New code of conduct for HCP’s working with milk manufacturers

Page 7
Aptamil Pepti for the effective management of cows’ milk allergy, without compromise

- Unique blend GOS/IOS oligosaccharides to help reduce long-term allergy risk
- Extensively hydrolysed formula with a composition nutritionally closer to breastmilk, encouraging normal growth and development
- Palatable for baby, as convenient to prepare as standard infant formulas

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 infants from birth to 6 months of age, and is a principal source of nourishment with other foods. Aptamil Pepti 2 is suitable for babies over 6 months as part of a mixed diet, and as a principle source of nourishment with other foods.

References:
1. Venter C. Cows milk protein allergy and other food hypersensitivities in infants. [Online] Available at: https://www.jfhc.co.uk/Cows-
3. Arslanoglu S et al.
4. Pedrosa M et al.

Editorial

Goodbye and hello...

For those who did not attend the annual meeting you missed out on both a fun-filled and enriching event which as per normal was organized brilliantly and with great detail. The credit and thanks go to Helen Brough, Guy Scadding and Tom Marrs for all their hard work. We have summaries from our Barry Kay Award poster prize winners, congratulations again go to them.

All individual BSACI groups and committees report on their progress and there is a lot to be aware of. Lastly many thanks to Manchester for making us aware of the research and teams in the area. It certainly is helpful to get a better picture of what is going on in different parts of the country.

I am pleased to introduce Tak Chin as new editor of Allergy Update. Tak is a consultant allergist at Southampton and is well known to those on the South coast and, as I understand it, a serial presenter of complex cases at the BSACI annual meeting. Perhaps discussion of interesting cases will become part of the new editor’s Allergy Update. I wish him the best of luck and many thanks to him.

So for the last time I wish you all well and I am sure there will be more opportunities to write in the future.

Contributions should be e-mailed to: tak_chin@hotmail.com

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My first year as BSACI President has been full-filled and action-packed culminating in our annual meeting in September. The BSACI meeting in Telford continues to attract large numbers of participants and its success has been largely due to Dr Helen Brough, Dr Guy Scadding and Dr Tom Matts as well as our speakers, sponsors and event organiser. Education remains an important focus for the society and in the past year BSACI have funded 12 primary care regional training days; an increase from the 7 days funded in the previous year. In total, BSACI have now funded 49 primary care training days.

We had a strong field standing for Council this year and the three vacant posts were filled by Dr William Egner, Dr Nicola Jay and Dr Elizabeth Griffiths. They are elected for three years and I look forward to working with them. I would like to thank Dr Sophie Faroque and Dr Clive Grattan for their contribution on BSACI Council over the past four years.

The BSACI website is a valuable resource and provides a window for the outside world into our activities. The website has developed impressively and should be the first port of call for anyone looking for a local allergy clinic or seeking allergy-related guidelines. The website also provides educational resources and I was pleased to see a list of training courses for primary care and webinars developed by Dr Joanne Walsh on cow’s milk allergy and on taking an allergy history. I am keen to further develop the website with two important initiatives. The first is a ‘research hub’ to connect researchers and raise awareness of allergy research and current clinical studies in the UK. Members will be asked to upload details of their own research and provide contact details to allow effective networking. The second initiative is to develop specific sections covering allergic conditions. The first to be rolled out will be on drug allergy to include subsections on guidelines, important publications and future conferences on drug allergy. Eventually, details of centres offering specific drug allergy testing may be included. The intention is to continue to develop the website to reflect the breadth of allergy with sections on important clinical areas.

I was delighted to be elected to BSACI council and look forward to working with colleagues to advance Allergy care for patients in the UK, and to promote careers in Allergy and Immunology across all healthcare professions. Professional leadership will be critical in the post-Brexit world of UK Healthcare to ensure the best possible outcomes, no matter what the challenges, but we also need to ensure that allergy research and international professional leadership from the UK remains prominent in the European arena.”

Dr Nicola Jay, Consultant Paediatrician, Children’s NHS Foundation Trust, Sheffield

“My aim for three years is to help others develop their allergy services through leadership and facilitate equality of access to services for diverse groups.”

Dr William Egner, Consultant Immunologist, Northern General Hospital, Sheffield

“I was keen to further develop the website with two important initiatives. The first is a ‘research hub’ to connect researchers and raise awareness of allergy research and current clinical studies in the UK. Members will be asked to upload details of their own research and provide contact details to allow effective networking. The second initiative is to develop specific sections covering allergic conditions. The first to be rolled out will be on drug allergy to include subsections on guidelines, important publications and future conferences on drug allergy. Eventually, details of centres offering specific drug allergy testing may be included. The intention is to continue to develop the website to reflect the breadth of allergy with sections on important clinical areas.”

The Guideline has been written by allergy specialists and outlines the BSACI’s recommended best practice for other allergy specialists to review and treat patients at risk of anaphylaxis.

The specialist BSACI Guideline key recommendations are:

• As soon as possible after a suspected anaphylactic reaction, an adrenaline auto-injector is prescribed (as recommended by NICE). This may be undertaken in A&E or by the GP. Anyone concerned should seek initial advice from their GP.
• Training is given on how and when to use an auto-injector, as the aim of carrying adrenaline is to start treatment early, without waiting for help.
• Referral to an allergy specialist should be made to enable a comprehensive risk assessment to be carried out and where a personal care plan can be developed and talked through thoroughly, including the practical steps that can be taken on how to minimise potential risks as part of a normal everyday life.

The BSACI have not made a blanket recommendation on the number of auto-injectors anyone should carry as this should be based on a risk assessment. The medical evidence shows every patient should have a personally tailored management plan, which should determine whether one, two (or no) auto-injectors should be prescribed.

