New London Headquarters for BSACI!!

2011 BSACI Annual Meeting. The countdown has begun 4

‘A century of progress’. A film about the life and work of the UK’s oldest serving doctor 6

Allergy Care Pathways - from paper to practice 8

Allergy training in the community - a way forward? 12
Greetings to you all and welcome to a packed spring issue of Allergy Update. Adam Fox, Nasreen Khan and many others have been hard at work planning what promises to be a very exciting Annual Meeting in Nottingham this year. The theme of the meeting celebrates 100 years of progress in allergy. A packed scientific programme and plenty of opportunity to socialise make this an event not to miss. Those who have booked already will have noticed that registration and payment is now fully electronic and the accommodation options have expanded. The deadline for abstract submission is 13 May, so act quickly if you haven’t sent yours yet. Submission can be done online. Some of you will have seen the article in the BMA news on the film made by Sophie Farooque on the life of Bill Frankland. The article is reprinted on p6 and the film will be shown at the Annual Meeting. Those of us who were privileged to pack a small theatre at Imperial for the premiere late last year know what a treat you are in for. Don’t miss it. It has been a busy year with many new developments in allergy. The RCPCH Allergy Care Pathways project funded by the DOH completed care pathways for a variety of allergic conditions. Most of the pathways are available on the RCPCH website and the final few will be published shortly. Read John Warner’s report on using the pathways to implement allergy networks on p8. The long awaited NICE guideline on paediatric food allergy was published in February and will hopefully improve and standardise the diagnosis of food allergy in Primary Care. A need for local networks to ensure appropriate onward referral when needed, as well as increased training needs for health care professionals working in primary care, are areas that many BSACI members are addressing. If you’ve visited the BSACI website www.bsaci.org recently, you will have noticed it’s new look. Please take a moment to check that your clinic details are up to date. Enjoy this issue

Dr Nicola Brathwaite, Consultant Paediatric Allergist, Kings College Hospital

Spring is here

Enjoy this issue
Dear BSACI members,

Greetings - I hope that you are enjoying the signs of returning Spring in the UK and the realization that another pollen season is beginning. We used this as the basis for our press release, written by Nicola Brathwaite and the Communications Committee, on hay fever, for World Allergy Week.

The office welcomes two new staff members, Ruvimbo Mercy Mapika (Nyandoro) covers Schola Muhoro’s maternity leave. She joins us from Guernsey, where she was a Client Account Assistant with Heritage Insurance Management Limited. Nina Duttaroy joins us as the Education and Training Coordinator on a six month contract for 2 days a week. Nina recently worked for the London Borough of Tower Hamlets as a Learning and Development IT Trainer.

We hope the purchase of our new office will bring much needed stability and will prove a good investment. Richard Powell, our Treasurer, is pleased at this fitting finish of his tenure. Many thanks to Richard for his careful and effective management of our funds in difficult times.

Thanks to the efforts of Adnan Custovic as Membership secretary, membership has risen to 679 members, an increase of 20 since December 2010.

The SOCC constitution was formally approved by Executive and Council. The Egg Guideline has been published, the Immunotherapy guideline submitted and the Venom and Beta-Lactam guidelines are in an advanced stage.

NASG organized a successful Parliamentary meeting, attended by Health Minister, Anne Milton, where patients spoke about their allergies. The Primary Care Initiative of the Royal College of GPs produced an output document which has not yet been implemented. NASG is pushing the college to play a major role in its implementation and Liz Angier our Primary Care chair recently attended a meeting with one of the Allergy Champions of the RCGP.

Problems remain with the DH perception of workforce needs, partly because many allergy and immunology episodes are wrongly coded as respiratory, ENT, general paediatric etc. Coding for 10-12 allergy day care cases in specialist areas was rejected without explanation, despite much effort by Pam Ewan and Runa Ali. Please check that your allergy or immunology clinics use the correct coding.

