thanks one and all, and keep up the good work!
BSACI incoming President:  
The challenges ahead!

In September 2015 I will take over as president of BSACI. This is an unexpected honour and I hope to fulfil the role to the best of my abilities. The society is in a strong position under the current leadership and I consider myself to be fortunate to be taking the helm at this time. BSACI has a history of punching above its weight reflected by the national media coverage of a number of allergy-related reports in the past 12 months. These have included the national review of asthma deaths, success of peanut desensitisation, and more recently the early introduction of peanuts in young children and potential role of a calcium-sensing receptor in asthma.

The society has come a long way over the past 15 years with the development of NICE-accredited guidelines, a training curriculum for SpRs with national training days, educational programmes for GPs and the development of a knowledge-based assessment for trainees. The success of EAACI 2010 in London has made me believe that we should again try to host the event in the UK.

During my tenure I am keen to hear of new ideas or areas where the society can develop. For example the BSACI website, Allergy Update, guideline development or our annual meeting. There will be a number of challenges, particularly with regards to NHS financial constraints, SpR training and future trainee numbers. Junior doctor training is likely to undergo a radical overhaul in the next few years under the direction of ‘Shape of Training’ and it is important that Allergy and Immunology are prepared for the changes.

I am greatly looking forward to my three year term as president of BSACI and hope to unite members to further strengthen this great society for the benefit of our patients.

BSACI Elections

BSACI has seven elected council members all of which are due to rotate off council this September. To allow a measure of continuity it was agreed at the last council meeting to extend the term of two of the current elected council members by one year. Therefore Dr Sophie Farooque and Dr Clive Grattan will remain on council for another year, so there will only be five places up for election this year. All BSACI members are eligible to apply for membership of Council except those who have just rotated off and only BSACI members can nominate another member onto council. Enclosed is a council nomination form for you to complete.

Dr Adam Fox will be stepping down after three years as Honorary Secretary of BSACI and we have enclosed a nomination form for this position also. The deadline for sending in both forms is Friday 17th July.

Professor Anthony Frew,  
President, BSACI

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For moderate/severe allergic rhinitis^3

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 is not considered sufficient.3
Update from the joint committee Immunology and allergy

The Joint Committee (JCIA) is concerned with all aspects of hands on adult patient management delivered either by allergists or by immunologists. The latter are involved in managing patients with complex immunodeficiency, and aspects of autoimmune disease / vasculitis, as well as in many cases also delivering regional allergy services. The Royal College of Physicians has sponsored separate registration / accreditation schemes for clinical allergy (IQAS) and Immunodeficiency services. These are now well advanced, with defined care standards aimed at improving quality of care standards. Pilot peer assessor site visits under the allergy scheme are planned for 2015. Commissioning will be linked to accredited services. Commissioning has progressed slowly & continues to be a major challenge with lack of clarity re commissioning processes being one major impediment. This in turn frustrates workforce planning and delays expansion & development of services in the many areas of the UK where provision of both allergy and immunology services is lacking. Training for allergists and immunologists whilst overlapping in some regards, retain separate curricula. This is in contrast to training models for paediatric specialists. The status quo may require further review as the challenges of “Shape of training” develop. Innovative ways of attracting new recruits are being considered, and may in the future include joint training with GIM or other programs.

Dr Joe Unsworth
Consultant Immunologist, Southmead Hospital, Bristol

Two recent papers to read....

Increase in anaphylaxis-related hospitalizations but no increase in fatalities: an analysis of United Kingdom national anaphylaxis data, 1992-2012

Hospital admissions due to all causes of anaphylaxis have risen steadily from 1992 by 5% a year (from 1 to 7 cases per 100 000 population per annum). This rise was well above the rising rate of general ED admissions. Fatality on the other hand remains stable at a mean of 0.047 cases per 100 000 population per annum over this period.

Food anaphylaxis was commonest in those under 24yrs of age. Hospital admissions increased by 106% in all age groups. There were 124 deaths from food allergy in this time period, with no rising incidence. There was a sharp increase in deaths in late teens which is something worth highlighting. Latrogenic anaphylaxis admissions increased by 82%, mainly in the over 70s. There were 263 deaths with a mean age of 58yrs, mortality was rare in the under 40s. Insect anaphylaxis admissions were rare under 30yrs of age. There was no rise in mortality rate over study period.

Randomized trial of peanut consumption in infants at risk for peanut allergy

The LEAP study is a randomised open label trial of infants from 4-11 months with severe eczema, egg allergy or both at the time of enrolment randomised to eating peanut or avoiding. At the end of the study the negative SPT at enrolment arm had 13.5% of the avoidance group and 1.9% of the consumption group were allergic to peanuts: an 86.1% relative reduction in prevalence of allergy, or an absolute difference in risk of 11.8 percentage points. In the positive SPT on enrolment group (< 4mm wheals) 35.3% of avoidance group and 10.6% of consumption group were allergic to peanuts, a 70% relative reduction in the prevalence of peanut allergy.

The conclusions the authors draw is that sustained peanut consumption from before 11 months of age resulted in a significantly smaller proportion of children with peanut allergy at the age of 60 months.

Dr Sian Ludman
Paediatric Allergy Registrar, Great Ormond Street Hospital
COWS’ MILK ALLERGY: TRUTHS AND MYTHS
A symposium at the BSACI Annual Meeting

Chaired by Dr Neil Shah of Great Ormond Street Hospital
Saturday 5th September 2015, 17:00–18:00
Telford International Centre

Providing a unique platform for exploring the issues around infant cows’ milk allergy, including:
• Lactose – do we need to exclude it in cows’ milk-allergic children?
• Is Dalton size an important factor in choosing an extensively hydrolysed formula?
• Do you always get full symptom resolution in allergic children?

Register for the 2015 Annual Meeting at www.bsacimeeting.org/register
It is my great pleasure to let you know about the upcoming BSACI 2015 Annual Meeting from the 4th – 6th September in the bright and spacious Telford International Centre.