On the face of it, this part of the Guideline differs from the recommendation of the Government regulator, the Medicines and Healthcare Products Regulatory Agency (MHRA). It states patients, particularly those who also have allergic asthma, should carry two auto-injectors.

The BSACI are in communication with MHRA with a view to discussing how best to explain the apparent differences in their guidance, and the circumstances in which patients should be prescribed one, two (or no) auto-injectors.

Meanwhile, Allergy UK and the Anaphylaxis Campaign will continue to support the MHRA line. They have communicated with the BSACI on the serious concerns expressed by the allergic community on ambulance response times, the variability of first-response paramedics in carrying adrenaline, the variability in GP’s ability to assess a patient’s potential to develop anaphylaxis and the experiences of those affected by allergy who are in touch with them.

Both the Anaphylaxis Campaign and Allergy UK stress that while their opinion may differ on specific points in the BSACI recommendation, they do support most of the Guideline. Importantly, they strongly agree with the BSACI that any patient or carer who is concerned should, in the first instance, contact their GP for advice or to seek a referral to a specialist.

A version of the BSACI guideline will also be developed for GPs to spell out best practice in primary care. This will be developed with the help of Allergy UK and the Anaphylaxis Campaign.

The BSACI, Allergy UK and the Anaphylaxis Campaign look forward to continuing to discuss these important issues and promoting better treatment and education to support those affected by severe allergy.
**Collaboration on a new code of conduct for Health Care Professionals working with Milk Manufacturers**

In April of this year, the WHO proposed ‘Guidance on ending the inappropriate promotion of foods for infants and young children’. The stated aim of this document is to promote, protect and support breastfeeding, prevent obesity and non-communicable diseases, promote healthy diets, and ensure that caregivers receive clear and accurate information on feeding. Of course, this deserves our active support.

However, some of the guidance relates specifically to restrictions in the interactions between health care professionals and the manufacturers of infant formulae. Unfortunately, all the prescription only hypoallergenic formulae that we use in milk allergy, are also manufactured by the same companies that make regular infant formula. Taken at face value, this guidance would essentially restrict provision of information, sponsorship and other interactions with the milk manufacturers in a way that goes above and beyond the ABPI regulations that guide the way we work with industry around products used in Paediatric Clinical Nutrition. This would hopefully ensure that the WHO guidance will be considered for legislation, and appropriate conclusions could be made. As a result, a code of conduct is being developed between the societies and consideration will be given for the role of further stakeholders, such as the British Specialist Nutrition Association (independent trade association that represents the formula milk companies) as well as Trading Standards and the Royal College of Paediatric and Child Health (RCPCH).

This does represent an excellent opportunity for us, as a group of paediatricians, to look carefully at the way we work with the formula industry and consider whether we are doing everything we can to restrict any attempts to unduly influence healthcare professionals, in the same way that we safeguard against this with pharmaceutical companies. The RCPCH have been having similar discussions and recently has announced that as a result of the consultation they had with their own members, they will continue working with manufacturers of infant formula.

Each year BSACI receives approximately £100,000 from formula food companies, the majority of the funds are used for educational purposes, so it’s vitally important to the future of our society to ensure that we can offer a credible, ethical, alternative to the WHO guidance, which demonstrates our obligation and desire to promote breastfeeding, but also allows careful interaction with industry around special purpose products. The next few months of this development process will be an interesting one.
Knowledge-based assessment (KBA) in the Allergy training curriculum

The training curricula for many specialties incorporate an “exit examination” of specialist knowledge which must be passed before the trainee is allowed to proceed to CCT. Unfortunately (or perhaps not depending on your point of view), this is not practicable with Allergy training at present because the numbers of trainees are so few as to preclude the setting of a statistically valid pass mark.

A suitable alternative is the KBA, which tests trainees’ acquaintance with the knowledge content of each section of the curriculum (asthma, allergic rhinitis/conjunctivitis, atopic dermatitis/contact hypersensitivity, food allergy/intolerance, drug/vaccine allergy, insect venom allergy, urticaria/angioedema, anaphylaxis, latex allergy, allergen immunotherapy, paediatric/transitional allergy/asthma, unproven diagnostic procedures and immunodeficiency) through the setting of short answer questions usually based around a brief case study. In contrast to a formal “examination”, this is a formative exercise for which there is no arbitrary “pass mark”. Instead, trainees are encouraged to take the KBA to help highlight the strengths and weaknesses (if any) in their knowledge as an aid to perfecting it. Trainees may take the examination at any stage, and as many times as they wish, but typically attempt it in the final two years of their training.

The success of the exercise depends on the good will of many: the trainers who set and mark the questions, the trainees who give up several hours of their time at the BSACI meeting to scribble down their answers, and the BSACI which has generously supported the exercise both by providing meetings facilities at which the KBA questions are vetted and discussed, and space and logistical support for the Trainees to sit the examination, which is held during the annual BSACI meeting.

We have also collaborated closely with the RCP in compiling these examinations and discussing governance and marking issues. At present, we are still at the status of a pilot exercise with the College. James Hilt-Wheatley is our liaison with the College on this. At present it is being considered whether these KBA examinations in Allergy and other small specialties might be taken over by the College, for example through the design of a computer based examination which candidates may sit locally. This has its pros and cons: on the one hand it saves the candidates having to travel (although they would be expected to attend the BSACI meetings anyway), but on the other hand the College may feel justified in levying a charge to candidates for the service. Members of the Allergy SAC will continue to negotiate on behalf of all, and nothing will be done without consultation. During the GMC review of small specialties in which Allergy training was scrutinised earlier this year, the KBA was strongly supported, with a recommendation that it be formally incorporated into the Allergy curriculum as a mandatory requirement of training. It is likely that this will happen in the not too distant future (indeed, possibly from 2017).

