the first step in the effective management of cows’ milk allergy is extensively hydrolysed formula

For the management of mild to moderate cows’ milk allergy, the iMAP guideline recommends an Extensively Hydrolysed Formula (EHF) as the first step for formula feeding or mixed feeding (if symptoms only with introduction of top-up feeds) infants.

Galacto-oligosaccharides and fructo-oligosaccharides.

References:

IMPORTANT NOTICE: Aptamil Pepti 1 & 2 are foods for special medical purposes for the dietary management of cows’ milk allergy. They 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 sole source of nutrition for infants from birth, and/or as part of a balanced diet from 6–12 months. Aptamil Pepti 2 is suitable for babies over 6 months as part of a mixed diet.
Welcome to Issue 31!

In this issue, our feature is the report on the Royal College of Anaesthetists’ 6th National Audit Project: Perioperative Anaphylaxis (NAP6) summarised by Professor Nigel Harper.

Dr Paul Turner and Dr Gary Stiefel report on the new legislation on spare pens in schools.

Our Allergy Service spotlight this issue is Dr Bryan Fernandes’s Team based at Hull & East Yorkshire and we also, for the first time, have an Regional Allergy Network spotlight on Dr Rubaiyat Haque’s Guy’s Regional Allergy Network (GRAN) - please do get in touch if you wish to feature your regional network in Allergy Update.

It is also with great delight that Allergy Educator, Associate Professor Jude Holloway, has written an article on Allergy Education. Our Allergy Registrars, Dr Shalini Chandel & Dr Erika Harnik also report on Allergy Registrar training days this year.

Plus, we wish Professor Chris Corrigan a very happy retirement and highlight his significant contributions to the Specialty of Allergy and give congratulations to the winners of this year’s awards (Professor Hannah Gould, Dr Claudia Gore and Professor Graham Roberts).

Also please find enclosed election papers for the posts of BSACI Secretary and BSACI Council Member.

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

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Anaesthesia, surgery and life-threatening allergic reactions

The report of the Royal College of Anaesthetists’ 6th National Audit Project: Perioperative Anaphylaxis was launched in May 2018.

A panel of anaesthetists, allergists, clinical immunologists and patient groups audited the clinical management, investigation and outcomes of life-threatening perioperative anaphylaxis. The NAP6 Panel included BSACI representation. Guidelines published by BSACI, NICE, Resuscitation Council (UK) and Association of Anaesthetists of Great Britain and Ireland (AAGBI) were used. The project comprised a case-reporting phase and several surveys.

NAP6 main case-reporting phase
- Local co-ordinator anaesthetists in every NHS hospital reported anonymised cases over a one-year period, including the information provided to the anaesthetist by allergy clinics.

NAP6 surveys
- Services provided by UK specialist adult and paediatric allergy clinics.
- UK anaesthetic workload, patient demographics and anaesthetic techniques.
- Exposure to potentially-allergenic drugs and other substances during the perioperative period, providing denominator data for incidence estimation.
- Anaesthetists’ perceptions of perioperative anaphylaxis and avoidance behaviours.

Of the 541 cases submitted, 266 had complete data and were analysed. Shortfalls in immediate management, investigational pathways and reporting were identified and recommendations made. Ten patients died and adverse outcomes were not uncommon. The anaphylaxis rate for teicoplanin was higher than for any other antibiotic or any muscle relaxant. Patent Blue dye had the second highest rate. Chlorhexidine accounted for almost 10% of cases. Reporting to MHRA was extremely poor.

There is space in this article only to present some key findings in relation to investigation (see panel): the full report, including clinical management, outcomes, epidemiology, reporting, recommendations and resources for allergy clinics, as well as results of the surveys can be accessed via the home page of the new BSACI website www.bsaci.org.uk

The author would like to thank everyone who completed the surveys, the Local Co-ordinators, the NAP6 Panel and NAP6 Moderator for freely giving their time, and the NAP6 team at the Royal College of Anaesthetists which funded the project.

Key findings from case-reports in relation to investigation
- Adherence to existing guidelines is poor and confirms deficiencies in service availability, capacity, harmonisation of investigation and reporting.
- The average wait time before being seen in allergy clinic was 101 days. (range 0–450 days). Only 39 (16%) were seen within the ideal six weeks and 7% waited longer than six months.
- Waiting times for urgent referrals were not shorter than for non-urgent referrals.
- Mast-cell tryptases (MCTs):
  - at least three MCT samples were available in 67% of cases, two in 19% and one in 8%
  - 45% of early samples met BSACI guidance for ‘immediate’ sampling,
  - earlier samples gave higher MCT levels which rapidly fell within 30 minutes
  - MCT level did not correlate with severity of clinical features
  - the dynamic-tryptase algorithm [(baseline tryptase x1.2) +2 mcg/L] was found useful for detecting mediator release especially when peak tryptase was within the reference trance and increased yield by 16%.
- Clinic investigations adhered fully to AAGBI guidance in 32% and to BSACI guidance in 17%; most non-adherence was through failing to test for all potential culprit agents and poor communication.
- All potential culprit agents had been adequately investigated in only 27%.
- 10% of assessments were good, 49% good and poor, 41% poor.
BSACI Council has a number of new members. Kathryn Powrie is the new chair of the Nurses Committee and Helen Howells has taken over from Joanne Walsh as chair of the Primary Care Committee. Council welcomes back Sue Leech who was elected BSACI treasurer at the AGM last year. Stephen Till has completed his three year term as Secretary and there will be four further vacancies on Council as current members rotate off. There

