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Members of the BSACI

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The nights are drawing in, the kids are back at school, the wards are suddenly full of new junior doctors and eager medical students and the inbox is overflowing - yes, it’s the end of the summer. After all the hard work and preparation, EAACI London 2010 is behind us - and what a successful meeting it was.

Congratulations to Tony Frew and all involved. You can read about the highlights on p 4-6. Preparations for the BSACI annual meeting next July are already well underway with Adam Fox and Nasreen Khan putting together a fantastic scientific program. Don’t forget to save the dates (11-13 July 2011). Also the BSACI have supported 12 centres to run Allergy training days for those in Primary Care. The first two have already taken place, you can read further details about these on p10. The various BSACI subcommittees have had a busy summer - read about their activities on p11-13. Shuaib Nasser and Stephen Till present the results of a survey on immunotherapy practice on p13. And don't miss Joanna Lukawska’s entertaining article on doing an allergy MSc on p15.

The BSACI has responded to the ‘White Paper’ on commissioning. Their response has been posted on the front page of the BSACI website. These are challenging times for the NHS and we all have to be innovative in improving allergy services in our areas. The National Allergy Strategy Group remains active in lobbying parliament. Read Mandy East’s report on p8.

This is your newsletter - if you have any allergy related project, however big or small, let us know. I am particularly keen to hear from those of you working away from the big allergy centres.

Keep warm.

Nichola

Contributions should be e-mailed to info@bsaci.org

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Greetings to all this Autumn. BSACI has had a terrific Summer with the largest ever EAACI meeting. I hope those who were able to attend found it very worthwhile, whilst those who missed it will have heard about the James Bond themed Opening Ceremony, the Bootleg Beatles and, of course, the excellent clinical and scientific content. A personal highlight, apart from being “non-M,” was lunch onboard the yacht Lilian, moored alongside the Excel centre. This was organized by the owners Scott and Hiliary Pereira with help from the Anaphylaxis Campaign to celebrate the discovery of anaphylaxis by Portier and Richet in 1902 on a yacht in the Mediterranean. It was appropriate that the UK Godfather of Allergy, Bill Frankland, himself an anaphylaxis sufferer, was able to be there. This year’s Jack Pepys Lecture by Professor Estelle Simons on Anaphylaxis, was an excellent comprehensive overview, outlining several areas where research is needed.

In the absence of a stand alone BSACI meeting this year, Council decided to put our energies into regional meetings with an emphasis on primary care education. Adam Fox, Meetings Secretary, has been organizing these aided by grants from Mead Johnson and Glaxo Smith-Kline – to whom we are indebted for their support of the Society.

Isabel Skypala heads our dieticians’ group - which is developing international links and will be taken over by Carina Venter. Jan Chantrell started as new chair of our nurses in Allergy group - with a flourishing day meeting at the Excel centre run with outgoing chair Amena Warner. Thanks to Amena, Isabel, Sam Walker and John Warner who stepped down as sub-committee chairs after much effective hard work. Thank you to Andrew Wardlaw for his excellent Editorship of ‘Clinical & Experimental Allergy’ which has increased its impact factor from 3.5 to 4.1, and for representing the BSACI on the Joint Committee of Immunology and Allergy (JCIA).

Chris Corrigan, assisted by the BSACI Knowledge Based Assessment Committee, is compiling short answer questions for an exit examination, Steve Durham continues to lead on Revalidation, and we welcome back on Council Nasreen Khan who will support Adam Fox for the next three years organising the BSACI Annual Meetings. Many will remember Nasreen as former Editor of Allergy Update. Melanie York has succeeded Rubaiyat Haque as Junior Representative. We look forward to Melanie sharing the views of our junior members and thank Rubaiyat for his leadership over the last three years.

Last but not least, I thank all other council members, who work tirelessly on behalf of the society, for their invaluable contribution over the past six months. Our energies are now directed towards the 2011 BSACI Annual meeting which will again be held in Nottingham. This time there will be alternative accommodation for those who found the student rooms uncomfortable. The dates are July 11th -13th so please make a note in your diaries. BSACI is growing - with over 630 members. It would be wonderful to have over half of you at our flagship meeting where there should be something for everyone.

Best wishes,

Dr Glenis Scadding
As the autumn nights start to draw in, it’s time to look back at the summer and the EAACI congress that BSACI helped to put on in London in June. This was the culmination of several years work, and by any standards it was a huge success. When BSACI hosted EAACI in 1998 in Birmingham we had about 2,500 delegates and speakers. In 2003, when we started bidding to host another congress, the EAACI congresses were attracting about 3,500 people. By the time we were awarded the congress in 2005, there were about 5,000 delegates. And in the end we broke all records with just over 8,000 registered participants. Over 2,000 abstracts were submitted and there were 224 separate sessions for delegates to choose from.

Planning such a meeting requires vision and teamwork, plus a lot of hard graft. The key members of the BSACI planning committee got together in London in February 2008, to discuss what we liked about the congresses and what we wanted to do differently. After that we had to sift literally thousands of proposals for talks and scientific sessions and come up with a coherent scientific programme. A small subgroup compiled the draft programme and then we presented it to the EAACI committees during a very enjoyable weekend at Hartwell House. Another small group worked on the social programme and had the difficult duty of tasting all the food at a warehouse in South London! In February 2010 we had another meeting with the EAACI officers to sift the abstracts and put together the free communication programme. By April 2010 most things were on track. Then the Icelandic volcano erupted and an airline strike was declared. Suggestions that we should curtail the congress were resisted, and in the end the main problem for delegates was how to choose from all the different sessions on offer.