Finally, some thanks. Alex Croom acted as our liaison with the RCP and the BSACI on developing the KBA for several years, and we miss and thank her. I would like to thank all of the trainers who have sweated blood producing suitable questions for the bank and more marking the papers of their trainees. We are currently looking for a replacement for Alex, possibly one of the new members of the Allergy SAC who have joined us this year. A select band of Allergy trainers will be meeting at BSACI HQ on 9th December to develop some more questions. The way assessment is moving forward, the focus is on “whole task” competency (for example in assessing urticaria or possible nut allergy or managing omalizumab therapy) rather than detailed interrogation about isolated items of factual knowledge (e.g. list 15 causes of rhinitis), although the underlying factual knowledge should be seen to underpin the holistic approach.

The following article in Clinical and Experimental Allergy received much public attention compelling us to share it with our members

Thunderstorm-related asthma: what happens and why

G. D’Amato, C. Vitale, M. D’Amato, L. Cecchi, G. Liccardi, A. Molino, A. Vatrella, A. Sanduzzi, C. Masseo, I. Annesi-Maesano

Clinical and Experimental Allergy, March 2016. Volume 46, Issue 3, Pages 390-396

The fifth report issued by the Intergovernmental Panel on Climate Change forecasts that greenhouse gases will increase the global temperature as well as the frequency of extreme weather phenomena. An increasing body of evidence shows the occurrence of severe asthma epidemics during thunderstorms in the pollen season, in various geographical zones. The main hypotheses explaining association between thunderstorms and asthma claim that thunderstorms can concentrate pollen grains at ground level which may then release allergenic particles of respirable size in the atmosphere after their rupture by osmotic shock. During the first 20-30 min of a thunderstorm, patients suffering from pollen allergies may inhale a high concentration of the allergenic material that is dispersed into the atmosphere, which in turn can induce asthmatic reactions, often severe. Subjects without asthma symptoms, but affected by seasonal rhinitis can also experience an asthma attack. All subjects affected by pollen allergy should be alerted to the danger of being outdoors during a thunderstorm in the pollen season, as such events may be an important cause of severe exacerbations. In light of these observations, it is useful to predict thunderstorms and thus minimize thunderstorm-related events.


Thunderstorm-related asthma: evidence-based knowledge

There is a close temporal association between the start of the thunderstorm and the onset of asthma epidemics

Asthma epidemics related to thunderstorms are limited to pollen (and outdoor mould) seasons

There are not high levels of gaseous and particulate components of air pollution during thunderstorm-related asthma outbreaks

Subjects with pollen allergy who stay indoors with the window closed during thunderstorms are not involved

There is a major risk for subjects who are not receiving antiasthma treatment but subjects with allergic rhinitis and without previous asthma can experience severe bronchoconstriction

Non-allergic subjects are not involved in thunderstorm-related asthma

Fast Publication Times – Submit your article today!

Clinical & Experimental Allergy

Free to BSACI members

The Official Journal of the British Society for Allergy & Clinical Immunology

Impact Factor 5.587

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BSACI Research Hub

BSACI Research Hub has been created by Dr Stephen Till and Dr Mohammed Shamji and ably assisted by Dr Maryam Shayeghi, BSACI Clinical Guideline and Research Coordinator. The hub is a database that provides health care professionals, BSACI members, the public (patients) and charities with the latest information on any ongoing basic, clinical and translational studies in Allergy and Clinical Immunology, including, but not limited to, those funded by charities, research councils and NIHR.

The aim is to have one place in which to centralise all the research that is taking place in allergy in the UK which can be accessible to all and to increase awareness and collaboration among health care professionals engaged in allergy related research. To begin with we have created five broad themes:

1. Airway Allergy
2. Basic Science
3. Dermatology
4. Food Allergy
5. Other

The allergy research hub will collate research in those areas and then upload them onto the BSACI website. The details on the hub will include:

- Project summary
- Centre where the research is taking place
- Title of the project
- The chief Investigator
- Dates of when the research started and if they are recruiting volunteers

BSACI research hub provides an

IQAS and QPIDS update

The IQAS accreditation scheme (Improving Quality in Allergy Services) is pleased to announce the first accredited service, awarded to the West Midlands Allergy and Immunodeficiency Centre at Heart of England NHS Foundation Trust. Accreditation was awarded following stringent assessment of its facilities, staff and working practices, to prove its commitment to the delivery of high-quality patient care. This is an excellent achievement by the service, and we congratulate Dr Krishna and his team.

The QPIDS accreditation scheme (Quality in Primary Immunodeficiency Services) held its first annual renewal assessments for accredited services in October, which is designed to be a light-touch assessment to ensure that the standards are continuing to be upheld. We were pleased to see that the high standards set by QPIDS have continued to be met, and we have made a number of quality improvement recommendations to further improve services. The annual renewal assessments will be an ongoing programme for both accreditation schemes.

A total of 21 allergy services and 25 PID services have now joined the schemes, which is an excellent number for such a new scheme. We continue to strongly encourage all services to register for the schemes and realise the benefits that accreditation brings. Engagement with the schemes is a condition of the NHS England service specification, and the IQAS and QPIDS continue to be further embedded in the commissioning environment.

The schemes continue to develop and improve what we do. For 2017, we plan to undertake a formal review of the accreditation standards: updates on this will be provided on the IQAS and QPIDS website, as well as in Allergy Update. We also plan to further develop guidance and templates for use by registered services, gain recognition by the Care Quality Commission as an information source, and support smaller services to meet the accreditation standard. Finally, we expect to undertake seven accreditation assessments for each scheme.