is also an election for the new Junior Members' representative as Erika Harnik will be rotating off later this year. Two election papers are enclosed in this edition for Secretary and Council member and I would encourage interested members to consider applying in order to contribute to the future success of your Society.

BSACI co-badged the Dubai Allergy Society which took place on the 5th/6th April 2018. Many of the speakers were from the UK and I have heard that this was a successful meeting with many attendees. BSACI supported this meeting as allergy is in its infancy in the Middle East and we hope to cultivate a relationship that will allow the growth of allergy education and practice in that part of the world.

BSACI have launched the new Drug Allergy section on the website. The section contains resources supporting our members in their drug allergy practice. There is also a drug desensitisation calculator which safely removes the arithmetic and provides a reliable protocol to desensitise appropriate patients. I hope to be able to follow up with new sections on the website to support our members practicing food allergy, urticaria, eczema and immunotherapy. Over the coming months, these sections will come on-stream.

Finally, BSACI members who wish to join EAACI can now do so at a reduced membership rate of 30 euros via a joint scheme that is available via the BSACI website. This constitutes a considerable saving on the full membership price and allows access to EAACI journals and to the member rate for most EAACI meetings except for the annual congress.
Happy retirement Chris - we shall miss you!

Not many people know that Professor Corrigan obtained his BA in Physiological Sciences at Oxford with the highest first class honours in his year, the start of a star-studded career in science over 40 years. Having completed his PhD with Barry Kay at the National Heart and Lung Institute, their partnership led the way in demonstrating the role of T cell activation and Th2 cytokines in asthma, key observations that took 20 years to evolve into the current avalanche of novel biologics that successfully target the Th2 pathway in severe therapy-resistant asthma. His other achievements include landmark studies on steroid-resistant asthma, the role of innate epithelial-derived cytokines in asthma and, with Hannah Gould, the role of IgE in non-atopic asthma. He has demonstrated the role of allergoids (modified allergen vaccines) as effective, shorter, more convenient strategies of immunotherapy for hay fever.

Chris has supported the specialty of Allergy in so many ways. At Guy’s hospital, having followed on from Tak Lee, he has led and developed a highly successful Adult Allergy Service and Severe Asthma and Allergen Immunotherapy clinics. Within BSACI, he is a former Hon. Secretary, a longstanding Council Member and has contributed as Scientific Meetings Organiser and Editor of Clinical Reviews, the companion journal of Clinical and Experimental Allergy. He has been honoured by receiving both the BSACI William Frankland Award for Clinical Excellence in Allergy and the Jack Pepys Award for his outstanding contribution to allergy research. He is best known and appreciated by our allergy trainees as the Chair of the Specialist Advisory Committee on Allergy of the Royal College of Physicians and as Training Programme Director and Lead for the Specialist Training Committee for the London and South East Deanery. With Dr Alex Croom he set up a formative Knowledge-based Assessment that Allergy SpRs take in their final years of training.

Chris is not only gifted in science, he is a stunning musicologist and an extraordinary stand-up comic. He is dedicated to his wife Annie and their two boys, Jonathan and Philip, who have provided him amazing support over the years. We recently celebrated with Chris over Annie’s receipt of her Alphege Award from Archbishop Justin Welby, the Archbishop of Canterbury. Chris is also a very keen naturalist and birdwatcher – so we need not worry about his being at a loose end during his retirement!

The society and your many friends congratulate you on a lifetime of service to our specialty and on a great job, well done. We wish you, Annie and your family a very happy and enjoyable time for the future.

Professor Stephen Durham and Dr Stephen Till

“Chris is not only gifted in science, he is a stunning musicologist and an extraordinary stand-up comic.”
From October 2017, schools have been able to purchase, without prescription, adrenaline autoinjectors (AAIs) for use in the emergency treatment of anaphylaxis. This follows a change in legislation (similar to that in USA and Australia) to improve the management of food-allergic school children.

The rationale for this change was simple: 1 in 5 cases of fatal anaphylaxis in children occur in schools. AAIs may be left at home (a common problem in secondary schools), used incorrectly or misfire, or perhaps be out of date. The schools’ ‘spare’ back-up AAIs would therefore offer an additional safety net, as well as opportunities to improve education and guidance for schools about food allergy.