This year’s programme has an emphasis on the prevention, diagnosis and treatment of food allergy to announce and explore their continuing and exciting development. For the first time we have a joint session with the European Academy of Allergy and Clinical Immunology (EAACI) on airway disease triggers. We are strengthening our popular joint sessions with The British Association of Dermatologists (investigating the microbiome) and The British Society of Paediatric Gastroenterology, Hepatology and Nutrition (covering the latest developments in non-IgE mediated gastrointestinal disease and food protein-induced enterocolitis syndrome).

There will be sessions combining excellence in clinical practice with cutting edge research in respiratory allergies, antibiotic and NSAID allergy, immunodysregulatory disorders and psychology from international and national key opinion leaders. For the first time there will be a joint Allied Health Professional and Primary Care programme spanning two days with a focus on integrated care, desensitisation and vaccinating the allergic child. Meet the expert sessions will provide an in-depth understanding on the management of contact allergy, allergic eye disease, conditions mimicking as asthma, allergen provocation tests and practical holistic eczema management. Highlights of previous meetings have been retained such as the unopposed poster session, pro-con debates, paediatric and adult Grand Rounds, Year in Review, BSACI Standards of Care Committee guidelines and hands-on practical sessions.

We have released the finalised programme on our new website; please see www.bsacimeeting.org for further information. Thank you to all the Programme Planning Committee members who contributed to this exciting programme.

To date, 90 abstracts have been submitted. I would encourage delegates with accepted abstracts to apply for a BSACI Travel Fellowship of up to £450. Late breaking abstract submission was opened on the 8th June (there will be a Travel Fellowship extension for late breaking abstracts accepted). The Barry Kay Awards for best original work will again be in the categories of basic science, adult clinical, paediatric clinical, primary care, allied health - and a prize for the best undergraduate submission. Thanks to Dr Guy Scadding (Deputy Meeting Secretary) and Dr Tom Marrs (Communications and Abstracts Secretary) for overseeing the abstract process.

Following the success of previous social events at the BSACI Annual Meeting, we promise a fantastic, fun and inclusive Welcome Reception with hot food from Asia and the UK and casino tables of blackjack, roulette and craps, complete with croupiers and a live band, followed by a disco. The President’s Dinner will be held at the historic Cosford Royal Air Force Museum beneath the wings of Britain’s most striking fighter planes. We will also be holding a fun auction to raise money for Allergy UK and the Anaphylaxis Campaign which will be orchestrated by Professor Chris Corrigan, complete with podium and hammer. We are looking forward to another landmark meeting!

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**DIARY DATES**

**2015**

**Monday 8th June 2015**
Late Breaking Abstract Submission Opened

**5th July 2015**
Early Bird Registration Deadline

**Friday 10th July 2015**
Late Breaking Abstract Submission Deadline

**Friday 7th August 2015**
Travel Fellowship Deadline, for Late Breaking Abstracts

**2016**
The BSACI 2016 Programme Planning committee are meeting shortly. Please therefore send suggestions for sessions that you would like us to consider to Fiona Rayner at Fiona@bsaci.org in advance of this meeting.
This year’s William Frankland award winner is Dr Adam Fox who has been recognised for his outstanding services in Clinical Allergy in the UK. His main contributions have been in development of clinical services, clinical leadership, patient advocacy, contribution to research and allergy education.

From its inception in 2006, Adam was clinical lead of a new tertiary paediatric allergy service that has grown exponentially. Alongside colleagues, he has developed the largest comprehensive Paediatric Allergy service in the UK, running over 25 weekly clinics alongside over 1,000 annual day cases. He has led the development of the largest UK immunotherapy service for children, offering SLIT & SCIT for seasonal & perennial allergens as well as venom. He developed the first joint allergy/gastroenterology clinic in partnership with Great Ormond Street, which sees quaternary referrals from around the UK & has actively contributed to research in the emerging area of eosinophilic GI disease. His service was the first Paediatric service in the UK to achieve GALEN international centre of excellence accreditation. He was also clinical lead for the Guy’s Hospital Adult Allergy service (2008-15) during which the department has grown significantly, achieving specialist provider status.

A current expert advisor in Allergy to NICE, Adam has chaired a NICE Evidence update & been the expert guideline developer for CG116 (Food Allergy). He represented & led the development of the Specialist Paediatric Allergy Service specification for national commissioning (NHSE) & chaired the National Care Pathway (RCPCH) for food allergy in children. He was senior author of a consensus paper on milk allergy, senior author of a new primary care milk allergy guideline. He is an active member of Allergy UK scientific advisory board. As well as being well known for his talks given around the UK, he has made a significant contribution to the development of the BSACI Annual Meeting, and serves as BSACI Secretary.

As well as taking a leading role amongst patient organisations to raise the profile of allergy & the impact it has on quality of life, Adam maintains a research portfolio. His doctoral thesis on routes of sensitisation in peanut allergy was awarded the Raymond-Horton Smith Prize (2012) by Cambridge University. He has published over 86 peer reviewed articles.

Adam has a long track record in medical education. The 3 day Practical Paediatric Allergy course he designed has now been attended by around 15% of consultant Paediatricians. He founded & directs the KCL Allergy Academy which provides postgraduate education to over 1,000 healthcare professionals annually. Beyond this, the Academy has developed online educational resources visited by almost 20,000 people in the past year. He created the first Allergy education fellowship and has serves as external adviser & external examiner to the Southampton University Allergy MSc.

2015 William Frankland Award Winner

Dr Adam Fox, Secretary, BSACI

Making Sense of Allergies

BSACI’s core aim is to improve allergy care and public outreach to combat misunderstanding is a crucial part of this. With allergies on the rise and essential life saving information being diluted by a sea of over diagnosis, BSACI has joined forces with Sense About Science, who put science and evidence in the hands of the public to produce a guide for everyone: Making Sense of Allergies, addresses common concerns and misconceptions about allergies.

The guide brought together a multidisciplinary group of researchers and clinicians, including allergists, immunologists, pharmacists and respiratory scientists.

The rise in allergies in developed countries has been accompanied by a growth in non-medical tests and treatments, which has led to over diagnosis, people taking useless treatments and needlessly restricted diets. This can cause malnutrition, particularly in children. Meanwhile dangerous allergies are being trivialised and essential, life-saving information is being diluted.