Adam Fox and his Committee have completed an exciting Annual meeting. The Monday evening social event will have a historic theme celebrating two stalwarts of the Society: Bill Frankland and Harry Morrow Brown. Shuaib Nasser was selected from several excellent nominations for the 2011 Frankland Award. John Warner will deliver the Jack Pepys lecture. The Society received a request from Dr Harry Morrow-Brown for a Memorial Lecture, with funding provided by his estate. The lecture will take place biannually on childhood allergies. The BSACI mourns the passing of another regular attendee until recently, Michael Flindt.

Priorities for the Paediatric subgroup, chaired by Susan Leech, include supporting paediatric allergy trainees and centres wishing to develop new consultant posts in paediatric allergy and paediatric allergy training centres - particularly outside the south-east and the dissemination and implementation of the RCPCH Allergy Care Pathways, which were produced with strong representation from BSACI members, with special thanks to John Warner. The recent NICE guideline on the diagnosis of food allergy in children involved several members, notably Trevor Brown, Adam Fox and Carina Venter, chair of the Dietecians’ Group.

Joe Unsworth, for the Clinical Immunology Committee asked that advance notice is given to immunology trainees of the BSACI allergy training days organised through Clare Bethune. Regular clinical immunology training days will also be promoted to the allergy trainees as part of their training.

The Primary Care Committee, chaired by Liz Angier, is applying to the RCGP to join the Alliance of Primary Care Societies, if accepted this would allow BSACI to apply to host a session during the RCGP meeting in Liverpool in October 2011. BSACI will be having a stand during the meeting. BSACI offers access to online resources, guidelines, leaflets, training and peer support to GPs should they wish to join the society.

Our sister Society, Allergy UK is celebrating their 20th Anniversary. Liz Angier and I wrote an article on behalf of the BSACI for Allergy UK magazine. At a fun celebration at the Rainforest Café on 1 April, Pam Ewan was awarded a Lifetime Achievement Award and I was awarded Allergist of the Year. Co-operation with our sister societies is invaluable in working to improve allergy care.

As part of our collaboration with other societies BSACI have a reciprocal arrangement with French national Allergy & Immunology Society, whereby I shall give a talk at their Annual Meeting this month, and next year they will field someone at ours.

Adam Fox has secured funding from GSK and Mead Johnson, to whom many thanks, for the next round of twelve Regional Primary Care training days and the criteria have been updated. Centres may apply for exclusive funding of £2000 or non-exclusive funding of £1000. Centres which received funding in the previous round cannot reapply this year. Please go to our website www.bsaci.org for more information.

Do send in comments for improving the site - we want it to be an interesting and useful resource - especially to those who cannot get to our meetings. For those who can - I look forward very much to seeing you in Nottingham in July.

Dr Glenis Scadding, President, BSACI
Welcome to the Annual Meeting 2011!

British Society for Allergy & Clinical Immunology (BSACI) Annual Meeting 2011

Celebrating a century of progress in Allergy

11-13 July 2011 Nottingham, UK

We all look forward to celebrating ‘a century of progress in allergy’ in Nottingham from 11-13 July 2011. What better excuse to push the boat out and aim for a meeting fully deserving of such an occasion.

Those of you who have had a chance to peruse the preliminary timetable for the annual meeting know that we are in for a treat. With sessions classified according to content (clinical, paediatric, trainees, primary care etc) the programme encompasses all you ever wanted to know about allergy. We have been inspired by the success of EAACI/BSACI 2010 and have embraced change with our new partnership with Kenes UK (conference organisers). A visit to the annual meeting website will introduce you to our brand new, all singing all dancing online administration service. It has never been easier to register, book accommodation and submit an abstract (preferably all at once!). The deadline for abstract submission is 13 May 2011. And mind you don’t miss the early bird registration date (27 May 2011).