The new legislation was needed because AAIs were previously prescription-only medicines, so legally an AAI could only be used for the person it was prescribed to (with the exception of healthcare professionals, the law does not allow someone to administer an AAI belonging to person A to person B). The Human Medicines (Amendment) (No. 2) Regulations 2017 now provides an exemption to school staff with regards to ‘spare’ AAI, and was the culmination of over 2 years’ work by a working group representing BSACI, RCPCH, Allergy UK and the Anaphylaxis Campaign. This project had significant support from parents of children with allergies, teachers and healthcare professionals, which resulted in significant support from the Department of Health in making the case for a change in legislation to MHRA and the Minister of Health.

The ‘spare’ AAI(s) are in addition to any AAI devices a pupil might be prescribed and bring to school, something still required by MHRA. However, ‘spare’ AAI devices can be used in any pupil known to be at risk of anaphylaxis so long as there is medical approval and written authorization from parents. Importantly, this includes those children with a diagnosed IgE-mediated food allergy who have not been prescribed an AAI, so long as the appropriate medical and parental approvals are in place on that child’s care plan.

The BSACI emergency action plans have been updated to provide a single page document which meets the requirements of the new legislation, and can be downloaded via the BSACI website or at www.sparepensinschools.uk, a new website funded by DoH to provide a one-stop resource for school staff, parents, school pupils and healthcare professionals alike.

“This project had significant support from parents of children with allergies, teachers and healthcare professionals, which resulted in significant support from the Department of Health in making the case for a change in legislation to MHRA and the Minister of Health.”

Abbreviations: FP - fluticasone propionate, AZ - azelastine, AH - antihistamine, INS - intranasal corticosteroid, INAH - intranasal antihistamine, LTRA - leukotriene receptor antagonist, IN - intranasal, OC - oral corticosteroids

References:
1. https://www.scottishmedicines.org.uk/General/Homepage_Search_Results?q=dymista&Submit=Search

Dymista® Nasal Spray, Suspension (azelastine hydrochloride/fluticasone propionate) Prescribing Information

Presentation: Nasal spray suspension. Each gram of suspension contains 1000 micrograms of azelastine hydrochloride and 365 micrograms of fluticasone propionate. Indications: Relief of symptoms of moderate to severe seasonal and perennial allergic rhinitis if treatment with intranasal antihistamine or glucocorticoid alone is not considered sufficient. Dosage and administration: Adults and adolescents (12 years and older): One actuation into each nostril twice daily. Children below 12 years: not recommended as safety and efficacy has not been established in this age group. Contra-indications: Hypersensitivity to azelastine hydrochloride or fluticasone propionate or any of the other ingredients in this medicine. Warnings and precautions: Avoid concurrent use with other nasal decongestants. Systemic effects of nasal corticosteroids may occur. Systemic exposure in severe liver disease may be increased. Dymista® may result in clinically significant adrenal suppression. Patients may experience blurred vision or other visual disturbances. Monitor patients who experience changes in vision or have a history of ocular pressure, glaucoma and/or cataract. If adrenal function is impaired, take care when changing medication to Dymista®. In patients with infections, recent surgery or injury to nose or mouth, weight benefits against risks of use. Contains benzalkonium chloride. Experience of use in pregnancy and lactation is limited. Dymista® should only be used if the potential benefit justifies the potential risk. Dymista® should be discontinued if the benefit does not justify the potential risk. Dymista® should be discontinued if the benefit does not justify the potential risk. Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard. Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard. Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard. Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard. 

Legal category: POM.
The East Yorkshire Regional Adult Immunology and Allergy Unit started out at the former Kingston General Hospital in 1986 with the arrival of Dr Philip Dore, Consultant Immunologist, followed by Jackie Moor Clinical Nurse Specialist, in 2001. The Unit is currently based at Castle Hill Hospital in Cottingham, and provides diagnostic and therapeutic allergy and immunology services for patients over 16 years from a wide geographical area including Hull, East and North Yorkshire, and North and East Lincolnshire, covering an extended population of around 1.2 million. The Unit is registered with the IQAS and QPIDS accreditation schemes. It sees patients referred from primary and secondary care with suspected drug, inhalant, venom and food allergen related conditions, as well as primary and secondary immunodeficiency. It also supports the Paediatric Immunology Service where complex immunological conditions are managed. The Paediatric Allergy Department is based at Hull Royal Infirmary managed by a Paediatrician with a special interest in Allergy, and supported by Paediatric Immunology nurses.

The team consists of one Consultant in Allergy, one Consultant in Immunology and Allergy, four Specialist Immunology and Allergy Nurses, one Healthcare Assistant and a Specialty Trainee in Immunology. There are nine Consultant-led clinical sessions and one nurse-led allergy assessment session weekly. The Department sees around 600 new general allergy, 150 new drug allergy and 100 new immunology patients per year. The nurse-led allergy clinic provides initial assessment, investigations and management advice, seeing around 350 new allergy patients per year. Along with this, the nurse-led immunotherapy clinics review patients receiving subcutaneous and sublingual immunotherapies. There are around 80 patients receiving subcutaneous venom and pollen immunotherapy, and 35 receiving sublingual immunotherapy. The department offers Omalizumab treatment for patients with severe urticaria.