The guide will help better inform members of the public about allergies by providing evidence-based responses to real concerns and misconceptions. Available in print copies or online, this resource can be used at conferences and workshops, placed in clinic waiting rooms or incorporated into websites.

BSACI are delighted to partner Sense About Science on this project, which is a fantastic opportunity to reach out to the public about allergies and combat misinformation that could save lives. The guide is available free online here http://bit.ly/MSAllergies. If you’d like print copies for events, please do email: enquiries@senseaboutscience.org
2015 Jack Pepys Lecturer

Professor Hasan Arshad, Allergy Consultant, Southampton General Hospital, Chair of the Adult Allergy Group.

The Jack Pepys lectureship honours one of the founding fathers of BSACI, by recognising those who have made outstanding contributions to the science of allergy and clinical immunology internationally. Professor Arshad has been chosen at this year’s lecturer. Currently Professor of Allergy and Clinical Immunology at the University of Southampton he is also a consultant physician at Southampton University Hospital Trust and Director of The David Hide Asthma and Allergy Research Centre on the Isle of Wight. He graduated from the University of Karachi, then trained in General Medicine and subsequently specialised in Respiratory Medicine in the UK. He completed his DM from Southampton University working on prediction and prevention of asthma and allergic disease. Following a post-doctoral fellowship at the Johns Hopkins University in Baltimore, and a Senior Lectureship at Keele University, he was appointed to his current position in Southampton in 2009.

Professor Arshad leads a multidisciplinary group that investigates natural history, genetic and environmental risk factors and prevention of asthma and allergic disease. He is a clinical epidemiologist with expertise in birth cohort studies, clinical trials, and the immunological and genetic basis of asthma and allergy. His research is based within the Faculty of Medicine at the University of Southampton and at the David Hide Asthma and Allergy Research Centre on the Isle of Wight.

Professor Arshad’s research covers 4 linked areas; (i) epidemiology, genetic, epigenetic and environmental risk factors in asthma and allergy including the link between obesity and asthma, (ii) allergy prevention, (iii) pathogenetic mechanisms in the development and persistence of asthma and allergy (iv) prevalence and diagnosis of food allergy. His research aims to improve the understanding of the development and persistence of asthma and allergic disease and test novel strategies for primary prevention.

As well as his research, Professor Arshad has contributed to national and international guidelines, including the European guidelines for asthma and allergy prevention and US NIH guidelines for the diagnosis and management of food allergy. He was Pfizer Visiting Professor to the Michigan State University in 2004 and he is a member of the NIH expert panel reviewing grants and formulating strategy for research.

BSACI Travel Fellowships

The BSACI scheme is open all year round to enable BSACI members the opportunity to apply for funding to attend meetings where their abstract has been accepted. Further details can be found on www.bsaci.org or by emailing Schola@bsaci.org for the BSACI 2015 Meeting we have been fortunate to secure funding for Travel Fellowships for members and non-members whose abstract has been accepted to the BSACI 2015 Meeting.

IMPORTANT NEWS!
Late breaking abstract submission opened on Monday June 8th and closes on Friday July 10th. Notification letters will be sent to the authors around July 24th. If your late breaking abstract has been accepted you can apply for a Travel Fellowship, however you must show proof that you have registered for the conference when applying. Details of how to apply can be found on www.bsacimeeting.org. However please send your Travel Fellowship application to Schola@bsaci.org by latest Friday August 7th. We would like to thank MEDA Pharmaceuticals Ltd, Diagenics Ltd, Mead Johnson Nutrician and *Nutricia Early Life Nutrition for their contribution towards the 2015 BSACI Travel Fellowship Scheme.

*Nutricia Early Life Nutrition have provided an educational grant which covers registration costs of places at the conference.

Fiona Rayner,
BSACI Chief Executive
BSACI funded training for primary care practitioners

May Nahar
BSACI Education Training Coordinator

The BSACI is keen to improve allergy knowledge and competency in primary care, and part of this initiative involves organising Allergy Training Days for Primary Care Health Professionals. These are proposed by BSACI local allergy services and funded by BSACI. Since the scheme started, BSACI have funded over 40 training days, these meetings have taken place all over the UK. BSACI allergy services have trained around 1897 primary care practitioners since the scheme started in 2011. Further funds have been obtained for the next series of meetings. BSACI would like to thank Mead Johnson Nutrition and Nutricia for supporting the scheme.

BSACI Selection Process
Your application will be considered by a panel selected by the BSACI and will comprise of GPs and allergy specialists in both primary and secondary care. The decision will be based on the following criteria:
- Producing a Primary care focused programme with both adult and paediatric components
- Priority will be given to centres with limited exposure to allergy training
- Priority will be given to centres with limited funding opportunities to hold similar events

The positive feedback we have received from primary care practitioners who have attended an allergy training day has been that these are proving to be extremely beneficial in the day to day allergy management of patients. Therefore we welcome and encourage applications from allergy services across the UK, especially those areas where very little allergy training with primary care practitioners has taken place.

Testimonial
My enthusiasm in organising a training day has been paid back by the good feedback received and more importantly by the gradual changes in practice. Primary care health professionals are gradually managing more children with allergies and contact me to ask advice, before referring to the allergy clinic. The interactive sessions and workshops facilitated the discussion of common issues with the aim of adapting our guideline to the local needs.
Dr Cinzia Pastacaldi, Training Organiser, Singleton Hospital, Swansea

To apply for funding for an allergy training day for primary care practitioners, please send an email to May@bsaci.org. All applications will be assessed by the committee and notified by email of the outcome of each application.