The opening programme for allergy nurses and the postgraduate courses were well attended on Saturday, and then we had a grand...
opening ceremony, mixing James Bond, choral singing and the Last Night of the Proms. The welcome party with the Bootleg Beatles was a great success musically, and we eventually got enough to eat! Once the main scientific programme started on Sunday, we had some great talks and sessions. It was impossible to go to them all - my personal favourites were excellent plenary talks on the hygiene hypothesis and on asthma phenotypes, I also went to some really good basic science and clinical update sessions. We tried out some new formats with practical skills training and “bring your own patient” sessions, which we have used before at BSACI meetings but not at EAACI congresses. We managed to enlist some very lively international panellists, both for adult and paediatric cases and they gave us all the benefit of their experience and wisdom. In the BSACI session, Estelle Simons gave an outstanding Jack Pepys lecture on anaphylaxis. In planning the programme we made a big effort to showcase top UK clinical and scientific talent, as well as bringing in new voices to the meeting (people who do not normally come to BSACI or EAACI events). Of course we could not invite everyone we would have liked to have, but we received a lot of complimentary feedback from delegates on the quality and range of speakers, and many speakers told us how impressed they were with the standard of the meeting.

If we were doing this again, what would we do differently? Well, London is clearly an attractive venue, and the ExCeL congress centre has recently been extended with a large auditorium and additional mid-sized conference rooms at its East end. These were built too late to be used for this year’s congress, but would be very useful in handling the larger numbers expected at future EAACI congresses. With this in mind we might also restructure some of the parallel sessions. Further work is going on to improve how posters are presented within the congresses. But overall, EAACI 2010 was a great congress, we showed the world our science and culture and we had a lot of fun. There was a huge team involved in planning and delivering EAACI 2010 - on behalf of BSACI I thank each and every one of them, including the EAACI officers and the team from Congrex. But I would like to offer particular thanks to our local scientific chair Andy Wardlaw, the core scientific team (Steve Durham, Graham Roberts, Richard Powell & Glenis Scadding), the social subcommittee (Moises Calderon, Helen Smith, & Glenis) and of course Sally-Anne Cooke, our events manager at BSACI HQ. And now, after all that, it’s time to plan for BSACI 2011.
Conference review

Andrew Hearn  Kings College London
A Medical Student at EAACI

As a medical student having an abstract you are working on accepted at a conference is an immensely satisfying experience. I was fortunate enough to have abstracts accepted to both the EAACI’s Paediatric Allergy and Asthma conference in Venice and the EAACI meeting in London. The opportunity to present my work and discuss it with experts was challenging but without doubt an invaluable one which will help enormously with my career. My experiences were both stimulating and inspirational – not to mention a welcome break from the more routine grind of medical school. I was fortunate to receive one of the generous bursaries offered by the BSACI to help with expenses. This allowed me to present my work at conferences in Venice and London. I would strongly encourage any students with an interest in allergy to submit abstracts and to contact the BSACI and apply.

Andrew presented an audit that he performed during an attachment to the Paediatric Allergy Clinic at Kings College Hospital. See announcements section on p16 for details on BSACI travel grants.

The good ship ‘Lilian’ - celebrating the discovery of anaphylaxis on a yacht in 1902. From left to right: S Durham, D S Kumararatne, J Unsworth, G Scadding, J Brostoff, A Wardlaw with Bill Frankland at the helm.
Cows’ milk protein allergy formulas - whey up the difference

Aptamil Pepti is the only hydrolysed formula to provide all the benefits of prebiotic oligosaccharides, nucleotides and LCPs, tailored to infants with cows’ milk protein allergy (CMPA). It’s also whey-based, giving better palatability and intake than a casein hydrolysate.1,2

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Government responds to NASG petition on NHS Allergy Services

Towards the end of 2009, the National Allergy Strategy Group (NASG) laid down a petition on the Number 10 website calling on the Government to improve NHS Allergy Services. Many of you signed this call for action with over 1,500 signatures being listed but once the general election was called in April of this year all such petitions were suspended meaning our original deadline of early June was cut short. Finally we have received a response which can be viewed here: www.hmg.gov.uk/epetition-responses/petition-view.aspx?epref=AllergyServices

The response was very disappointing. The campaign to improve services for the growing number of people affected by allergy has been underway for over a decade and very little has improved in that time. We still have concerns that despite assurances that there are 90 clinics offering allergy services, many of these are not run by a specialist and only operate on a part-time basis. Patients still have to travel long distances to visit suitable clinics and often have to wait an unacceptable number of weeks or even months before their first appointment. From a patient’s point of view, this time between a first reaction and initial diagnosis is hugely worrying and potentially dangerous as they struggle to understand what is causing their allergy.

Additionally, many are still unable to get a referral from primary care due in part to some doctors lacking an adequate knowledge of the condition and also the lack of local services for patients to be referred to. We know from our colleagues at the patient groups that helpline calls show patients presenting with potential allergy are still being told a referral is not possible or that allergy is not the problem.

As well as this, the response failed to address the need for an increase in allergy specialist trainees with the number of Consultants still only approximately 30 for the whole of the UK.