For more information on the schemes please see www.iqas.org.uk and www.qpids.org.uk, or email accreditation@rcplondon.ac.uk

Regional Allergy Services in Manchester

The NW Paediatric Allergy Network (NoWPA) is one of four sites in the UK for “Future Hospitals Project” in 2016, awarded by the Royal College of Physicians. The network is co-ordinating pathway development and governance agreements to facilitate care of non-complex allergy cases into secondary and primary care under paediatricians and GPs with special interest in allergy.

Dr Peter Arkwright, Chairman of NoWPA said: “Improving services for children in primary care will allow tertiary centres to focus on children with the most complex allergies and speed up the delivery of care for less complex allergies close to their homes.”

The adult NW clinical network is also working towards development of primary care based pathways for the management of the more common allergic conditions.

Dr Tomaz Garcez: “The adult allergy service continues to grow with increasing demand for food and drug challenge and desensitisation programmes. Particular focus areas for the service include development of National and European guidance on anaesthetic drug allergy and increasing our understanding of the most severe allergic reactions that result in fatality. I work with Dr Vibha Sharma and Andrew Parkes on the UK Fatal Anaphylaxis Register project. The other main projects we are involved in are: the Royal College of Anaesthetists National Audit Project 6 looking at perioperative anaphylaxis in the UK and the EAACI Task Force on perioperative hypersensitivity. There are exciting opportunities to develop the Manchester based allergy services for adults with both the Single Hospital Service and Devolution Manchester plans.”

Dr Stephen Hughes: “Rather than using my clinic to address confusion and terror, this should become unnecessary if our networking approach can deliver the right information to the right person at the right time. In contrast, more and more of the patients referred to me demand desensitisation, which, if indicated, we should be privileged to provide.”

Dr Vibha Sharma: “Following the LEAP study our practice is changing. Planned exposure and tolerance induction is becoming the norm, rather than avoidance. In the PALISADE peanut desensitisation study, our first subjects are making good progress. It is an exciting time at which Professor Nikos Papadapoulous and Dr Heidi Northover have joined our team.”

Dr Carol Ewing: “Most importantly, we ensure that the views of our children, young people and families are taken into account as we develop a clinical networked approach to care across the North West. Our doctors, nurses, health visitors, psychologists and dieticians in primary, secondary or tertiary services are all helping to strengthen these pathways within the network.”
BSACI Annual Meeting 2016

Thanks for coming to this year’s Annual Meeting. (You didn’t come? Why not? But you’ll come next year, right?)

Deputy Meetings Secretary Dr Tom Marrs
Imperial College, London

Plenary (flag-waving, motorcade...) session saw us comparing best modalities and mechanisms for allergen immunotherapy.

Following this there were sessions covering gastrointestinal disease, occupational skin disease, hymenoptera stings, and quality improvement in allergy services in primary care. The afternoon poster judging session was packed and lively. We’re grateful to all delegates submitting posters and for judges generously giving up their time. We are keen that high quality research and innovation should continue to be presented at future meetings.

We enjoyed spending our paper money in the casino during the opening reception (and managed to win enough to finance something – in fact, we’re planning on 2,000 Marmite sandwiches, bulk buying before Unilever push up prices). We are extremely grateful to all the speakers for their excellent talks and to the exhibitors and sponsors for their continued support of the meeting.

The process of arranging the meeting was as smooth as ever this year, assisted by our new partners Medivents who did a fantastic job throughout. As ever, our fabulous Chief Executive Fiona Rayner and phenomenal Meeting Secretary Dr Helen Brough formed the backbone of the planning and organisational processes this year. We owe enormous thanks to Helen for delivering yet another outstanding programme. With her broad knowledge, efficiency and attention to detail we knew that nothing could go wrong. Helen even kindly organised a period of maternity leave to give us two a taste at the helm!

So, to the content of the meeting proper. The Presidential Plenary (flag-waving, motorcade...) session saw us comparing best modalities and mechanisms for allergen immunotherapy. Following this there were sessions covering gastrointestinal disease, occupational skin disease, hymenoptera stings, and quality improvement in allergy services in primary care. The afternoon poster judging session was packed and lively. We’re grateful to all delegates submitting posters and for judges generously giving up their time. We are keen that high quality research and innovation should continue to be presented at future meetings. We enjoyed spending our paper money in the casino during the opening reception (and managed to win enough to finance something different next year, assuming the local soft play centre accepts casino chips). The exhibition floor was busy throughout the meeting, with interactive displays, interesting talks and tasty samples. Our Passport for Prizes scheme was a success, and our state of the art Virtual Hub allowed delegates to catch up with talks they missed or revisit key moments. If you registered for the meeting and didn’t get a chance to use the Virtual Hub during the meeting, you will be able to see a number of key talks by logging onto the BSACI website. (You can also see some great pictures from the meeting too).

Day two had many excellent sessions, including oral abstracts and the popular Grand Round sessions. We had an excellent Jack Pepys lecture from Prof Angela Simpson about our evolving understanding of asthma epidemiology. In his Harry Morrow Brown Memorial Lecture, Prof Gideon Lack gave a lovely plotted summary of how his patients provided inspiration for his insights into mechanisms of food sensitisation (or how he became the true Nutty Professor). Congratulations also to Prof Tony Frew for receiving the William Platts-Mills, discussing tick bites, meat anaphylaxis and more.

Anaphylaxis Campaign, led by the incomparable Prof Chris Corrigan. (If you miss his old stand-up routine, don’t worry, he’s still available on hire for WI meetings). There was an impressive range of lots up for grabs, including some specialist items for EastEnders fans. We are very grateful to Dr Sophie Faroouque for providing many of the most popular items.

In some ways, day three proved to be the climax of the scientific meeting, with a variety of excellent lectures, including the Year in Review session featuring a trio of the most distinguished international clinician scientists in the field including both Dr Wesley Burks, doyen of oral food immunotherapy and Prof Tom Platts-Mills, discussing tick bites, meat anaphylaxis and more.