Knowledge Based Assessment (KBA)

Dr Alexandra Croom
Consultant Allergist, Glenfield Hospital, Leicester

The Knowledge Based Assessment (KBA) for Specialist Registrars has been developed by the Royal College of Physicians to meet the GMC requirements that trainees undergo an assessment of their knowledge. Allergy was an ‘early adopter’ and we have now set 3 papers honing our question writing skills as we’ve done so. To date the KBA has remained in the pilot phase but whilst the pace may be glacial this is due to change. The RCP is now moving to take the KBA as a process to the GMC for approval. To improve the likelihood of its acceptance they want to harmonise the format across the 5 specialties who use the KBA. Allergy (and 3 of the 4 other specialties) has favoured a short answer paper; the alternative is a best of 5 scheme (think MRCP) which whilst easier to mark (give it to a computer) requires a huge bank of questions (who has the time?). This is going out for consultation. The formal application to the GMC is planned for 2016 and once agreed the KBA will be incorporated into an updated curriculum. We won’t be running a KBA this Autumn, but the plan is for a sitting in Spring 2016 with the expectation of the format being the agreed harmonised.
A new digital way of accessing food product information

FoodMaestro - a new online portal providing unique access to food information for allergy sufferers and health care professionals

Allergy sufferers are known to agonise over food labels to remain symptom-free or to keep their children safe, impacting significantly on their quality of life. Dieticians spend countless hours researching and reviewing safe, selected products to recommend.

Making safe and varied food lists and contacting manufacturers for ingredient information is time-consuming, in addition to consultations, and there was previously no central database to record and share these findings.

Having been approached for information on the recent ‘14 Allergens’ labelling laws by a digital start-up, the idea of a centralised food ingredients database for professionals, business and patients was born with input from specialist allergy dieticians and allergists. FoodMaestro is an online and mobile platform that offers ‘real-time’ ingredient, nutritional and allergen information on over 100,000 packaged food products. It is now available and gives health care professionals a new digital way of accessing food product information.

FoodMaestro gives you centralised access to food product labelling and enables you to search by ingredient, allergen or product. Allergen filters allow you to create and share pre-made or personalised product lists with patients or colleagues, leaving more time to focus on clinical consultation. An ‘expert notes’ feature allows authorised professionals to add advisory notes that may be shared with peers or patients.

Patients can create food profiles based on even complex dietary requirements. For allergy families, profiles can be set-up for each member, and product suitability is displayed by a sad or smiley face. Feedback has been extremely positive to-date.

Registration for health care professionals is free through the website www.foodmaestro.me and a free patient app is available on iOS and Android.

An IQAS Accreditation scheme

The Improving Quality in Allergy Services (IQAS) accreditation scheme is a clinical service accreditation scheme aimed at consultant-led adult allergy services in the UK. It will be launched in Autumn 2015.

IQAS was initially launched as a self-assessment ‘registration’ scheme in order to test and develop the standards and prepare the allergy community for the requirements of a full accreditation scheme. During this time the IQAS working group - a sub-group of the Joint Committee on Immunology and Allergy (JCIA) - has developed and consulted on the challenging and yet achievable standards that will underpin the scheme.

The webtool, which is currently in the testing and piloting phase, is designed to make working towards accreditation straightforward and less onerous for services. In addition to supporting the accreditation process, it will also provide news updates, accreditation numbers, guidance and supporting documentation. It will enable users to perform an initial self-assessment to benchmark their service against the standards, identify areas of strength and prepare an action plan to address areas of weakness (this is often referred to as the quality improvement stage). When the service progresses to the accreditation assessment stage of the pathway, evidence which demonstrates compliance with the standards can be uploaded and comments can be added to help assessors understand the local context. Furthermore, the webtool also enables administrators and assessors to manage upcoming assessments, and begin a dialogue with the service.

The IQAS accreditation scheme standards and evidence requirements will be published this Summer, giving services a chance to see the standards before the launch of the scheme. A regular IQAS newsletter aimed at all eligible allergy services is also due for launch in May; it will provide more detailed information about the accreditation process. If you have any questions please contact us at: iqas@rcplondon.ac.uk
NOTICE CONVENING ANNUAL GENERAL MEETING of the
BRITISH SOCIETY FOR ALLERGY & CLINICAL IMMUNOLOGY

NOTICE IS HEREBY GIVEN that the 2015 Annual General Meeting of the company will be held in Hall A, Telford Conference Centre, Telford TF3 4JH on Saturday 5th September 2015 at 9:00am to 9:55am to consider and, if thought fit, to pass the following resolutions of which resolutions 1 to 2 (inclusive) will be proposed as Ordinary Resolutions.

ORDINARY RESOLUTIONS

1. To appoint the Auditors
2. To transact any ordinary business of the company

BY ORDER OF THE BOARD

Dr Adam Fox
Honorary Secretary

Dated: 10th June 2015
Registered Office: Studio 16, Cloisters House, 8 Battersea Park Road, London SW8 4BG

Note: A member entitled to attend and vote at the above meeting is entitled to appoint a proxy to vote instead of themselves. A proxy need not be a member of the company.
EARLY LIFE NUTRITION AND COWS’ MILK ALLERGY

The first 1,000 days, from conception through to toddlerhood, present a unique window of opportunity to influence lifelong future health. Later health outcomes are predominantly determined by environmental influences, with nutrition well documented to be a major influencer. Nutrition in early life can impact later allergic outcomes and breastfeeding has been shown to reduce the risk of allergic disease, including atopic dermatitis and asthma, as well as being associated with significantly reduced prevalence of cows’ milk allergy.

APTAMIL PEPTI

A formulation that is nutritionally closer to breastmilk, with ingredients including:

Galacto- and Fructo-oligosaccharides

Shown to lower the incidence of infections and antibiotic courses, and reduce the incidence of atopic dermatitis up to 5 years of age, demonstrating the impact of early nutritional influences on long-term allergic outcomes.

Lactose

As well as being the sole carbohydrate in breastmilk, lactose provides benefits for gut microbiota. Diets without lactose may have disadvantages for the composition of infants’ colonic microflora. Furthermore, lactose also helps stimulate the absorption of calcium, which is key for bone mineralisation.

For more information on Aptamil Pepti, please contact us on 0800 996 1234.

References:

Important notice: Aptamil Pepti 1 & 2 should only be used under medical supervision, after full consideration of the feeding options available including breastfeeding. Aptamil Pepti 1 is suitable for use as the source of nutrition for infants from birth to 6 months of age. Aptamil Pepti 2 is suitable for babies over 6 months as part of a mixed diet, and as a principle course of nourishment with other foods.
The committee held a telephone conference in January 2015.