The NASG campaign will continue to work with the patient groups and our medical colleagues to campaign to make the improvements that are so necessary. This coming 12 months will see us working closely with the RCP and their allergy “champions” as well as addressing the Government White Paper and the plans to introduce GP commissioning. We will also involve growing numbers of patients and families who are living with allergy day to day with local lobbying and a Parliamentary Reception, in November this year, looking at “Allergy: the effect on quality of life”. Following the general election we have had to re-engage with the newly appointed Health Team, headed by Andrew Lansley MP, and are meeting with MPs and Peers both face to face in Westminster and via our local campaigners in their constituencies.

We continue to campaign for long term improvements and whilst we support the positive steps forward such as the RCPCH Care Pathways and NICE guidelines on diagnosing food allergy in children in a primary care and community setting, feel that the Government and the Department of Health are still failing to take allergy seriously as the number of people affected continues to grow.

For more information on the work of the NASG visit www.nasguk.org or contact Mandy East at mandy@nasguk.org

There are more than 90 allergy clinics in England, which are led by a range of specialists including allergists, clinical immunologists, respiratory physicians and dermatologists.

In line with the recommendations made by the House of Lords Select Committee investigation into allergy in 2007, the Department asked one of the Strategic Health Authorities, NHS North West, to lead on allergy services. The Department provided initial funding for NHS North West to start to develop a pilot allergy centre, which would take a holistic approach to adult and paediatric patient care and cover primary, secondary and tertiary care in an integrated way. This pilot is underway, and will be evaluated for effectiveness and, if successful, form the basis of a model that could be rolled out across the country...

Read the full response at www.hmg.gov.uk/epetition-responses/petition-view.aspx?epref=AllergyServices
Despite the existence of many management guidelines, children and young people with allergic diseases receive variable quality of care, described as a post-code lottery by successive reviews. The response from the Department of Health in 2006 was to suggest that RCPCH define care pathways for children. Following approval of a scoping document, the Royal College of Paediatrics and Child Health was commissioned to develop its preferred model of competence-based care pathways for the management of children with allergy using a standard evidence reviewing procedure. Professor John Warner led the project, which was managed by Kate Lloydhope at the RCPCH.

What is a care pathway?
A care pathway is a patient focussed tool describing the timed sequence of actions to achieve patient outcomes with greatest efficiency. It is aimed to reduce variations in patient care with implementation of agreed management guidelines. Care pathways describe an ideal patient journey from initial presentation to final desired outcome from the point of view of the patient (e.g. resolution or effective control of symptoms). The pathways describe a progression from self-care and care in the community to care provided in a multidisciplinary clinic setting. The competences needed to deliver it are defined at each level. A child is referred to the next level of care whenever the defined standards are not met. The patient may progress along the whole pathway, or, more likely, find that symptoms are controlled effectively at an earlier stage. The aim is to deliver care as close to the patients home as possible. Focussing on competence rather than the site for delivery of care, facilitates flexibility with the potential to progressive empower the patient and carers to handle the problem in collaboration with health professionals in primary care.

How does it differ from a guideline?
Guidelines describe the clinical care that is suitable for patients with a specific condition. They assess the clinical and cost effectiveness of treatments and ways of managing the condition. Guidelines are used to inform care pathways, but a care pathway is not a treatment guideline.

The process
Six care pathways have been written covering anaphylaxis; food allergy; asthma and rhinitis; urticaria, angioedema and mastocytosis; eczema; and drug, venom and latex allergy. Each pathway was produced by a different multidisciplinary working group including patient representatives. The pathway was initially mapped, a comprehensive evidence review and systematic literature search was performed and evidence was appraised. Competences were defined for each stage of the pathway. A final algorithm, competency framework and evidence base was produced. Each pathway was then submitted to a rigorous approval process via the Project Board, a very wide range of stake-holders and the RCPCH Clinical Standards Team. The aim is to co-badge each pathway with the other Royal Colleges (RCGP, RCP, RCPath and RCN). Each pathway will be published individually in the college’s journal Archives of Disease in Childhood. Indeed the first on anaphylaxis has already been submitted. A composite document will also be produced by the RCPCH early next year.

The next steps
A team has already been established with limited funding from DoH to develop the tools for the rollout of pathways and to identify the barriers to implementation. Much of the focus is on regular meetings to agree protocols, provide training and support for a network of all relevant agencies, namely patients and carers; early years settings and schools; social and community services; nurses dieticians pharmacists, clinicians in primary secondary and tertiary care. A grant application has been submitted to fund an evaluation of the pathways including Patient Reported Experience Measures (PREMs); disease specific quality of life questionnaires; hard disease outcomes and a health economic evaluation. The proposal has had a great boost with the publication of the Kennedy report (September 2010), “Getting it right for children and young people”. The report recommends “building networks and ‘joining up’ services to develop a common vision in the NHS that is strong enough to bind all agencies while taking account of different perspectives”.

Susan Leech has recently taken over the chair of the Paediatric Allergy Group of the BSACI from John Warner.
Meetings and Training Days

BSACI Annual Meeting 2011
July 11-13, 2011

Fiona Rayner, Chief Executive, BSACI

The BSACI, with the help of an educational grant from Mead Johnson and Glaxo Smith Kline, have helped support twelve regional centres in organising an allergy training day for those working in primary care. The meetings will all be co-badged by the BSACI and form part of our strategy to continue improving educational opportunities in allergy for primary care around the whole country.