Next year’s meeting will take place from Sunday 1st to Tuesday 3rd October. We look forward to seeing you there.
Annual Meeting 2016

Annual Meeting 2016

Allergy update

Annual Meeting 2016

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Allergy update
Abstract winners 2016: summaries

This prestigious Award recognizes Professor Kay’s national and international research contributions to the field of allergy and asthma, which have inspired so many young Allergists and Chest Physicians.

Basic science

Isha Singh
Imperial College, London

Surfactant Protein D (SP-D): A Novel Therapeutic target for suppressing Grass Pollen-Induced Th2 and B Responses in Seasonal Allergic Rhinitis

Lung surfactant protein SP-D is a soluble pattern recognition innate immune molecule. Ken Reid and Uday Kishore (Oxford), and Taruna Madan (Delhi) were the first to show that a recombinant form of SP-D (rhSP-D) caused a marked reduction in specific IgE and IgG1 levels, along with blood and pulmonary eosinophilia, in a murine model of allergic bronchopulmonary aspergillosis. In a collaborative effort between Imperial College London (M Shanjii and Stephen Durham) and Brunel University London (Uday Kishore) we have shown, for the first time, that rhSP-D inhibited grass pollen allergen-induced basophil response at a single cell level, suppressed CD23-mediated facilitated allergen presentation and Th2 cytokine production, and inhibited IgE synthesis by B cells. Our study makes a compelling case for rhSP-D as a potential immunomodulator for Th2 mediated allergic inflammation.

Grass pollen Subcutaneous and Sublingual immunotherapy inhibit allergen-induced nasal and skin responses: a randomised controlled trial

We conducted a randomised, double-blind, placebo-controlled trial of subcutaneous and sublingual grass pollen immunotherapy using response to nasal allergen challenge as the primary outcome. Participants were assessed at baseline, after 1 and 2 years of treatment, then again at 3 years, after 12 months off treatment. The primary comparison was SLIT versus placebo at year 3, answering the question of whether 2 years treatment was sufficient to induce lasting tolerance. We also measured nasal cytokines and intradermal allergen responses.

We found that two years SCIT or SLIT was effective at suppressing allergen challenge-induced nasal responses and local Th2 cytokines, but these effects were not maintained after one year off treatment. Conversely, suppression of skin responses persisted for at least one year following treatment discontinuation.

Allied health

Rosalyn Gourley
St Thomas’ Hospital, London

When is it safe to recommend home nut/seed introduction for children who are allergic to at least one nut/seed?

Selective nut/seed introduction rather than a blanket ban is gaining momentum for children with nut/seed allergy. Often this requires oral food challenge in hospital. Data from nut/seed allergic children in the Pronuts study was analysed for safe home based introduction (HBI) thresholds. Skin prick test (SPT) and sIgE results for 11 nuts/seeds in 50 children were assessed against allergy/tolerance. Three threshold criteria were tested: 1) SPT=0mm and sIgE<0.1 kUA/l 2) sIgE<0.1 kUA/l and SPT=0mm. 90% of SPT=0mm and sIgE<0.1 kUA/l as HBI thresholds. Skin prick test (SPT) and sIgE results for 11 nuts/seeds in 50 children were assessed against allergy/tolerance. Three threshold criteria were tested: 1) SPT=0mm and sIgE<0.1 kUA/l 2) sIgE<0.1 kUA/l and SPT=0mm. 90% of SPT=0mm and sIgE<0.1 kUA/l as HBI thresholds. SPT=0mm, risk of allergic reaction is greater and requires careful clinical judgement.

Primary care

Rory Mercer
Brighton and Sussex Medical School

Paediatric clinical

Patricia Soares
Brighton and Sussex Medical School

Undergraduate

Catherine Arthur
Brighton and Sussex Medical School

Behavioural interventions to improve adherence to preventer medications in children and adolescents with asthma: a systematic review

Non-adherence to preventer medications in asthma remains a common problem among children. This systematic review and meta-analysis examined the characteristics and effectiveness of behavioural interventions for promoting preventer medication adherence in paediatric asthma.

Fourteen randomised control trials were identified that met the inclusion criteria. A variety of behavioural approaches to enhancing adherence were described including electronic reminders, web-based interventions, and objective monitoring of adherence with feedback to the participant. Pooled data from 12 studies demonstrated a significant benefit of interventions containing behavioural components on adherence (OR=2.09, 95%CI:1.33,2.9). Sensitivity analysis of two studies that assessed solely behavioural interventions did not find a significant effect on adherence (OR=3.75, 95%CI:0.56, 25.08). To conclude, multicomponent interventions containing behavioural components were found to have a beneficial effect on adherence to preventer medications in paediatric asthma. Further high quality RCTs with clearly reported interventions are needed to determine features of interventions associated with the most benefit in this population.

Children and young adults with filaggrin-related eczema may have different healthcare needs than filaggrin-unrelated eczema

A longitudinal analysis was performed to understand whether filaggrin (FLG) gene defects are associated with increased prescribing for eczema and asthma and a higher number of asthma exacerbations. BREATHE, a cohort of gene-environment associations with asthma severity, was linked to routine healthcare databases such as Accident & Emergency, community prescribing and Scottish Morbidity Records (hospital admissions). This linkage allows exploration of associations between genetic variation and prescribing. A significant and strong association (Incidence Rate Ratio IRR higher than 2) was found between FLG mutations and prescribing of emollients (IRR: 2.36, 95% CI: 1.44-3.57), treatment for severe eczema (IRR: 2.27, 95% CI: 1.31-3.93) and a combination of long-acting β2-agonist and corticosteroids (IRR: 3.33, 95% CI: 1.74-6.37). Defining subgroups of individuals who may require more prescriptions could help predict treatment costs and develop targeted management strategies.
Standards of Care Committee (SOCC) update