The drug allergy clinic sees complex patients referred for suspected antibiotic, general and local anaesthetic, analgesic and latex allergy. Comprehensive allergy tests are performed including skin prick and intradermal testing, oral food and drug challenges, as well as drug desensitisation therapies and monthly patch testing clinics. The team meets fortnightly for discussion of challenging cases. The clinical diagnosis of allergic and immunological conditions is supported by a highly specialised UKAS accredited Immunology Laboratory based at Hull Royal Infirmary.

The Unit collaborates closely with the Dermatology and Gastroenterology Teams, and runs a regular Respiratory multidisciplinary meeting. It forms part of the wider Trent Regional Allergy and Immunology Consortium (TRIAC) network with centres in Scunthorpe, Leicester, Nottingham and Sheffield working together to develop standardised protocols and guidelines, conduct multi-centre audits and organise educational sessions for trainees. The Unit has close links with Hull York Medical School.

Rebecca Avison and Beverley Fish, Immunology and Allergy Specialist Nurses feel the greatest successes have been offering the modified rush venom immunotherapy regimen, as well as the range of preparations tailoring immunotherapy to those presenting with troublesome pollen allergy. Jackie Moor, Clinical Nurse Specialist, has worked within the service for 17 years and during this time has witnessed many changes and challenges. She is proud to be part of such an enthusiastic team of clinicians and nurses who have worked hard to develop highly specialised services for both immunology and allergy patients.

Dr Bryan Fernandes
Consultant Allergist at Hull and East Yorkshire Hospitals NHS Trust
Allergy update

Jack Pepys Lecturer

Professor Hannah Gould
Professor of Cell and Molecular Biophysics
King's College London

Professor Hannah Gould started her career in science as an undergraduate at Radcliffe College, which was then the women's part of Harvard. She graduated in Biochemistry, and followed on to earn her MSc at Radcliffe and PhD at Harvard with Paul Doty. The title of her PhD thesis was *The Antigenicity of Polypeptides*. It was a time when the field of protein synthesis was emerging in an exciting way, and so she moved to London to work at the National Institute for Medical Research on the structure of ribosomes and translation of globin mRNA. After a further year at University College London, continuing this work, and imperial College, changing to work on chromatin structure, she settled at King's College London. Hannah carried on with her chromatin studies until the breakthrough of recombinant DNA technology. Returning to her interest in immunology, she made the critical decision to clone and express the human IgE epsilon heavy chain gene cDNA. This led to her research on the structure, function, and regulation of IgE and allergy, her continuing passion.

William Frankland Award

Dr Claudia Gore
Consultant in Paediatric Allergy and Immunology, Imperial College Healthcare NHS Trust St Mary's Hospital

Dr Claudia Gore graduated in Germany 1995. Her MD (res) was awarded in 1996, in Germany. She undertook her medical and specialist training from 1996 to 2009 in the United Kingdom, with time out for a PhD in paediatric allergy. She has been a consultant since 2009, and is currently a consultant in paediatric allergy and immunology at St Mary's Hospital/Imperial College Healthcare NHS Trust.

As clinical lead for paediatric and adolescent allergy she has build and expanded the paediatric & adolescent allergy services in North West London together with her dedicated and passionate multidisciplinary team.

Claudia and her team, have built the most comprehensive, holistic ambulatory care service for children and adolescents with complex multisystem allergic disease and severe atopic eczema in the UK and are now one of the leading UK centres.

Research and publication areas include probiotics and the gut microbiota in infant eczema, quality of life in allergic diseases, nutrition in allergic disease, allergen avoidance measures, impact of severe disease on adolescent patients and families.

Harry Morrow Brown Award

Professor Graham Roberts
Professor of Paediatric Allergy and Respiratory Medicine at University of Southampton, Director of the David Hide Asthma and Allergy Research Centre

Graham Roberts describes himself as a translational epidemiologist. He has been involved in many of the landmark prevention trials in the last decade. Firstly, the 18 year follow-up of the Isle of Wight prevention trial that confirmed the potential long-term impact of early life interventions. Secondly, the Mite Allergy Prevention Study demonstrating proof of the principle for using sublingual house dust mite to prevent allergic sensitisation in early life. Lastly, the Learning Early About Peanut (LEAP) study which has re-shaped the international weaning recommendations. These interventional studies have emerged from longitudinal epidemiological data. With Isle of Wight colleagues, he has just completed the 26 year follow up of the 1989 Birth cohort. With colleagues from across the UK, he is recruiting a new birth cohort to investigate pre-school wheeze. Finally, Professor Roberts has developed a research programme directed at understanding adolescents in order to assist healthcare professionals for a better management of this age group.