Adam Fox, was instrumental in coming up with the idea and for gaining support from industry. He said ‘When we first sent details to the membership, we anticipated being able to support all the applicants with the funding we had. However, we were surprised at the amount of applications we received - it was far more than we imagined. This meant we had to ask a panel of members (which included two from primary care) to select applications they felt were most in need of funding. The programme aimed to support events in areas where there had been previously limited access to educational opportunities in allergy for primary care around the whole country.

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Thank you to everyone who submitted an application. Due the overwhelming interest, we hope to continue this programme next year. The centres that were successful have been posted under the Training and Education section of the BSACI website.
This is my first report as Chair of the Primary Care Group and I would like to thank Dr Samantha Walker our previous Chair for her enthusiasm and guidance. We welcome Dr Steve Holmes, Dr Jo Walsh, and Dr Trevor Brown as new members. The new White Paper shows that the direction of travel is towards primary care. The group is now three years old, and the next few years are going to be busy.

Current activities include the translation of guidelines from Secondary care to Primary care: so far Rhinitis, Angioedema and Urticaria are completed, and we will be starting on the Egg allergy guidelines, and Drug allergy. There have been representatives from the Primary Care Group on the NICE guidelines, RCPCH pathways, and the NASG. After the successful application for Allergy to be a Clinical Priority within the RCGP Prof Aziz Sheikh and Prof Helen Smith will now be working as Clinical Champions for Allergy with the College. An RCGP Allergy and Respiratory Expert Resource Workshop will be held on November 18th in London, where they will come together to discuss issues such as coding, clinical issues, and national initiatives. Dr Pamela Ewan will also be leading a workshop discussion on the day, which we are looking forward to.

The group has submitted an application for a topic suggestion of a marker for Rhinitis for QOF (Quality Outcomes Framework) this year and we wait to hear the results.

The initial document on the GPWSI (General Practitioner with a Special Interest) competencies is nearing completion and we hope to have that reviewed by the main BSACI council and then the RCGP. We recently had a very successful PCRS-UK and BSACI Joint Essential Allergy Update meeting in conjunction with the RCGP and Education for Health, as a result we shall be collaborating again, but this time at the BSACI 2011 Meeting on Tuesday 12 July. Dr Walker welcomed everyone to what turned out to be a really interactive and well received day. The lunchtime question panel was very popular and chaired brilliantly by Steve Holmes and Stephen Gaduzo, with a specialist panel that was exceptionally good at answering questions to a primary care audience.

Another highlight of the PCRS-UK conference was Dermot Ryan’s after dinner speech about Mark Levy’s dedication and enormous contribution to Respiratory Society and the PCRS journal.

Commissioning is on the horizon and I think this will need to one of our priorities. Good communication between specialists, primary care, and managers will be particularly important in this process.

I would also hope to increase the number primary care members within the BSACI. We shall be rewriting some of the aims and priorities of the group in view of the changing landscape. We also hope to work alongside the paediatrics and nurses groups of the BSACI for any areas of synergy.

For anybody out there who is interested in our group, or would like to offer ideas or suggestions, please contact our administrator Gail Ryan at gailryan@redhotions.com We also have a Google group which Gail can register you on to. Next time I hope to include a group photograph so you can see who we all are.

Would you like to make a difference and have your voice heard? Would you like to be involved with helping to develop nurses working in the field of allergy? Then now is the time! The ‘Nurses in Allergy’ is a sub-group of the BSACI and is currently looking for new members. These members ‘new’ and ‘old’ can then voice an opinion on the direction of the group, comment on draft documents and also apply to join the committee of which there are 3 places currently available.

I would like to introduce myself as the new Chair of the group, as I took over from Amena Warner following the very successful EAACI meeting held in London in June 2010. I currently work at Glenfield Hospital in Leicester working within the specialty of asthma and allergy. The committee and I would like to continue and build upon Amena’s success and if you would like to be involved please get in touch. I would like to take this opportunity to thank Amena for all her hard work in setting up this group and look forward to continuing to work with her in the future. If you would like to find out more about the group or joining the committee then please feel free to contact me on janet.chantrell@uhl-tr.nhs.uk or telephone 0116 2563557.
Groups News

Junior members update

With regards to the allergy trainees, a number of changes have come about over the last few months. Rubaiyat Haque, the former Junior Member Representative, has taken up his post as consultant at Guy’s and St Thomas’ leaving the BSACI rep post open to ballot. Three candidates, including myself, stood for election which was decided by

trainees in both allergy and immunology. I am pleased to have been successful and hope to continue the excellent representation that Rubaiyat gave us during his time in the post.

Since August there has been a further increase in the number of allergy trainees. Three new specialist trainees have been appointed to posts in Cambridge and Southampton. I would like to take the opportunity to welcome them to the Junior Member Allergy group.

The BSACI junior allergy training programme continues, with the most recent day taking place in Cambridge on the 15th of September 2010. The programme, which has now been running for two years, provides an excellent forum for teaching, presentations and discussion around various allergy topics. The Cambridge programme offered a variety of talks including Egg Allergy Guidelines, Idiopathic Anaphylaxis, Asthma for the Allergist and Peanut Oral Desensitisation. A mix of adult allergy, paediatric allergy and immunology registrars attended making the day a great opportunity and forum for training issues to be discussed. I would like to thank the speakers and Dr Pamela Ewan for organising an excellent day for us all.