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

We are pleased to announce that the Prescribing of an Adrenaline Auto-injector specialist guideline by the BSACI Standards of Care Committee (SOCC) has been published. The guideline, led by Dr Pamela Ewan draws on the most rigorous overview of the medical and scientific evidence available, which has been developed by SOCC and consultation by our BSACI peers to the highest standards. The methodology used is accredited by NICE and, as such, the guideline is the most comprehensive available. Furthermore SOCC will be producing a version for GPs to help focus on the role of primary healthcare in ensuring that anyone who is at risk is properly managed. In the first instance, this would include prescribing an auto-injector, receiving training on how to use it, and being referred to a specialist. Since publication, BSACI have been working closely with our patient organisations the Anaphylaxis Campaign (AC) and Allergy UK (AUK) in addressing concerns of patients/carers. We all believe it is vital that concerned patients should all receive the same consistent advice which is: 1. Anyone who is concerned about anaphylaxis should see their GP. 2. If they are at risk, the GP should prescribe an auto-injector, with training on how and when to use it, and refer them to an allergy specialist for a comprehensive risk review. 3. The patient should carry the auto-injector at all times until they have been seen by the allergy specialist. 4. The allergy specialist will carry out a comprehensive risk assessment, create a personal care plan and talk it through thoroughly. 5. That plan will include practical steps on how to minimise risks as part of a normal everyday life.

In other news, the Rhiinitis Guideline will shortly be submitted to Clinical & Experimental Allergy for publishing. We thank you for your consultation comments on the nut guideline, these are being reviewed by SOCC and shortly a revised and final version will be submitted for publication in Clinical and Experimental Allergy. The local anaesthetic guidelines, led by Dr Rubaiyat Haque are at an advanced stage of development and we will invite your consultation comments soon. Professor Angela Simpson was pleased to receive your feedback at the SOCC / CEA session in Telford and the allergen avoidance guidelines are next in the pipeline.

Junior Members Report

Dr Erika Harnik
Junior Members Representative, Paediatric SpR, Great Ormond Street Hospital

I hope you were able to join us at the Annual Conference this year. There was a strong trainee presence, with a record number of posters as well as a fascinating array of cases presented at the Adult and Paediatric grand rounds. At the Trainee’s Meeting we discussed training in both Adult and Paediatric Allergy, with encouraging feedback from both groups. The paediatric junior members will be creating a network on social media to promote access to quality paediatric allergy training opportunities nationwide. BSACI training days for trainees were held in Sheffield and at the Royal Brompton this year. The programmes were excellent, with topics including diagnostic testing in allergy and aerosol allergen immunotherapy. Following feedback from junior members, we will be looking into increasing the amount of paediatric allergy included in the training days. These study days are open to any BSACI member who is an allergy, immunology or paediatric trainee. Please contact Marie Gibbs (marie@bsaci.org) to book your place or to join the mailing list. We are also working on promoting Allergy as a career for medical students and junior doctors. Current projects include publicising the Allergy student selected component (ESC), introduced by Dr Steve Till at King’s College London, for medical schools nationwide and the inclusion of lectures on Allergy in the Foundation teaching programme and hospital grand rounds. It is any junior members would like to be involved in these projects or have ideas of other ways in which we can promote the specialty, please contact me at juniormembers@bsaci.org

Nurses in Allergy

Ms Deb Marriage
Chair of the BSACI Nurses Committee

It was fantastic to see some new faces at our Nurses AGM at the annual conference in Telford this year! Thanks to all of you who attended. For those of you who are new to Allergy, don’t forget to consult our webpage via the BSACI website: www.bsaci.org/professionals/nurses-specialising-in-allergies Here you will also find our competences for staff training, and our SOPs, which are regularly updated. The latest SOPs to be published are Intradermal Testing and Sublingual Immunotherapy, with Subcutaneous immunotherapy following soon. The Committee is also looking at standardising allergy nurse job descriptions and specifications for each nursing band to help with IQAS requirements.

Some committee members have been working closely with the Nursing Standards and have all completed recent publications on Venom Allergy and Hayfever. Pending publications include Drug Allergy, Vaccinations and Food Allergy. The Nursing Standard are also considering running a practical “How to...” series which is likely to include nasal doshing and the use of adrenaline autoinjectors. Are you aware of our Nurses email group for BSACI nurses?

Primary Care Committee update

Dr Jo Walsh
GP, Norfolk. Chair of the Primary Care Committee

It was great to be able to feedback at the BSACI conference about what I consider a successful year for the primary care group. In May, the Primary Care and Public Health Conference at the NEC welcomed its first allergy stream with an entire day of presentations/interactive sessions on many aspects of allergy. There was insufficient space to get all interested delegates into the room for some of the sessions. With so many of the primary care group presenting, we even brought our planned teleconference. We got more people together in a room than we usually get on the phone!

The RCGP has shown support for allergy projects with the development of three, half hour, free online modules for health care professionals. They have also supported the publication of several articles on allergy, including one in the BJGP on the NICE Quality Standards for Food Allergy and Anaphylaxis. Several GPs are actively involved in promoting primary care’s role within the European Allergy forum and we hope to hear more about their projects in the coming year.

This year’s conference in Telford saw a new approach to the primary care group meeting. We opened the meeting up to any doctors, nurses or dietitians with a primary care interest. Twelve of us met to discuss the last year and our approach for the next year. It was great to see so much enthusiasm. One of our aims is to develop some robust guidance for GPs on managing aspects of allergy by distilling down key points from the BSACI guidelines.

We will continue to work closely with BSACI in continuing our drive for education and support for primary care in managing the many patients with allergic conditions that we all see daily. Please contact Marie Gibbs if you would like to be more involved with the work we are doing.