Dr Bill Egner, as Chairman of BSI-CIAS, will be standing down when his term of office finishes in June 2015. Dr Tanya Coulter, Trainee representative, has stepped down from the Immunology committee, and her colleague Dr Shuayb ELKhalifa, ST3 Immunology in Manchester has replaced her. We thank both Bill and Tanya for their hard work and contributions to the committee.

The committee would be keen for ongoing Immunology participation in other BSACI committees, such as the Adult Allergy Committee, and Standards Of Care Committee.

The BSACI offer a bursary scheme for Primary Care Meetings. The Immunology Department at Frimley Park Hospital held such a day with BSACI assistance in November 2014. This involved Immunology, Paediatric Allergy, and Dermatology representation.

The Immunology session at BSACI 2015 will be on Hyper IgE, Netherton, Omenn’s, DOCK 8, IPEX, CVID and their overlap with allergic disease (Prof Andrew Cant); IgG4-related disease (Dr Yousuf Karim); hereditary periodic fever syndromes (Dr Liz Drewe)

Dr Yousuf Karim is campaigning for generic adrenaline autoinjectors in schools. Paul Turner and Gary Steifel are representing the RCPCH and BSACI. This is a worthwhile endeavour, which we wish them well with.

Scott Hackett is representing paediatric allergy on the NICE Drug allergy quality standard, due for publication in July 2015. The scoping meeting for ImmunoCAP ISAC and Microtest for multiplex allergen testing guideline was held in Manchester in March, Paul Turner continues to represent paediatric allergy on the guideline development group.

The BSACI is adding a section to its website, dedicated to regional allergy groups. Thanks very much to everyone who provided details of their regional allergy group. This should be an informative and valuable addition to the BSACI website and reflects the hard work and dedication which goes in to supporting colleagues across the country.

Finally, Fiona Rayner and Schola Muhoro hosted a BSACI stand at the RCPCH annual meeting in April. I hope you took the chance to say hello, if you attended.

The results of the fantastic LEAP (Learning Early About Peanut Allergy) study were presented at the AAAAI meeting in Texas in February by Gideon Lack and George DuToit. They demonstrated that, by introducing peanut early into the diets of infants at risk of developing peanut allergy, they could reduce the chance of the children developing peanut allergy. The research study has yet to be translated into clinical guidelines. The results were published in the New England Journal of Medicine; Du Toit et al. NEJM 2015 372;9 803-13.

The highly successful SNIFFL2 study of Fluenz intranasal influenza vaccine was completed at the end of January. Recruitment targets were surpassed, with 808 doses being given to 779 egg allergic children in 29 centres across the UK. Mich Lajeunesse and Paul Turner, Chief investigators, are to be congratulated on this achievement.

A working group, led by the Anaphylaxis Campaign, is supporting other Immunology and Allergy departments to take up this opportunity from BSACI.

The Immunology session at BSACI 2015 will be on Hyper IgE, Netherton, Omenn’s, DOCK 8, IPEX, CVID and their overlap with allergic disease (Prof Andrew Cant); IgG4-related disease (Dr Yousuf Karim); hereditary periodic fever syndromes (Dr Liz Drewe)

Dr Yousuf Karim has joined NICE Committee on Quality Standards for Drug Allergy as a specialist member, together with Dr Shuaib Nasser, Dr Scott Hackett, Prof Mike Arden-Jones, and Ms Mandy East.
Update from the Standards of Care Committee (SOCC)

Dr Andrew Clark,
Chair of SOCC,
Consultant in Paediatric Allergy,
Addenbrooke’s Hospital,
Cambridge.

This update from the Standards of Care Committee (SOCC) begins with the sad news that Dr Pia Huber, our scientific officer, has left to take up a research fellow post at King's College.

Pia was recruited as the BSACI scientific officer nine years ago at the birth of SOCC under the then Chair Dr Shuaib Nasser, her main duties being to support the development of national guidelines. Since then Pia has worked diligently with SOCC performing comprehensive literature reviews and evidence appraisals, coordinating and facilitating SOCC meetings, contributing to guidelines, and liaising with the Chair and members. This led to the development of a continual stream of high quality guidelines for the benefit of our members and the worldwide allergy community. It is to Pia’s credit that such a comprehensive range of guidelines was produced in such a relatively short time period (eleven and counting; http://www.bsaci.org/Guidelines/bsaci-guidelines-and-SOCC).

Pia also played an instrumental role in the committee obtaining NICE accreditation for our guideline writing process. Pia has also been heavily involved with national audit, together with Dr TK Krishna, drafting, testing, running and analyzing SOCC audits before and after guideline publication to ensure we improve national standards of care. Those of us on SOCC will miss Pia for her diligent work ethic, attention to detail and personable and kindly nature. We thank her for her hard work and dedication to SOCC and wish her all the best in her new employment.

On other SOCC news we were pleased to see publication of the penicillin/betalactam guideline and the chronic urticaria and angioedema guideline early this year. The highly anticipated adrenaline autoinjector guideline has been submitted to Clinical Experimental Allergy and we have received the first reviews. We have several other guidelines at an advanced stage in the pipeline, including allergic rhinitis, peanut/nut allergy and nut and local anaesthetic allergy, all of which are currently being reviewed by SOCC.

Audit continues to be an important tool for implementation of the guidelines and national audits of milk allergy and adrenaline auto-injector provision have been prepared for publication. I urge all BSACI members to continue to engage in the audit process.

National Allergy Strategy Group (NASG)

Mandy East,
National Allergy Strategy Group (NASG)
Parliamentary Officer

2015 is a very important year for the National Allergy Strategy Group with a General Election imminent as I write this. At the time of reading we will know who will form our next Government and the hard work reconvening the All Party Parliamentary Group for Allergy will start. Jon Cruddas MP has done a sterling job over the past five years in chairing the group and, if re-elected, we will be working with him again to ensure a supportive and effective group of MPs and Peers is selected to keep the group going over the coming years. In addition, we will be asking our supporters, including medical colleagues, to contact their own MPs, many of whom will be new to the role, in order to keep allergy on the political agenda.

In other news, we are now engaged with the Royal College of GPs and are looking to further talks to increase knowledge in primary care specifically around competencies and the inclusion of allergy in the curriculum and final exam. We are very pleased to have a number of very well informed GPs as part of the NASG whom we are working very closely with on this project.