Upcoming BSACI allergy training days will be taking place on the 14th December in Leicester, 1st February at Guy’s and St Thomas’s and 5th May at the Royal Brompton.

BSACI Update on Dietetic Activity

The Food Allergy and Intolerance Specialist Group (FAISG) of the British Dietetic Association has had a very busy year up to now. Dietitians were involved in the Food Allergy and Eczema Care Pathways, which will be published in Archives of Disease in Childhood. Embedded in these pathways is the requirement for adequate nutritional support services in paediatrics, which will guide the development of new training programs for dietitians and support workers, to improve the dietary input for children with food hypersensitivities. Two dietitians of the FAISG were also involved in the development of the NICE Guidelines on Food Allergy in Children and Young People. These guidelines have been sent out for stakeholder comments, and will provide much needed direction for the diagnosis of food allergy in children. The FAISG is also working on diet sheets specifically developed for patients (both children and adults) with food allergies. These diet sheets are in the second stage of review and will be available free for dietitians to download from the British Dietitian Association website from the beginning of 2011. Dr Rosan Meyer continues to chair the FAISG group; Dr Isabel Skypala, who has been the FAISG representative on the BSACI Council since 2004 is stepping down and handing over to Dr Carina Venter after the next Council meeting.

A new international allergy group INDANA was launched at EAACI 2010 in London. INDANA (International Network of Diet and Nutrition in Allergy) membership is open to all who are interested in dietary and nutritional aspects of allergy, and details will soon be available on the new website (www.indana-allergynetwork.org). INDANA will soon become affiliated to the EAACI, and it is planned to have a similar link to the AAAAI. INDANA steering committee members will be speaking at AAAAI in San Francisco, and INDANA will also host a symposium at EAACI in Istanbul. For further details please contact Dr Isabel Skypala (Honorary Secretary i.skypala@rbht.nhs.uk) or go online.

INDANA
International Network for Diet and Nutrition in Allergy

Melanie York
BSACI Junior Member representative

Isabel Skypala
Chair, Dietitians Group
The Standards of Care Committee is currently engaged in preparing immunotherapy guidelines for allergic rhinitis. One particular challenge (ongoing!) is to provide a meaningful comparison of the different vaccines in use in the UK. The vaccines vary considerably in terms of allergen and adjuvant content, formulation, dosing regimen, cost, licensing and level of evidence for efficacy. In addition, the market is continually changing as new products become available and others fall by the wayside. We reasoned that a pragmatic starting point would be to explore which vaccines are actually being used in the UK.

Survey forms were sent to 96 adult and paediatric clinics listed with the BSACI and after some cajoling 57 useable replies were collated. As expected, grass pollen vaccines predominate. Of the injection grass vaccines, the allergoids administered pre-seasonally (Allergovit, Pollinex and Pollinex Quattro) represent the bulk of use, together with a major contribution from Alutard SQ mixed grass vaccine (given all year round). However, it is also clear that sublingual immunotherapy is taking off with over 80% of respondents, that undertake grass immunotherapy, using GRAZAX (the only licensed UK sublingual vaccine). With the exception of Staloral 300, the other sublingual grass products (all licensed elsewhere in EU) remain little used. The allergoids and Alutard SQ also represent the mainstay of tree pollen immunotherapy, whereas Alutard SQ clearly dominates house dust mite or cat immunotherapy, albeit with small patient numbers.

As a result of this survey we are in much better position to produce a focused comparison for the guidelines. We wish to thank Bernard Chan, an aspiring medical student from Eton who collated and analysed the results during his summer work experience at the Brompton on a Nuffield Bursary. Also we are grateful to the clinical staff who took the time to complete and return survey forms.
CONTRA-INDICATIONS:

A repeat injection with a second syringe may be given after 10-15 minutes if required. Use in Larger children may require more than one injection to reverse the effect of an allergic reaction. 300 micrograms, depending on the body weight of the child and the discretion of the doctor. The usual dose is 300 micrograms. For adults with a mean weight of 60 kgs not the buttock. The injected area may be lightly massaged for 10 seconds following injection. One Anapen injection should beUse only by the intramuscular route. One Anapen injection should be administered intramuscularly immediately on the appearance of the signs and symptoms of anaphylactic shock. Inject Anapen or Anapen Junior only into the anterolateral aspect of the thigh, not the buttock. The injection site may be lightly massaged for 10 seconds following injection. Use in children. The usual dose is 300 micrograms. For adults with a mean weight of 60 kgs or more or at high risk of severe anaphylaxis the 300 micrograms dose may be insufficient and these patients should use Anapen 500 micrograms. A repeat injection may be given after 10-15 minutes if required. Use in children: Anapen 500 micrograms is not recommended for use in children. The appropriate dose may be Anapen Junior 150 micrograms or Anapen 300 micrograms, depending on the body weight of the child and the discretion of the doctor. Larger children may require more than one injection to reverse the effect of an allergic reaction. A repeat injection with a second syringe may be given after 10-15 minutes if required. Use in children weighing less than 15 kg and is not recommended unless in a life-threatening situation and under medical advice. CONTRA-INDICATIONS: hypersensitivity to adrenaline (epinephrine) or to any of the excipients. SPECIAL WARNINGS AND PRECAUTIONS FOR USE: Anapen or Anapen Junior contains sodium metabisulphite which can cause allergic-type reactions in susceptible people, especially those with a history of asthma. Anapen or Anapen Junior is indicated as emergency support therapy only and patients should be advised to seek immediate medical attention following administration. Use with caution in patients with heart disease. There is a risk of adverse reactions following adrenaline administration in patients with hypertension, cardiovascular disease, phaeochromocytoma, high intracranial pressure, severe renal impairment, pseudo-parkinsonism, hypokalaemia, diabetes, or in asthmatic or angioedematous patients. INTERACTIONS WITH OTHER MEDICINAL PRODUCTS AND OTHER FORMS OF INTERACTION: The effects of adrenaline (epinephrine) may be potentiated by tricyclic antidepressants mixed anxiolytics-sedatives, benzodiazepines, monoamine oxidase inhibitors, COMT blocking agents, thyroid hormones, theophylline, xytolox, paroxysmal epilepsy, certain antidepressant drugs and anaesthetics. Adrenaline (epinephrine) inhibits insulin secretion and diabetic patients may require upward adjustment of their insulin or other hypoglycaemic therapy. PREGNANCY AND LACTATION: Adrenaline (epinephrine) should only be used in pregnancy if the potential benefit justifies the potential risk to the foetus. Adrenaline (epinephrine) is not safely bioavailable; any adrenaline (epinephrine) excreted in breast milk would not be expected to have any effect on the nursing infant. EFFECTS ON ABILITY TO DRIVE AND USE MACHINES: It is not recommended that patients should drive or use machines following administration of adrenaline (epinephrine). UNDESIABLE EFFECTS: Common adverse reactions include palpitations, tachycardia, sweating, nausea, vomiting, diarrhoea, difficulty walking, dizziness, weakness, tremor, headache, apprehension, nervousness, anxiety and coldness of extremities. Less frequently reported effects include dyspnoea, syncope, hypoglycaemia, hypokalaemia, metabolic acidosis, myalgia, difficulty in micturition with urinary retention, muscle tremor, Adverse reactions which occur at higher doses or in susceptible individuals are cardiac arrhythmias, tachycardia, bradycardia, hypotension and vasoconstriction. OVERDOSE: overdose or accidental intravascular injection of adrenaline (epinephrine) may cause central haemorrhage from a sudden rise of blood pressure. Death may result from acute pulmonary oedema arising from peripheral vascular constriction and cardiac stimulation. Adrenaline (epinephrine) overdose may also result in transient bradycardia followed by tachycardia. RECOMMENDATIONS: the medicinal product must not be mixed with other medicinal product. SHELF LIFE: Anapen 500 micrograms in 0.3 ml solution for injections 24 months; Anapen 300 micrograms in 0.3 ml solution for injections 21 months; Anapen Junior 150 micrograms in 0.3 ml solution for injection 27 months; SPECIAL PRECAUTIONS FOR STORAGE: Do not store above 25°C. To protect from light, store in the original package. LEGAL CATEGORY: POM. NATURE AND CONTENTS OF CONTAINER: Anapen or Anapen Junior consists of a pre-filled syringe contained in a single-use auto-injection device. The syringe contains adrenaline (epinephrine) solution. MARKETING AUTHORIZATION HOLDER: Lincoln Medical Ltd, Unit 8 Willow Business Centre Wittern, Salisbury SP3 6GR, United Kingdom. MARKETING AUTHORIZATION NUMBER AND BASE NMP PRICE: Anapen 500 micrograms in 0.3 ml solution for injection PL18813/0006, £30.67; Anapen 300 micrograms in 0.3 ml solution for injection PL18813/0002, £30.67;double syringe pack £61.34. ONE SINGLE USE DOSAGE. EACH INJECTION CONTAINS 150/300/500 MICRONS OF ADRENALINE, WHICH IS 1:2000. Anapen 150 micrograms in 0.3 ml solution for injection PL18813/0003, £30.67; Anapen Junior 150 micrograms in 0.3 ml solution for injection PL18813/0010, £30.67, double syringe pack £61.34. DATE OF FIRST AUTHORIZATION/RENEWAL OF AUTHORIZATION: PL18813/0001 1 January 2009; PL18813/0002 11 July 2001 to August 2006; PL18813/0003 11 July 2000 to August 2006. DATE OF (PARTIAL) RENEWAL OF THE TEXT: 1 June 2009. Please refer to the full SPC texts before prescribing these products.

One bite.
One injection.

When anaphylaxis strikes, guidelines recommend an adult dose of 500mcg intramuscular adrenaline. Anapen 500mcg is the only auto-injector that delivers the guideline-recommended dose with a single injection. For more information visit: www.anapen.co.uk or email: info@anapen.co.uk
Educating Joanna

I have been a student for most of my life. As a Senior Registrar at Guys Hospital I am now rapidly approaching my “middle youth”. So I decided to go back to school! I experienced a Polish communist (we called it “socialist”) early education with its rigorous teaching methods and love of facts, but little room for free thinking and creativity. I took British A levels (as an evening course at a West London College) where the logistics of the educational system are as complicated as the A levels themselves. I made the mistake of buying the textbooks for one examination Board to sit the exam with another.

I graduated from a British Medical School, where no student will admit to studying hard. So in my middle youth I have become a student again. There was no necessity for me to do the MSc in Allergy. I was already doing fine. I was an Allergy trainee at Guy’s. I was working with the best brains in clinical and academic Allergy and keeping up with any new developments.