Once on board, take your time to study the programme in detail as you are bound to feel spoilt for choice. Choosing between ‘New molecules in asthma and rhinitis’ and ‘Death from allergic disease’ may seem difficult, let alone penicillin vs nut allergy. But don’t be downhearted, whatever your choice we will deliver the very best speakers to inform you and answer questions. And if in need of some light relief at the end of the day we have an excellent social programme affording the opportunity of relaxing with friends and colleagues. Entertainment, if required, will be provided along with delicious victuals to complete your conference experience.

Last, but not least we are grateful to our sponsors without whom such a high level meeting would be difficult to stage. I am sure you will enjoy being updated by those at the front line of the Allergy industry.

As Deputy Meetings Secretary therefore, I am proud to commend the 2011 Annual meeting to you. Please join us in Nottingham and become part of a great event.
William Frankland Award 2011

This year's award will be presented to Dr Shuaib Nasser for his leading influence to clinical allergy and his exemplary contribution to the speciality.

As chairman of the Standards of Care Committee (SOCC) since its inception, Dr Nasser has led its development, streamlining the process of guideline development and setting very high standards. Thus far, six national guidelines have been produced to which Shuaib has contributed heavily to both the content as well as the editing. His broad clinical knowledge and expertise has been crucial. These guidelines have a major impact on the standards of care for allergy patients.

Dr Nasser is also an active member BSACI Executive and Council; UK Resuscitation Council Anaphylaxis Working Party, Royal College of Physicians Effectiveness forum and has given evidence to all the major enquiries into allergy and its management.

He has been a consultant in a major allergy centre in Cambridge for 10 years where he pioneered a difficult asthma clinic. By looking for allergy triggers and employing anti-IgE he has greatly improved outcomes. His research is clinical and has had clinical benefit. When he took over chairmanship of the Eastern England confidential asthma deaths inquiry, he was the first to look for and identify allergy as an important cause of asthma deaths. He also identified Alternaria as a cause of acute asthma and thunderstorm asthma, leading to prevention strategies. Cambridge now has the lowest hospital admission rate for asthma.

Shuaib has developed protocols for investigation of all types of drug allergy and has set up a joint ENT clinic to deal with complex upper airway disease. He is known as an excellent teacher at all levels and is a frequent media spokesman on allergy.

Dr Harry Morrow Brown

A fine tribute to an esteemed colleague

To celebrate his life-long contribution to allergy patients BSACI will be presenting Dr Harry Morrow Brown with Honorary Membership of the Society at this year’s BSACI Annual Meeting. The ceremony will take place on the evening of Monday 11 July after the ‘History of Allergy’ Lecture at 6:15pm given by Professor Jonathan Brostoff.

Harry has also very generously agreed to fund a ‘Harry Morrow Brown Memorial Lecture’ every two years at the BSACI Annual meeting. This will be related to childhood allergies and will be overseen by the BSACI Paediatric Representative on our Annual Meeting Committee who will be responsible (together with the Paediatric Sub-Committee) for making a recommendation for a suitable lecturer.

Jack Pepys Lecturer 2011

Professor Warner has been chosen this year to give an overview of the progress made in allergy during the past century, following the theme of this year’s conference which is called ‘Celebrating a Century in Allergy’.

Professor Warner has been a clinical academic for over 30 years and Professor for 20. He is currently the President of the Academic Paediatric Association and a long-standing fellow of the Academy of Medical Sciences. For 12 years until April 2010 he was editor in chief of Pediatric Allergy and Immunology. His research has focussed on the early life origins of asthma and related allergic diseases and mechanisms of airway inflammation in childhood. He has published over 400 scientific and medical papers of which over 200 were peer reviewed.

He has been chair of the BSACI Paediatric Committee, a past Secretary, and a member of the WAO scientific and clinical issues council; and the WAO speciality and training council.
A very long engagement

NE IN three Britons has an allergic disease. That’s 20 million people. About 7 million are estimated to have allergies severe enough to require specialist allergy care, but with only 30 consultants in allergy working in England, it is clear that many patients do not receive it.