Finally, I look forward to seeing many of you in Telford in September for the annual conference. NASG are hosting a very interesting and informative session on the Friday evening and we would love to see the room full with interested colleagues.

For more information about the work of the NASG visit www.nasguk.org or email mandy@nasguk.org
Nurses in Allergy Committee

The Committee has made progress producing additional Standard Operating Procedures (SOPs). Following the last Allergy Update we now have a SOP for nasal douching. In addition SOPs for sublingual immunotherapy administration and adult skin prick testing have been completed and are awaiting ratification by the Standards of Care Committee.

Furthermore, I am pleased to report that the Allergy Nurse Competency Document for all bands of nurses working in clinical practice is now available to members. I am delighted to also report that we are developing a nurses’ own page on the BSACI website, so watch this space!

Recently the BSACI Nurses in Allergy have collaborated to audit the safety of skin prick testing and an abstract has been submitted to this year’s BSACI Annual Meeting. If you wish to participate in this nursing clinical audit, please contact Roisin on: Roisin.Fitzsimons@gstt.nhs.uk

The Food Allergy Group of the British Dietetic Association (BDA)

The Food Allergy Group is continuing to develop national diet sheets and other material to support dietitians dealing with food allergies and intolerances. These are free for BDA registered dietitians and can be downloaded from the members’ area on the BDA website. There are several fact sheets that have now been developed on food allergy, these are available to the public and other healthcare professionals and can be downloaded from the BDA site.

Group members are also writing answers to clinical questions using a systematic review process on food allergy. These are Practice-based Evidence in Nutrition (PEN) questions. PEN is an online nutrition resource for dietitians of UK, Canada, Australia & New Zealand, so these are globally available to dietitians to enable best clinical practice.

A number of the FAISG members have been invited to present at EAACI FAAM 2014 and the AAAAI 2015. The presentations were well received and feedback was very good. In addition to this, the allergy dietitians are involved in the Primary Care and Public Health conference in Birmingham in May and also at the Anaphylaxis Campaign conference in April 2015. The group will be holding our annual FAISG study day on 3rd July at St Mary’s Hospital, London. Topics include the LEAP Study, component testing, feeding behaviours and allergy, FODMAPs diets in children and more.

The FAISG is currently marketing BSACI meeting attendance, in particular, motivating the writing of abstracts and facilitating the applications for financial support to attend the meeting.

Many of the FAISG members are also involved in the International Network of Diet and Nutrition in Allergy (INDANA) , chaired by Dr Isabel Skypala. INDANA is a global network and its work and initiatives are complementary to work undertaken by BSACI and FAISG members. INDANA has recently launched their new website (www.indana-allergynetwork.org) with the initial planning and writing of the site undertaken by Dr Rosan Meyer and Rebecca MacKenzie. Membership of INDANA is free to all BSACI members, so any health care professional interested in becoming a member of INDANA, should visit the website and complete a membership form.
Relief from the nasal symptoms of allergic rhinitis that’s not to be sniffed at…1,2

Avamys is generally well tolerated3

Avamys®
fluticasone furoate
Allergic rhinitis relief

Prescribing Information
(Please refer to the full Summary of Product Characteristics before prescribing)

Avamys® Nasal Spray Suspension (fluticasone furoate 27.5 micrograms/metered spray)

Uses: Treatment of symptoms of allergic rhinitis in adults and children aged 6 years and older. Dosage and Administration: For intranasal use only. Adults and adolescents (12 years and older): Two sprays per nostril once daily (total daily dose, 110 micrograms). Once symptoms controlled, use maintenance dose of one spray per nostril once daily (total daily dose, 55 micrograms). Reduce to lowest dose at which effective control of symptoms is maintained. Children aged 6 to 11 years: One spray per nostril once daily (total daily dose, 55 micrograms). If patient is not adequately responding, increase daily dose to 110 micrograms (two sprays per nostril, once daily) and reduce back down to 55 micrograms daily dose once control is achieved. Contraindication: Hypersensitivity to active substance or excipients. Special warnings and precautions: Systemic effects of nasal corticosteroids may occur, particularly when prescribed at high doses for prolonged periods. These effects are much less likely to occur than with oral corticosteroids and may vary in individual patients and between different corticosteroid preparations. Potential systemic effects may include Cushing’s syndrome, Cushingoid features, adrenal suppression, growth retardation in children and adolescents, cataract, glaucoma and more rarely, a range of psychological or behavioural effects including psychomotor hyperactivity, sleep disorders, anxiety, depression or aggression (particularly in children). Treatment with higher than recommended doses of nasal corticosteroids may result in clinically significant adrenal suppression. Consider additional systemic corticosteroid cover during periods of stress or elective surgery. Caution when prescribing concurrently with other corticosteroids. A reduction in growth velocity has been observed in children treated with fluticasone furoate 110 micrograms daily for one year. Therefore, children should be maintained on the lowest possible efficacious dose which delivers adequate symptom control. It is recommended that growth of children receiving prolonged treatment with nasal corticosteroids is regularly monitored. Consider referring to a paediatric specialist. May cause irritation of the nasal mucosa. Caution when treating patients with severe liver disease, systemic exposure likely to be increased. Nasal and inhaled corticosteroids may result in the development of glaucoma and/or cataracts. Close monitoring is warranted in patients with a change in vision or with a history of increased intraocular pressure, glaucoma and/or cataracts. Drug interactions: Caution is recommended when co-administering with potent CYP3A4 inhibitors e.g. ketoconazole and co-administration with ritonavir is not recommended because of the risk of increased systemic exposure of fluticasone furoate. Pregnancy and Lactation: No adequate data available. Recommended nasal doses result in minimal systemic exposure. It is unknown if fluticasone furoate nasal spray is excreted in breast milk. Only use if the expected benefits to the mother outweigh the possible risks to the foetus or child. Side effects: Very common (≥1/10): epistaxis. Epistaxis was generally mild to moderate, with incidences in adults and adolescents higher in longer-term use (more than 6 weeks). Common (≥1/100 and <1/10): headache, nasal ulceration. Uncommon (≥1/1000 and <1/100): rhinalia, nasal discomfort (including nasal burning, nasal irritation, and nasal soreness), nasal dryness. Rare (≥1/10,000 and <1/1000): hypersensitivity reactions including anaphylaxis, angioedema, rash, and urticaria. Not known: transient ocular changes, growth retardation. Presentation and Basic NHS cost: Avamys Nasal Spray Suspension: 120 sprays: £6.44 Marketing Authorisation Number: EU/1/07/434/003 Legal category: POM. PL holder: Glaxo Group Ltd, 980 Great West Road, Brentford, Middlesex, United Kingdom, TW8 9GS. Last date of revision: April 2015 Further information is available from Customer Contact Centre, GlaxoSmithKline, Stockley Park West, Uxbridge, Middlesex UB11 1BT; customercontactuk@gsk.com; Freephone: 0800 221 441.