I was, however concerned that my knowledge of immunology and molecular allergology was sketchy. Of course, I read journals and immunology books (I have managed to amass quite a sizeable collection). But the more I read the more my eyes felt heavy and glazed over. Any combination of IL or STAT and PSGL-1 could send me spiralling down into despair or lovely deep sleep.

My only background in immunology stemmed from Medical School, where most students receive only 5 hours of formal teaching on the subject and less than 1 hour on Allergy. There simply is no time to teach the importance of cytokines, co stimulatory and adhesion molecules, leukocyte trafficking, intracellular signalling or epigenetics and their relevance in Allergy.

I knew a little bit about the Imperial course from darling Rebecca (most will know who) who gave me weekly updates on her progress. She joined the course in its first year and praised it at every opportunity. The MSc at Imperial College London is like no other course or educational exercise I have experienced. It is not only the enthusiasm and passion for education that permeates every detail of this enterprise. It is not just the innovative, interactive and user friendly design of the website (blackboard) by Lisa Carrier. It is not merely that the lectures are given by the most brilliant, forward thinking experts in the field, who not only teach and inspire, but encourage their audiences to draw their own conclusions.

All this helped, but the true magic of this course may also lie in the best coffee in W2 and biscuits provided at break times by Dawn! This is where you meet your fellow students. People by whom I was most impressed. We have nurses with true passion for Allergy; dieticians, who add their expert nutritional knowledge to any group exercise we were given; scientists with a no nonsense, show me the evidence attitude; GPs with their: “this is all very well, but who is going to pay for all your fancy tests”, paediatricians, who see background in Allergy, as the basis of their daily practice; dermatologists, for whom Allergy is a natural extension of their field of expertise; respiratory physician (no explanation required). We even have a very bright and successful surgeon (he actually knew the genetic sequence of IgE and of course plays rugby!). And then there is me, who just likes to know “Why?” and loves being educated by the best school around £2000 can buy.

Jill Warner calls it the “Allergy Family”. As a girl who in “middle youth” still goes clubbing, I see it more as a membership at a very exclusive club of like minded people with similar views, ideas and aspirations. Certainly one membership I will not want to give up.

Of course, there is an exam. It is comprehensive, but fair, and if you put in the hours you will pass. Only this time you don’t need to go through your own handwritten and so undecipherable lecture notes and spend hours in the library. You are given all the support you have ever dreamed of and more. Every lecture is videoed and you can view it at a click of a button via the web on the “blackboard”. When revising for the exam, I was stunned, in spite of turning up and tuning in my left hemisphere, how little of the talks I actually remembered. Watching them for the second time made it all much more clear. There are also the online exercises that you can repeat as many times as you wish until you get all the ILs, ICAMs, VCAMs etc in the right place.

Above all these extra few hours of education have given me confidence. That is confidence to read the scientific papers and draw my own conclusions. Confidence to know, that I don’t have to know everything, but I do now have the basic understanding, and good foundations on which to build, maybe even through my own research. Confidence, which better equips me to think for myself. Having now started a research degree at King’s College London, I probably will not be able to continue with the MSc and will stop at the level of Certificate in Advanced Studies in Allergy.

But this course was never about a title anyway. Just like most other postgraduate studies it achieves so much more than that. It opens the mind to fill it not only with facts, but also with curiosity and zest for learning.

Joanna Lukawska, Guys’ Hospital
Professor Tom Platts-Mills elected as Fellow of the Royal Society

Professor Tom Platts-Mills, Professor of Medicine, Asthma and Allergic Diseases Center, University of Virginia was elected as a Fellow of the Royal Society. Although based in the States, Prof Platts-Mills is a member of the BSACI and a friend and colleague to many in our society. He has been recognised for his outstanding body of research and contribution to science. His work has made it possible to understand the relationship between the home environment and asthma, which provides the key to understanding the epidemic scale of this chronic allergic disease. He identified the major dust mite allergen, established that it becomes airborne as faecal pellets and provided compelling evidence for the link between mite exposure and the development of asthma. He also established that high exposure to cat allergens can induce a novel form of immunological tolerance. Together his studies have provided much of the scientific basis for understanding and managing diseases that affect a large proportion of the population.

The Royal Society is a fellowship of individuals who represent all areas of science, engineering and medicine and who form a global scientific network of the highest calibre. It exists to knowledge, support and guide policy in the UK, the Commonwealth and all over the world. Past and current Fellows include Isaac Newton, Charles Darwin, Albert Einstein, Francis Crick, James Watson and Stephen Hawking and include more than 70 Nobel Laureates.

BSACI/Allergy in the Media

BSACI sent out a news release in response to the press release from NICE in August about doubts over the rise in child food allergies, which was due to self-diagnosis and unvalidated allergy testing kits and called for GP’s to improve their practices using evidence based guidelines which NICE have drafted called ‘Diagnosis and Assessment of Food Allergy in Children and Young People in a Primary Care and Community setting’.

BSACI response to this release was simple. “Accurate diagnosis by a trained health professional using validated allergy tests is essential to ensure safe avoidance of the foods to which a child is allergic whilst minimising the nutritional consequences of unnecessary exclusion of multiple foods.”

Following on from the recent NICE guideline about child food allergies, Nicola Brathwaite also gave an interview on this to the Daily Express, the article was featured in their ‘Health Supplement’.