The centenary is likely to lead to renewed interest in the development of immunotherapy at St Mary’s Hospital, London, by Leonard Noon and John Freeman in 1911. It will also highlight the increasing need for allergy treatment and specialists.

In the run-up to the anniversary, a film has been produced about the life of Bill Frankland, the first person to demonstrate the benefits of grass pollen immunotherapy, who is fondly known as the ‘grandfather of UK allergy’.

Dr Frankland set up the Allergy Clinic, now called the Frankland Allergy Clinic, at St Mary’s. The film about his career was produced by Sophie Farooque, who was the UK’s first allergy trainee and is now the country’s first allergy consultant to have been an allergy trainee.

She says she came up with the idea for the film while thinking of a way to celebrate Dr Frankland’s long contribution — stretching back more than 70 years — to allergy work.

‘I wanted to find a special way of celebrating the incredible legacy of the clinic at St Mary’s, and decided a film would be ideal because we could show it to lots of people,’ she says.

The film shows Dr Frankland being interviewed by London professor of paediatric allergy John Warner.

Wartime experience

It complements a painting (pictured right) of Dr Frankland that hangs in the St Mary’s allergy clinic. It was painted by the daughter of one of four men whose lives the allergist saved while in a Japanese prisoner of war camp.

Dr Frankland’s wartime experience is one of many fascinating facets of his life. At 98, he is billed as the oldest practising doctor, and he regularly attends international allergy conferences. Several decades ago, he was the founding member and president of the British Society for Allergy and Clinical Immunology, the first meeting of which was at St Mary’s in 1948.

The film charts his career working as a registrar under Alexander Fleming, the bacteriologist who discovered penicillin (also at St Mary’s), and Dr Frankland’s role in undertaking the first double blind trials of grass pollen immunotherapy with his boss, Freeman.

Allergen immunotherapy for grass or tree pollen involves patients being given either increasing pre-seasonal doses of a grass or tree pollen vaccine or regular doses of the vaccine throughout the year (usually six to eight weekly).

The trial demonstrated the success of pollen extract immunisation, showing that hay fever symptoms improved after the administration of very low but gradually increasing doses of extract.

It was the first use of allergen immunotherapy.

Dr Farooque says: ‘Immunotherapy is now used across the world. It’s generally a very safe treatment if done in the right way in an allergy centre that is experienced in administering the vaccine.’

She adds: ‘Uncontrolled seasonal allergic rhinitis can have a devastating impact on patients’ lives. Research shows those who are allergic to grass pollen and suffer symptoms on exam days get one GCSE grade lower than those who do not.

‘These are the patients who benefit from desensitisation.’

Dr Frankland’s work on immunotherapy also led to the development of the pollen count that appears on weather bulletins.

In the film, Dr Frankland says: ‘I am proud to say I started it because I wanted to get people interested. In those days people did not realise until you gave [the pollen count] to the lay public ... the force of their seasonal symptoms.’

In addition to paying tribute to Dr Frankland’s achievements, the film provides an interesting insight into his relationship with Fleming.

Dr Frankland was asked to contribute a chapter on penicillin allergy to a book the bacteriologist was writing.

Dr Frankland wrote: ‘With increasing use of penicillin it is to be expected that allergic reactions will become more common.’

But Fleming crossed the words out, believing that allergy would decrease with the purification of penicillin.

In the film, Dr Frankland admits: ‘It was [terribly difficult to have a disagreement with a Nobel prize winner.]’

Yet his prediction was right. In the past 10 years, anaphylaxis to penicillin has increased by 700 per cent.

Drug allergy is the most common form of fatal anaphylaxis in adults, with the average time between onset of an incident and death being just five minutes.

Dr Farooque says it is vital that treatment is available for those affected.

Stretched services

St Mary’s runs one of the few penicillin allergy clinics in the UK.

‘One in 10 people will think they have an allergy to penicillin, and we cannot possibly see all of them,’ Dr Farooque says.

‘A big part of it is unchecking it: seeing if the patient really is allergic to penicillin, often they are not. If they are and they must have the drug, you can often desensitise them.’