Adverse events should be reported. Reporting forms and information can be found at http://www.mhra.gov.uk/yellowcard. Adverse events should also be reported to GlaxoSmithKline on 0800 221 441.

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References:
Committee and group news

Adult Allergy Group

The Adult Allergy Group (AAG) was formed in September 2014. The foundation meeting, attended by interested members of the BSACI, decided that a steering committee should be formed to drive the agenda and determine areas of interest and work to be prioritised.

The AAG had its first steering committee meeting in January 2015. We identified two important tasks to prioritise. First, to develop a database of clinicians providing adult allergy services in the UK; and second, to form regional networks to promote communication, share good practices (SOPs etc.) and thus improve quality of care for our allergy patients.

The membership of AAG is wide, inclusive and multidisciplinary. All clinicians, medical and allied healthcare, are invited to be a member of the AAG. To be a member you must have completed a questionnaire survey (with only 3 questions) which was sent to all BSACI members; confirming that you see adult patients with allergic conditions, indicate area/s of interest/focus and provide contact details. Members are also invited to attend the first annual general meeting of the AAG at the BSACI Annual Meeting in September 2015. This member database will help with the next immediate task i.e. organise allergy networks.

NHS England is keen to see the formation of networks as a criterion for specialist commissioning. For Adult allergy, it is even more important as there are a relatively small number of clinicians providing for a large and growing number of allergy patients. Many such networks already exist, but there is little consistency in the structure and membership of these networks and communication between them. Dr Rubaiyat Haque has volunteered to take a lead in gathering information and organising network-defining activities. The AAG will provide the forum for these discussions and we hope to achieve an agreement on the requirements and location of these networks at the general meeting of AAG.

Primary Care Committee Update

2015 has been a year of increasing interest from primary care in understanding and providing more for allergic patients; we saw over 100 primary care colleagues attending the conference last autumn and made many new friends and colleagues around the UK. Unfortunately the year has been impacted on by the difficulties currently affecting primary care across the country. GPs and their associated colleagues have been seeing significant losses in both funding, personnel and time available to devote to their patients. This has an expected outcome in sub-specialities within primary care and all of us are seeing the time we have available diminish.

The fervour of the primary care group however remains singularly vigorous despite this! We have excellent representation including colleagues from The Anaphylaxis Campaign, Allergy UK, EAACI, the NASG (National Allergy Strategy Group) and encompassing GPs, nursing, dietetics and patient representatives.

Work this year to date has included responses to several pieces of guidance published in the last six months. We were saddened to note that NICE have decided to remove specific guidance to GPs regarding the use of trialling cow’s milk cessation in infants with gastro-oesophageal reflux and colic as the evidence remains too limited for its recommendation. Our comments suggested that it should remain as a considered option in the management algorithm.

More welcome was the draft guidance from NICE on Asthma: diagnosis and monitoring of asthma in adults, children and young people. The weight given to biochemical monitoring and the call for more widespread use in primary care of desktop FeNO devices is to be encouraged and supported.

Planning continues for the conference later this year with an excellent and rounded primary care programme. We are also pleased to report that members of the group will be representing the BSACI by giving lectures at both the Primary Care and Public Health conference in May and the RCGP Conference in October.
Obituary - Carlos E. Baena-Cagnani

In memoriam: Carlos E., Baena-Cagnani, MD, Argentina

It is with great sadness that we learned that Carlos had passed away on New Year’s Eve – but it was characteristic that this happened while he was celebrating with his family.

Anyone who ever met Carlos will remember his warmth and affection – once you were his friend you were liable to be engulfed in one of his bear hugs whenever you met again. I visited Carlos in his home town of Cordoba in 2005: we went straight from the airport to a long lunch of red meat and red wine with his children, followed by an afternoon at Carlos’ old rugby club. Somewhere in the visit there was a medical meeting, but the memories that remain are those of a happy, entertaining man who was friends with so many in the international allergy community.

Professionally, Carlos trained in Argentina and was then a fellow with Alberto Oehling in Pamplona. Later he championed evidence-based treatment in allergy, not always a popular cause, but one which he supported with all his energy. In recent years he worked closely with Walter Canonica in Genoa but continued to organise clinical trials in his beloved Argentina. At different times he was president of the Argentinean and Latin-American Societies of Allergy & Immunology and recently served as Interasma president. He was president of the World Allergy Organisation and presided over the 2009 World Allergy Congress in Buenos Aires as well as contributing to the 2005 Munich and 2007 Bangkok WAO meetings, all of which were very successful, professionally and scientifically. He was proud of his links with Europe and the BSACI. All of us who knew him will miss him greatly.

Professor Anthony Frew, President, BSACI

You are invited to the following FREE event

The Paediatric Allergy Symposium event will provide a unique platform for discussing current trends and hot topics with regards to children with food allergies. The topics aim to attract Paediatricians, Paediatric Dietitians and Nurses as well as experts within allergy and gastroenterology who share a passion for exchanging ideas in the field of gastroallergy.

Topics include:

- New horizons in Cow’s Milk Allergy
- Diagnosis and management of Eosinophilic Gut Disease
- The Microbiome in the development of Allergic disease - what is the role of pre/pro biotics
- Nutritional management of Food Allergy - Truths and Myths

Registration to attend is free, but places are limited and will be allocated on a first come, first served basis. Please advise us if you have any special dietary requests when registering for this meeting. Please also advise us whilst registering if you require parking on the day. CPD points are being applied for.