If you are planning any media activity let us help you. By sending us the details beforehand BSACI can plan a response and have members ready to take questions from journalists and ensure we keep ‘Allergy’ as a hot topic in the media.

BSACI Travel Fellowships

BSACI offer up to £1,000 to attend international meetings.

To be eligible those applying must send the BSACI a copy of the accepted abstract.

Applicants should indicate which scientific meeting they wish to attend together with:

• A brief curriculum vitae
• A supporting letter from their Head of Department confirming attendance at the relevant meeting is appropriate.

Successful applicants are required to submit a brief report of their attendance at the meeting, within 3 months of attending.

Further details, including submission deadlines for specific meetings, can be found on www.bsaci.org or by calling the BSACI Office on 0207 808 7135.
Allergy SpR Training Days

Cambridge undertook the first training day this year for allergy and immunology trainees. Eighteen allergy trainees attended together with four immunology SpRs. The topics covered were: Idiopathic Anaphylaxis, Venom & Latex Allergy, BSACI Egg Allergy Guidelines, Asthma for the Allergist; Anaphylaxis during GA finally ending in case discussions and peanut oral desensitisation.

The feedback from the day was excellent and we strongly advise all allergy and immunology trainees (adult and Paediatric) to register for the forthcoming meetings below asap. Four training days for trainees take place each year for further details please visit www.bsaci.org

### Wiley Online Library replaces Wiley InterScience

Those members who are eligible to receive the journal ‘Clinical & Experimental Allergy’ by post also get the added bonus of accessing it on-line via the BSACI website. If you are a member and are not accessing this on-line and wish to or have lost your login details and password please contact Schola@bsaci.org to gain access.

For those members who do view the Wiley Interscience website you will have noticed a significant change as Wiley Interscience has now been replaced by Wiley Online Library which is now the new home for ‘Clinical & Experimental Allergy’ as well as Clinical and Experimental Allergy Reviews.

Wiley Online Library hosts a broad and deep multidisciplinary collection of online resources covering, life, health and physical sciences, social science, and the humanities. With access to over 4 million articles from 1,500 journals, and 9,000 plus books, reference works and laboratory protocols, and databases its aim is to deliver intuitive navigation for all users, enhanced discoverability of content, expanded functionality, and a range of personalization options.

For full features, benefits and more information visit www.wileyonlinelibrary.com/info

### Support for BSACI

Olivia and Hannah Burt chose to raise money for the BSACI by participating in the Adidas 5K run in Hyde Park on Sunday 5th September. Their mother Debra said “They were very proud to support the BSACI, despite the noise and the crowds both girls were so good natured smiley and obviously enjoying the day.” Olivia and Hannah raised £470 in sponsorship towards the work of the society, BSACI President, Glenis Scadding said “We are delighted to have been chosen as the charity most favoured for this race and thank both girls whole heartedly for the wonderful sponsorship they raised.”

Our very own Chief Executive Fiona Rayner also ran the race with her daughter Oralie and raised sponsorship for the society. Here is a picture of Olivia, Hannah, Darsey - the dog, Fiona & her daughter Oralie aged 4.
The Anaphylaxis Campaign has developed AllergyWise, an online course, based on its successful school nurse training in anaphylaxis and severe allergy.

AllergyWise for healthcare professionals is accredited by the Royal College of Nursing (RCN) and endorsed by the British Society of Allergy and Clinical Immunology (BSACI). The course is specifically designed for healthcare professionals including school or nursery nurses, health visitors, those with responsibility for training teachers and other staff working in schools and early years settings.

The online training programme, which takes approximately 6 hours to complete, will enable users to improve their knowledge through self-directed study, wherever and whenever it suits them and as many times as they wish within their 2-month licence period.

The programme will emphasise the key messages of:
- recognising symptoms
- avoiding allergen exposure
- knowing what to do if a reaction does occur.

In addition to the online training, the package for healthcare professionals includes:
- Resources – to help trainers run their own anaphylaxis training. The pack comprises a lesson plan and advice on preparation, a PowerPoint presentation with film clips, speaker notes, handouts and trainer adrenaline injectors.
- Optional tutor-led forum – to encourage dialogue with others on the healthcare professional course, so no one feels isolated or unsupported.

For further details on how to order, visit www.anaphylaxis.org.uk and click on AllergyWise or call us on 01252 546100.
RCP Transitional care for young people - Adolescent and Young Persons Strategy Group

The Royal College of Physicians has set up a steering group to be known as the Adolescent and Young Persons Strategy Group to look at issues related to the transitional care of adolescents.

The intention is to:
- Develop a plan of action
- Coordinate with other key stakeholders
- Lead on development of identified projects
- Co-ordinate with specialty leads to respond to consultation documents.

It proposes the development of a specific RCP focus on adolescent and young people's care, which is currently ill-defined or ambiguous. Adolescence is defined by WHO as young people agreed 10-19 years. With advances in neuroscience, brain development is now recognised as continuing into the mid twenties which in turn is reflected by the developmental phase of “emerging adulthood” from 19-25 years. Such definitions highlight the need for the involvement of adult medicine as well as paediatric services in consideration of the specific health needs of this age group and how developmentally appropriate services addressing such needs are developed and/or delivered. Rosario Caballero has agreed to represent Allergy and Helen Baxendale to represent Clinical Immunology.
Allergy Diagnostics & Therapeutics

Diagenics and Allergopharma, working together to bring the highest quality products to the UK market.