Professor Roberts has been Editor-in-Chief of Clinical and Experimental Allergy for the last few years. He has overseen its successful transition into an online format.
The British Society for Allergy and Clinical Immunology

Annual Meeting
September 30th – October 2nd 2018
Telford International Centre UK

For further information regarding the programme, registration and ongoing updates please visit:
www.bsacimeeting.org
My personal allergic march

Professor Judith Holloway
Associate Professor, Programme Leader MSc Allergy, University of Southampton

My passion to influence the world of allergy education stems from my own battle with allergies, my personal allergic march that started with severe eczema in infancy, and has nearly ended a couple of times with severe anaphylaxis. My lifelong experience as a patient with allergies that affect both mine and my family’s quality of life, has driven my passion to be involved in research and education in allergy. I give my students the knowledge and skills to enable them to save lives and improve quality of life for thousands of people living with allergy worldwide. My vision is to deliver a fit-for-purpose course that prepares students to be the future allergy leaders nationally and internationally, improving health care provision through their ability to cascade education to their institutions, colleagues, patients and their families.

The unmet need for trained allergy professionals and leaders is greater than ever, and postgraduate courses, such as our MSc Allergy at the University of Southampton, are an excellent way to obtain the specialist knowledge and skills required. One of the challenges of choosing to combine working with postgraduate study, is to find the right course for you that fulfils your career needs and aspirations, and is flexible enough to give you choice. An MSc might feel like a very big commitment, so at Southampton you can start on single modules, or the Postgraduate Certificate, and upgrade to a Postgraduate Diploma and finally the MSc itself. This stepwise approach allows you to choose the modules that most interests you and to tailor the course to your needs. We also offer full-time, and part-time study options, so you can take the course at the speed that suits you best. At Southampton, we have trained over 250 students and currently have 56 allergy postgraduates studying with us. They come from across all corners of the UK, Europe and the world.

Our modules are the building blocks that can be used to make up whichever award you choose. A range of choices cover the more traditional aspects of clinical allergy (such as Food Allergy, Eczema, Urticaria and Anaphylaxis, and Allergic Airways Disease), while innovative modules allow you to drive your learning, such as our Work Based Learning module where students have developed innovative patient education material, new referral guidelines, staff training days and more. The Dissertation module completes the MSc itself, and over the years our students have done some amazing projects that have really contributed to clinical practice in all aspects of allergy. Look out for our students who regularly present their work at the annual BSACI conference.

I am passionate about creating authentic, fit-for-purpose learning experiences. Framing a difficult subject such as immunology using memorable analogies like ‘Bisto gravy’ for chemokines, ‘pick ‘n’ mix sweets’ for genetic recombination on a familiar background (patient clinical cases), allows my students to access a subject that can feel incomprehensible to them. Our innovative curriculum is designed to promote students’ confidence and familiarity in all areas of allergy, giving them a holistic understanding of the whole disease process, so improving their ability to make a complete and informed appraisal of the treatment options for their patients.

I was recently awarded the huge honour of becoming a National Teaching Fellow of the Higher Education Academy in recognition for my work to inspire and educate a new generation of allergy experts. I took over as Programme Leader of the MSc Allergy in Southampton in 2008 and since then, we have been awarded the accolade of World Allergy Organization Centres of Excellence, and been accredited by the BSACI and recognised by EAACI.

Our students acknowledge the impact of their learning at Southampton. Dr Carina Venter completed her PG Diploma Allergy with us in 2003. She said: “It is thanks to my training at Southampton that...
Allergy update

The Allergy Department, University Hospital Southampton, successfully hosted the BSACI Allergy Registrar training day on 19th February 2018.

The venue was The Cherbourg meeting room in the Southampton Novotel Hotel. This was carefully chosen keeping in mind the convenience for delegates attending from all over the country, given its proximity to the Southampton central railway station.

This was well appreciated as was evident from the trainee feedback. The teaching was organised on topics selected for various aspects of food allergy. These were Food allergy in children, Inducing tolerance in Food Allergy, Food allergy – from a Dietary perspective, In vitro testing in T cell mediated drug allergy, Oral Food Challenge standards and Eosinophilic oesophagitis overview and update.

This February the Clinical Allergy and Immunology Section of the RSM and BSACI joined for a national allergy SpR training day. The focus of the day was the controversies in allergy and the juxtaposition of the paediatric and adult allergy approach to certain disorders such as food allergy, urticaria and angioedema. Our keynote speaker was visiting professor Jörg Kleine-Tebbe, who spoke on advanced test interpretation of component resolved diagnostics.

Isabel Skypala continued with this theme and described the use of CRDs in influencing the dietary intake in patients with food allergy with both talks generating a lot of discussion. Polly James shared her experiences as one of the only dedicated paediatric allergy psychologists in the country while Tabi Leslie, spoke on itch, a symptom we all recognise as difficult and frustrating to treat. The day ended with Lauri-Ann Van Der Poel and Chris Rutkowski talking about the myths and potential pitfalls in managing drug allergy and urticaria. The day was well attended and the feedback was incredibly positive.