Regular email updates are sent out to members. This is also a great place to pose your questions to the wider allergy nursing community, and receive feedback from multiple centres. We hope that this sharing of practice will identify areas where new guidelines are particularly needed, and lead to more standardised working. If you have a question, and you would like to email out to the group, please send it to: bsacinurses@googlegroups.com

We are also pleased to welcome our first Primary Care Representative to the committee – Jackie Gaventa, who is both a healthcare professional and a parent of allergic children. You may have seen her children give an inspiring talk on living with allergies at our recent conference in Telford. Don’t forget to follow us on Twitter at @BSACINurses!
Paediatric Group News

Dr Adam Fox
Consultant Paediatric Allergist and Clinical Lead, Guys and St Thomas’ Hospital. Chair of the Paediatric Group

In my last update I mentioned the important changes in Specialist Commissioning that were underway. This restructure of the NHSE Clinical Reference Groups has now been completed and I am delighted to let you know that Dr Susan Leech was successful in her application to join the Specialist Paediatric Medicine group. This ensures proper representation for allergy at a national level, where many specialities, due to the reduced size of the group, are no longer present. With the significant financial challenges the NHS faces in the next few years, this will make a critical difference to our chances of maintaining specialist status. One of the main focuses of our committee’s work has been the response to the WHO Guideline around interaction between healthcare professionals and the manufacturers of infant formulas. Whilst this guidance is laudably aimed at reducing industry influence over maternal breastfeeding rates, it also extends to recommending very restricted interactions around prescription-only hypoallergenic formulas too. In practice, this would result in the end of any milk company sponsored educational activities, as the regulations around working with the producers of hypoallergenic formulas would become significantly more restricted than those relating to pharmaceutical companies. The impact on allergy education at primary care and specialist level (such as our annual BSACI conference) would be devastating.

As well as making representations to the WHO and the RCPCH (who recently voted on a similar issue around accepting sponsorship), we were also able to meet with policy advisors at the Department of Health. As a result of successful lobbying, we have been asked to work with BDA and BPSGHAN to develop a Code of Conduct for the interaction between Healthcare Professionals and Industry in regard to Products in Paediatrics Clinical Nutrition. The work on this continues and will hopefully influence the decision around the uptake of the WHO guidance into legislation.

Those who were able to attend our open meeting at the Annual Meeting in Telford were also updated on our plans around a registry for FPIES (led by Dr Gary Stiefel) and a database for immunotherapy outcomes to help support the business case for future provision (led by Dr Mich Lajeunesse).

In practice, this would result in the end of any milk company sponsored educational activities, as the regulations around working with the producers of hypoallergenic formulas would become significantly more restricted than those relating to pharmaceutical companies.

Clinical Immunology Committee update

Dr Yousuf Karim
Consultant Immunologist, Royal Surrey County Hospital. Chair of BSACI Clinical Immunology Committee

The Clinical Immunology committee has decided to re-visit the role and purpose of the committee as it approaches its 10th anniversary. The original idea for the committee was proposed in 2006, with the first meeting being held in January 2007. The original committee mission statement has been circulated among its members, and is currently being reviewed.

Two members of the committee, Dr Karim and Dr Grigoradou, attended the BSACI 2017 programme planning meeting which was held at the Royal College of Physicians in July 2016. Dr Grigoradou is the Chair of the Clinical Committee of the BSI. We hope this will lead to a stronger working relationship with potential joint BSAI/BSI sessions at future meetings of either society.

The committee is pleased to hear that Dr Bill Egner, Consultant Immunologist in Sheffield, has been elected to BSACI Council. Dr Egner is based in the Clinical Immunology and Allergy service in Sheffield, and is the Director of the National External Quality Assurance Service for Immunology, Immunochemistry, and Allergy.

Dr Kasternow, Consultant Allergist in Guildford, and Dr Karim, have collaborated on an article on Drug Allergy, which has been accepted by Clinical Medicine, the journal of the Royal College of Physicians of London.

The committee continues to encourage juniors in immunology to attend the BSACI annual meeting, to submit abstracts, and apply for Travel Bursars. Several Immunologists attended the recent meeting of the Adult Allergy Group, which was held at BSACI 2016.

Adult Allergy Group

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

The adult allergy group is coming together. The steering committee meets twice a year, while an open annual general meeting is held at the BSACI annual meeting venue. We have been addressing issues relevant to adult allergy. One of these is the formation of regional allergy networks. Rubaiyat Haque presented information on existing networks at the AGM. Currently there are 10 allergy networks and, as expected, there was some heterogeneity in their sizes and working patterns. In order to provide a base for allergy service networking, Dr Haque has proposed to form a new network, working out of Guys’ Hospital in a hub and invited others to join. Allergy services based outside of London could also join and use Skype/PC for regular meetings, if required. Those who are interested to join, please contact Dr Haque.

Elizabeth Anger has joined steering committee and gave an informative talk at the AGM with regards to the future development of allergy services from a primary care perspective. She has also suggested that each regional network should have at least one primary care physician interested in allergy and there was a general agreement for this suggestion. Further progress has been made with regards to IQAS. So for 21 Trusts have registered with IQAS. Heart of England NHS Trust became the first allergy service to be accredited.

We have also been discussing how to share SOPs and Patient Information Leaflets (PILs) between allergy services and networks. Stephen Till and Sophie Farooque have proposed that a web portal will be developed within BSACI member area with lists of SOPs and PILs under each Institutions/networks (who is willing to share these). There will be a name and contact details of the responsible person who could be contacted for a copy of the resource material. Dr Farooque has kindly agreed to be the link person to put these lists on the web portal. To enhance communication there was also a suggestion to develop web based groups between AAG members. This will be discussed at the next steering committee meeting.