Please register online here...
EAACI Allergy Awareness Campaign

Compared to other chronic diseases, allergy has a very low profile amongst the general public. For our patients with allergies, this has led to challenges at multiple levels, from a poor clinical allergy provision to lack of understanding of the challenges associated with food allergy by the food industry. These issues are mirrored across Europe. In response, the European Academy of Allergy and Clinical Immunology has been running a yearlong European public campaign to raise awareness about allergy amongst the general public. The Campaign has reached tens of millions of people and has generated tens of thousands of visits to the campaign website, www.bewareofallergy.com. Food allergy and anaphylaxis was the theme of the February wave. The May wave focused on allergic rhinitis and allergy immunotherapy, an educational webinar on allergic rhinitis and a video about allergen immunotherapy can be found on the web site. There are also links to the BSACI primary care webinars on the Campaign site plus information for patients. Another site for our professional colleagues and patients to utilise. Enjoy!

Junior Members Update

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

Spring has sprung, so it is time for a fresh update from the allergy trainees’ world.

1. Education
The SpR training day in Southampton provided a fresh perspective on food allergy and stimulated an interesting discussion. In May we met at the Royal Brompton in London, and learned about the new developments in insect venom allergy and later in the year in Leicester we will discuss the new aspect of asthma diagnosis and management.

2. Annual BSACI Meeting, Telford, 4-6 September
I hope you are planning to attend and have submitted your abstracts. You are all invited to the Trainees’ Meeting on the 4th September: 6pm - open forum/discussion; 6.30pm - parallel sessions: paediatric allergy CSAC (Drs Vance/Erlweyn-Lajunesse) and adult allergy trainees’ session. I am pleased to announce that following last year’s discussion in Telford Professor Corrigan will be joining us to answer all adult training-related questions and provide a senior allergist’s perspective on the issues which arise during the Meeting.

If you would like to present an interesting case at the Adult or Paediatric Grand Round (12.30pm 6th September) please let me know. This is a unique opportunity to practice your presentation skills and share you knowledge with a large audience of allergists and immunologists. It enriches your CV and counts as ‘teaching experience’ in the allergy e-portfolio.

There is funding available to help us towards the cost of travel, accommodation and registration fees, so make sure your Travel Fellowship application is in. If your abstract has been accepted you may receive a grant of up to £450. (details: www.bsaci.org).

3. Workforce and career planning
We are all aware of the ever increasing demand for, and inadequate provision of allergy services nationwide. Therefore the ongoing expansion in the number of allergy consultant is great news. There are at least 2 paediatric and 1 adult vacancy nationwide (closing soon); 1 more paediatric and 2 adult consultant posts will be advertised later this spring.

4. Goodbye/see you soon...
I would like to take this opportunity to thank all of you and the BSACI Council for the last 2.5 years when I had the pleasure and privilege of representing junior members of the Society. This is my last column (time flies!) however I hope to continue to contribute to the BSACI in a different capacity. If you are interested in becoming the next Junior Members’ Representative on the BSACI Council (after a due election process of course) please contact me or Fiona Rayner (Fiona@bsaci.org) to put yourself forward. I will be officially handing over to the newly-elected representative in Telford. In the meantime I look forward to hearing from you at juniormembers@bsaci.org.
The unique sole source of nutrition for allergic children from 1 to 10 years

The unique hypoallergenic supplement for use as a milk substitute for children from 1 to 10 years

The unique spoonable product that can be used as a dairy replacement for allergic babies and children from 6 months+

The No.1 amino acid based formula in the UK from birth
Emerade Prescribing Information:

**Indications:** For the emergency treatment of severe acute allergic reactions (anaphylaxis) triggered by allergens in foods, medicines, insect stings or bites, and other allergens as well as for exercise-induced or idiopathic anaphylaxis.

**Dosage:**
- **ADULTS AND ADOLESCENTS:** The recommended dose is 300 to 500 micrograms.  
- **CHILDREN:** Patients between 15 kg and 30 kg in weight: The usual dose is 150 micrograms.  

For intramuscular injection only. Emerade should only be injected into the anterolateral aspect of the thigh through clothing if necessary. A second injection with an additional Emerade injector may be administered after about 5 – 15 minutes if necessary. As Emerade is designed for emergency treatment, the patient should always seek immediate medical attention even if symptoms have disappeared.

**Contraindications:** There are no absolute contraindications to the use of Emerade in an allergic shock.  

**Precautions:** Emerade must be administered only into the anterolateral thigh. Patients should be advised not to inject Emerade into the gluteus maximus due to the risk of accidental injection into a vein. Accidental injection into the hands or feet can result in peripheral ischemia that may require treatment. Patients must be instructed in the proper use of Emerade. Use with caution in patients with heart diseases including angina pectoris, cardiac arrhythmia, cor pulmonale, obstructive cardiomyopathy and atherosclerosis. There is also a risk for adverse reactions after the administration of adrenaline to patients with hyperthyroidism, hypertension, phaeochromocytoma, glaucoma, severe renal impairment, prostate adenoma, hypercalcaemia, hypokalaemia, diabetes, and in elderly patients and pregnant women. The effects of adrenaline may be potentiated by tricyclic antidepressants and monoamine oxidase inhibitors. Adrenaline should be used in pregnancy only if the potential benefit justifies any potential risk to the foetus.  

**Side effects:** May include headache, palpitations, tachycardia, sweating, nausea and vomiting, respiratory difficulty, pallor, dizziness, nervousness and anxiety. Cardiac arrhythmias may follow administration of adrenaline. Overdoses of adrenaline may cause central haemorrhage or an aortitis. For a complete list of warnings and side effects, you should consult the Summary of Product Characteristics.

Legal category: POM. Price:  

**Package and quantity:** Emerade 150, 300 and 500 are available as single unit doses.

**Product licence number:** Emerade 150 PL 33616/0013. Emerade 300 PL 33616/0014. Emerade 500 PL 33616/0015.

**Marketing authorisation holder:** PharmaSwiss Ceská republika s.r.o., Jankovcova 1569/2c, 170 00 Prague 7, Czech Republic. Date of preparation of prescribing information 14th April 2015.

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