Dr Erika Harnik
Paediatric Allergy registrar, Royal London Hospital

BSACI SpR Training Day

The training day was well attended by 13 trainees in total - 6 Adult Allergy, 6 Paediatric Allergy trainees and 1 Immunology trainee.

The feedback received was positive with all the trainees thoroughly enjoying the day. They felt that the faculty understood the needs of the trainees faced by the speakers, being able to change the focus of the lectures. The trainee feedback also reflected on the fact that the training day met their expectations.

For future BSACI training days, there is a suggestion for a complex allergy case discussion session, which would be useful for all trainees.

Dr Shalini Chandel
Allergy Registrar (ST5), University Hospital Southampton

Joint RSM and BSACI Allergy SpR Training Day

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Dr Erika Harnik
Paediatric Allergy registrar, Royal London Hospital

I am a world-leading dietitian in the field of allergic diseases, with over 100 publications to my name... I would suggest the University of Southampton to any medical professional who wish to enhance their career in allergy and increase their knowledge.”

Dr Adam Fox completed his PG Diploma Allergy in 2004 and is Consultant Children’s Allergist and Clinical Lead Director of the very successful Allergy Academy. He said: “I was very impressed with the University of Southampton. There are excellent networking opportunities. The University provides students with an excellent grounding in the immunology and clinical aspects of allergy from a world class faculty coupled with unrivalled support from course leaders.”

Have I inspired you to find out more about studying allergy as a postgraduate student? As well as my MSc Allergy at the University of Southampton, there are other courses around the UK offering slightly different opportunities for students, including the MSc Allergy at Imperial College, the MSc Immunology and Allergy at the University of Nottingham and the online Postgraduate Certificate in Clinical and Health Sciences with Allergy offered by Newcastle University.

Links
MSc Allergy, University of Southampton
www.southampton.ac.uk/allergy, follow us on twitter @mscallergy, twitter.com/mscallergy
MSc Allergy, Imperial College
https://www.imperial.ac.uk/study/pg/medicine/allergy/
MSc Immunology and Allergy, University of Nottingham
PGCert Clinical and Health Sciences with Allergy, Newcastle University
https://www.ncl.ac.uk/postgraduate/courses/degrees/clinical-health-sciences-allergy-pgcert/#profile
Paediatric Group News

Since my last update, the committee has continued to work hard. I am particularly grateful to Dr Paul Turner for his continued work around the successful change in legislation to allow schools to hold their own auto-injectors. The new Spare Pens in Schools website (www.sparepensinschools.uk) has now successfully launched and is looking great. It is very comprehensive and has dedicated areas for all the stakeholders with a helpful focus on myth-busting. It is endorsed not only by BSACI, but also the Department of Health, RCPCH and the allergy charities and is an excellent example of constructive collaboration.

Whilst work continues on the Code of Conduct for the interaction between Healthcare Professionals and Industry in regard to Products in Paediatrics Clinical Nutrition as well as the Paediatric Immunotherapy Registry, there has also been focus on the concerns around deprescribing of hypoallergenic milk formulas. This has been raised by numerous CCGs as part of consultations to reduce pharmacy spends. The BSACI worked successfully in collaboration with Allergy UK and BDA (British Dietetic Association) to prevent this from happening, through lobbying and press attention, in Croydon but other CCGs have since been raising this. We have lobbied RCPCH, who have joined us in raising this with NHSE and we recently received a positive response from Jacquie Cornish, National Clinical Director, Children, Young People and Transition to Adulthood at NHSE to say this is now on their agenda so we are hoping for a more centralised response.

This will be my last update, as I will be handing over the chair to Dr Mich Lajuenesse. I would like to wish him all the best for his term and also to thank the committee for all their efforts and support.

Primary Care Committee update

We have recruited several more GP’s from across the country to our primary care group on the BSACI website so that interested GP’s and primary care professionals can directly reach out to someone local.

We have upcoming allergy training days with the Royal College of General Practitioners where several of our members are teaching. We had an allergy stream at the PRIME conference in May, which was chaired by us. As well as these, many more local training sessions continue to educate those within primary care.

We hope to work with Allergy UK this year to provide all primary care surgeries with training packs for adrenaline autoinjectors. We hope this may combat the lack of training given to patients when they are issued with adrenaline autoinjectors. Further updates are planned for the primary care webpage within BSACI.

Interested parties can contact us via Marie Gibbs at BSACI – Marie@bsaci.org
Adult Allergy Group

Adult allergy group is now in its 4th year. The group has organised itself through various regional allergy networks. These networks now cover most of allergy services in England.

Details of the networks can be found at the BSACI website with a tab “Adult allergy network” under “Professionals”. The site is populated with information on existing allergy networks. There is an option to contact each network for further information or to seek patient information leaflets/SOPS for local adaption.

No further progress has been made with regards to the revision of the criteria to define specialist versus non-specialist case workload in our allergy services. This was discussed at the national CRG special meeting, held at the Telford Conference Centre during the annual meeting of the British Society of Allergy & Clinical Immunology. This information is required for future NHSE specialist commissioning and clinic coding. Allergy CRG members will continue to raise this matter at the CRG meetings. I am still looking for a successor. So if you are an allergist and have the enthusiasm and organisational skills to lead the group, please do contact me through the BSACI.