National Allergy Strategy Group

Dr Jane Egner
Allergy Consultant, Birmingham Heartlands Hospital and Heart of England NHS Trust. Chair of BSACI Clinical Immunology Committee

The All Party Parliamentary Group for Allergy (APPG) for which the NASG are working on a campaign of work which will culminate in a report at the end of 2017 looking at the problems with current allergy provision and proposed solutions and recommendations. The three areas of focus are: improved education in primary care; increased numbers of trainees in adult allergy and the postcode lottery of desensitisation. All these subjects will be used as a topic for debate in Westminster Hall. In addition, questions will be raised, both written and oral, in the Houses of Commons and Lords.

2017 is a very exciting year for the NASG and the work of the APPG, and we look forward to updating you further as things progress. For more information or to get involved with the campaign please contact Mandy East National Allergy Strategy Group (NASG) Parliamentary Officer.

Mandy East
National Allergy Strategy Group (NASG) Parliamentary Officer

The purpose of the APPG is to raise awareness of the NASG and the work of the APPG, and to work towards the following objectives:

- To raise awareness of the NASG and the work of the APPG
- To support the NASG in its campaigns
- To encourage Members of Parliament (MPs) to support the NASG
- To provide a platform for stakeholders to discuss the issues
- To share information about the NASG and the work of the APPG
- To work towards the objectives of the NASG

For more information or to get involved with the campaign please contact Mandy East National Allergy Strategy Group (NASG) Parliamentary Officer.
Food Allergy Specialist Group (FASG) of the British Dietetic Association (BDA)

Members of FASG are registered dietitians who are involved in the field of allergy, many of whom have a high level of expertise in the care of children and adults with food allergies. This includes specialist input into the diagnosis and management of food allergy, supporting patients and their families with tailored dietary advice following diagnosis.

FASG has been working hard to facilitate dietitians working in food allergy to employ evidence-based practice. This is a strong and proactive committee. Group members have been set up and continue to run various educational courses, including the food allergy module of the MSc at Imperial College London, the Allergy Academy ‘Allergy in Practice’ Course at Kings College London and Milk Allergy Study days in various locations. There are two educational days arranged by FASG each year for its members, and this year saw the inaugural adult food allergy educational meeting for FASG members.

Training and updating members on issues, legislation, food products and resources is an integral part of the role of FASG. They also act as a voice of professional expertise for and on behalf of dietitians working in food allergy in all aspects of food allergy care, sitting on NICE committees and producing guidelines and tailoring advice for pertinent clinical use.

FASG is currently doing a survey on ODE management in both paediatrics and adults. FASG has applied for Anaphylaxis Campaign and BDA funding to survey current practice on food allergy in all aspects of food allergy care, in order to produce some guidance for dietitians, and we will also be surveying whether it is a feasible option to step down in mild to moderate CMPA to an eHF if they have been put on an AAF.

Chair of FASG is Dr Rosan Meyer, Specialist Allergy Dietitian. Specialist Dietitian Rosalyn Gourley is now joint BSACI Council representative for Dietitians alongside Tanya Wright.

Changes to the BSACI Travel Fellowship Scheme from 2017

Firstly I would like to take the opportunity to thank our corporate supporters Diagenics, Mead Johnson Nutrition and MEDA for their continued support over the years towards the BSACI Travel Fellowship Scheme and to let you know that there will be some changes taking place to the scheme in 2017.

For many years BSACI have offered members the opportunity of applying for a Travel Fellowship to attend international meetings, at the same time the number of abstracts being submitted to our meeting has grown substantially. From next year BSACI will only consider Travel Fellowships for those whose abstract has been accepted at the BSACI Meeting. This year the number of accepted abstracts increased to 144 as a result we received more applications for a Travel Fellowship than we could unfortunately allocate. As a result we are developing a new process by which to allocate Travel Fellowships. We hope this will be fairer for all and will be working hard with industry to secure support for the scheme.

Our schedule for the 2017 meeting has now been confirmed and deadlines agreed. The submission date for abstracts will open on MONDAY 13TH FEBRUARY and closes on FRIDAY 28TH APRIL. If your abstract has been accepted and you wish to seek support from BSACI we have changed the system for applying and instead of having two deadlines which took into account those who had a late breaking abstract accepted, we are only having one deadline on MONDAY 24TH JULY. Therefore if you are planning to submit an abstract and require support, please ensure you have this data ready in your diary. Of course further details about the Travel Fellowship Award Scheme and how to apply will be fairer for all and will be working hard with industry to secure support for the scheme.

We hope this will be fairer for all and will be working hard with industry to secure support for the scheme.

Allergy update

NUTRAMIGEN 2

NUTRAMIGEN with LGG® is not recommended for premature and immunocompromised infants unless directed and supervised by a healthcare professional. www.nutramigen.co.uk

Nutramigen with LGG® is not recommended for premature and immunocompromised infants unless directed and supervised by a healthcare professional. www.nutramigen.co.uk

1 Studied before the addition of LGG®. Calculated using data on allergic reactions after oral food challenge with an eHF from table 3 of Dupuis C et al 2012, as judged by the Committee on Nutritional Evaluation of the French Society of Paediatrics. 2 Nutramigen LIPIL. To use as a feed in cases of egg, milk & soya elimination. 3 Data on file. 4 Data on file 2012. This material is for healthcare professionals only. 5 Nutramigen with LGG® is not recommended for premature and immunocompromised infants unless directed and supervised by a healthcare professional. www.nutramigen.co.uk

Allergy update

NUTRAMIGEN 2
Diagenics has worked with UK allergy clinics for over 20 years.

Our partners Allergopharma are one of Europe’s principal allergy companies. We supply and support their products in the UK and Ireland through our experienced and dedicated local team.