Food Allergy Specialist Group of the BDA

Ms Tanya Wright
Dietitian, Oxfordshire. Dietetic Council Representative for BSACI, Member of FASG

We have collaborated with the BSACI PAG to produce a guidance document for parents and healthcare professionals on “Allergy prevention in infants at higher risk of food allergy”. This is under the final stages of review and will be available shortly.

Four new free resources are now available free to all BDA member dietitians: home reintroduction of egg/ wheat/ soya for non-IgE allergy, stepping down from amino acid feeds. Further resources are under final review: food-dependent exercise-induced anaphylaxis and three diet sheets for eosinophilic oesophagitis.

Our group has over 325 members and holds meetings once or twice a year. Many FASG dietitians have a high level of expertise in the care of children and adults with food allergies.

Our members are also actively involved in research projects within the field of food allergy presenting this work in publications and at national and international allergy conferences. They are also active in the BSACI, EAACI, AAAAI and INDANA and FASG members are chair of the Allied Healthcare Working Group, EAACI Executive Committee, INDANA chair for US and Europe. This work contributes significantly to the development of practical approaches to the diagnosis and management of food allergy. We have regular communications with our group members where we share allergy news, research, and educational events as well as allergy product information and queries about complex cases.

During the last year, with the support of a grant from the Anaphylaxis Campaign and the BDA, we have completed three projects on complementary feeding in infants at higher risk of allergy, stepping down from amino acid formula to extensively hydrolysed formula and home reintroduction guides for non-IgE mediated allergy to egg, soya and wheat.

We have also been focussing on social media, in particular our Twitter presence. Our followers are growing in numbers every day (now almost 400) and our regular tweets make 10-20,000 impressions per month.

Tanya has now stepped down as FASG Representative on Council. BSACI would like to thank Tanya for all her contributions.

Twitter: @BDA_FASG
Email: mary.feeney@kcl.ac.uk (FASG Secretary)

Next FASG Food Allergy day:
2nd July 2018 at St Mary’s Hospital, London
Clinical Immunology Committee

Dr Tariq El-Shanawany
Consultant Clinical Immunologist, University Hospital, Wales, Cardiff

The subcommittee reviewed the Consensus Document on 22q11 deletion syndrome by the Max Appeal with regards to co-badging the document with the BSACI.

The 6th National Audit Project on Perioperative Anaphylaxis (NAP6) received input and data analysis from Bill Egner, member of the subcommittee. NAP6 was launched at the Royal College of Anaesthetists on 14th May, and included presentations from anaesthetists, allergists, immunologists and patient representatives.

At the 2018 BSACI Annual Meeting there will be a joint session with the British Society of Immunology on Urticaria, angioedema and auto-inflammation. We continue to engage with the Immunology community and encourage membership of the BSACI. Further information on the Subcommittee's activities can be found at www.bsaci.org/about/clinical-immunology.

National Allergy Strategy Group

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

The NASG has recently reformed the All Party Parliamentary Group for Allergy following the stepping down of Stephen McPartland MP and are very pleased to announce that Jon Cruddas MP has taken over as chair of the group. Jon is a long-term supporter of our work along with his wife Anna, Baroness Healy of Primrose Hill and another long-term supporter of improvements to allergy services Baroness Finlay of Llandaff. In addition, we have welcomed back Jo Swinson MP following her successful return to the House in the last general election. Parliamentary activity continues with a recent Westminster Hall debate on the subject of Allergy Awareness in Schools and continuing Parliamentary Questions. We are also pleased to report we will be meeting with NHS England in May to discuss how to work together on the recommendations in our forthcoming report.

For more information and to sign up for regular updates email mandy@nasguk.org or visit www.nasguk.org. We also tweet @AllergyCampaign.

Standards of Care Committee (SOCC) update

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

Three guidelines are currently being prepared. The Local Anaesthetic Allergy guideline is about to be sent out for BSACI consultation and we would value the membership’s feedback on this document.

The Eczema guideline, led by Dr Helen Brough, is off the ground, with writing group meetings being organized and an assessment of the literature is in progress. Questions for a pre-guideline national audit are being prepared.

Prof Angela Simpson is leading the Allergen Avoidance Guideline, and the writing group is being assembled for their first planning meeting.

With a lot of help from Maryam Shayeghi, we have submitted our updated guideline writing manual to NICE for consideration of re-accreditation. They are currently assessing our compliance with their recommendations, so we hope for good news soon.

We will be meeting soon to finalise the primary care Adrenaline Auto-Injector Guidline with our primary care colleagues.

We continue to support the nurses group, reviewing SOPs before publication.
Nurses Specialising in Allergy

Ms Kathryn Powrie
Chair of the BSACI Nurses Committee

We have recently welcomed Jill Edmonds, senior immunology nurse specialist from Manchester onto the committee and will be updating our webpage with short biographies from each member.

Continuing our work highlighting allergy in nursing journals we have recently published an article on the identification and management of drug allergy in the Nursing Standard with further ones planned for their ‘How to’ series on the use of adrenaline autoinjectors.

Following on from the results of the AAI audit presented at the BSACI we are looking at adapting the BSACI children’s anaphylaxis action plans for adults to provide continuity for those transitioning into adult services and to support and encourage professionals in both primary and secondary care who prescribe AAI’s to provide training for patients.

The group represents all aspects of allergy nursing and we are looking at issues around transition. To begin with we would like to know what arrangements are already in place for children reaching the point of transition and plan to circulate a short questionnaire asking about your service.

Our webpage, available via the BSACI website www.bsaci.org/

professionals/nurses-specialising-in-allergies has resources for you to use, including competencies for staff training and SOP’s. We welcome your ideas, questions and comments and our e-mail group allows you to network with all the nurses in the UK who are BSACI members in order to share ideas or ask questions. If you would like an enquiry sent out to the group or have something you would like to share please send it to: bsacinurses@gmail.com

Junior Members Report

Dr Erika Harnik
Junior Members’ Representative Paediatric Allergy registrar, Royal London Hospital

The excellent BSACI teaching programme for allergy trainees has continued into this year, with a study day in Southampton focusing on food allergy, with topics including tolerance induction, eosinophilic oesophagitis and dietary management. We were fortunate to have an extra study day this year, held in conjunction with the Royal Society of Medicine, with keynote speaker, Professor Jörg Kleine-Tebbe, flying in from Berlin to speak on molecular diagnostics.

The next training days will be on paediatric allergy and transitional medicine at Imperial College London in September and venom allergy at the Royal Brompton Hospital in November. We have also finalised the training programme for 2019 – 2021 - in response to trainee feedback we have included basic immunology and are asking facilitators to include more paediatric allergy in the timetable.

We are continuing to focus on raising the profile of allergy as a career and have been in touch with medical schools across the country to promote the specialty. As a result we are hoping to welcome a larger number of undergraduate delegates at the BSACI annual meeting this year – please share with them your experiences of working in allergy.

Sadly my time as junior members’ representative will be coming to an end this autumn. An email inviting applications for a new Junior Members Representative are welcome - juniormembers@bsaci.org
On 22nd March, we held the inaugural meeting of the Guy’s Regional Allergy Network (GRAN) at Guy’s Hospital in London. Setting up GRAN was the culmination of work that had been undertaken for the BSACI Adult Allergy Group, looking into the current state of regional allergy networks in the UK. Ten such networks were identified. Many were informal with infrequent meetings. Some were well-established and currently active.

GRAN was devised to explore what people really wanted from an allergy network and, over the long term, attempt to deliver this. Expectations included education, research collaboration, assistance in service development, achieving accreditation, protocol sharing, clinical fellowships and defining referral pathways.

We currently have 46 individual members from across the country - from the south coast, across to Cardiff and all the way up to East Yorkshire. We purposely did not limit the catchment area of membership to local geographic region (the ‘regional’ in our name was more about producing a pleasing acronym). Anybody happy to attend the occasional meeting in London is welcome to join.

Things have been a little quiet since that first meeting - the day-to-day challenges of clinical life leave little time to devote to such projects. However, we have some exciting meetings planned for 2018. Topics to be covered will include ‘Challenges of allergy accreditation’ and ‘The future of allergy training in the UK’.

Key dates for your diaries....

The countdown to the BSACI 2018 Meeting has begun! In preparation, we wanted to share with you some important deadlines so you don’t miss out!

- Late Breaking Abstract Submission Deadline 5pm on Monday 25th June
- Applications for BSACI Travel Fellowships Monday 23rd July
- Early Bird Deadline Tuesday 31st July

As always should you have any questions regarding any aspect of the meeting, please email the team at bsaci@medivents.co.uk

General Data Protection Regulation 2018

You may be aware that a major change to data protection law came into force on 25 May 2018. The General Data Protection Regulation (GDPR) which affects all organisations and significantly tightens the processes when handling, storing and managing personal data.

BSACI has drafted a Privacy Policy to help you understand what data we collect, why we collect it and what we do with it. We hope you will take time to read this on our website at www.bsaci.org.

Should you have any questions regarding this please contact us at info@bsaci.org
NOTICE CONVENING ANNUAL GENERAL MEETING of the
BRITISH SOCIETY FOR ALLERGY & CLINICAL IMMUNOLOGY

NOTICE IS HEREBY GIVEN that the 2018 Annual General Meeting of the company will be held at the International Conference Centre, Telford TF3 4JH on Monday 1st October 2018 at 7:15am - 8:00am 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 Stephen Till
Honorary Secretary

Dated: 10th June 2018
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.
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*Accurate at time of publication, May 2018
Probiotic Bifidobacterium breve M-16V and prebiotic scFOS/lcFOS blend
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