But she adds: ‘A big part of my job is telling people that they don’t have an allergy. That’s important for NHS resources and for people’s quality of life. A lot of people will have been incorrectly labelled as having an allergy to a food or a drug.’

Dr Farooque is hoping the film will also help to develop the adult allergy service at St Mary’s, which is smaller than other national allergy centres.

‘In a population of three million people, one million will have an allergy’

She says: ‘What’s crazy is that we cover north and west London, three million people locally, but 70 per cent of our referrals come from outside the area because there’s such a big demand for allergy services.’

One in three people have an allergic disease. In a population of three million people, one million will have an allergy.”

www.bma.org.uk/bmanews
Prescribing Information

(please refer to the full summary of product characteristics before prescribing)

Avamys® nasal spray suspension (fluticasone furoate 27.5 micrograms/metered spray) Uses:

Treatment of symptoms of allergic rhinitis in adults and children aged 6 years and over.

Dosage and Administration:

For intranasal use only. Adults: Two sprays per nostril once daily (total daily dose, 110 micrograms). Once symptoms controlled, use maintenance dose of one spray per nostril once daily (total daily dose, 55 micrograms). Reduce to lowest dose at which effective control of symptoms is maintained. Children aged 6 to 11 years: One spray per nostril once daily (total daily dose, 55 micrograms). If patient is not adequately responding, increase daily dose to 110 micrograms (two sprays per nostril, once daily) and reduce back down to 55 micrograms daily dose once control is achieved. Contraindications: Hypersensitivity to active substance or excipients.

Side Effects:

Very common: Epistaxis. Epistaxis was generally mild to moderate, with incidences in adults and adolescents higher in long-term use (more than 6 weeks). Common: Nasal irritation. Rare: Hypersensitivity reactions, including anaphylaxis, angioedema, rash, and urticaria.

Precautions:

Treatment with higher than recommended doses of nasal corticosteroids may result in clinically significant adrenal suppression. Consider additional systemic corticosteroid cover during periods of stress or elective surgery. Caution when prescribing concurrently with other corticosteroids. Growth retardation has been reported in children receiving some nasal corticosteroids at licensed doses. Monitor height of children. Consider referring to a paediatric specialist. May cause irritation of the nasal mucosa. Caution when treating patients with severe liver disease, systemic exposure likely to be increased. Nasal and inhaled corticosteroids may result in the development of glaucoma and/or cataracts. Close monitoring is warranted in patients with a change in vision or a history of increased intraocular pressure, glaucoma and/or cataracts. Pregnancy and lactation: No adequate data available. Recommended nasal doses result in minimal systemic exposure. It is unknown if fluticasone furoate nasal spray is excreted in breast milk. Only use if the expected benefits to the mother outweigh the possible risks to the foetus or child.

Drug Interactions: Caution is recommended when co-administering with inhibitors of the cytochrome P450 3A4 system, e.g. ketoconazole and ritonavir.

Presentation and Basic NHS cost:

Avamys Nasal Spray Suspension: 120 sprays: £6.44

Marketing Authorisation Number: EU/1/07/434/003

Legal category: POM

PL holder: Glaxo Group Ltd, Greenford, Middlesex, UB6 0NN, United Kingdom.

Last date of revision: January 2010.


Date of preparation: March 2011 UKFF1056/11

Adverse events should be reported. Reporting forms and information can be found at www.yellowcard.gov.uk. Adverse events should also be reported to GlaxoSmithKline on 0800 221 441.
One of the very few favourable outcomes of the Department of Health’s review of services for allergy which was published in July 2006 was that funding was identified to facilitate the development of integrated care pathways for children with allergic disease. The Royal College of Paediatrics and Child Health (RCPCH) was asked to produce a scoping document establishing whether it would be possible to generate evidence based pathways. Once this had been approved, the College under my chairmanship, established a project team which has, over the last two years, produced care pathways based on competence to manage anaphylaxis; asthma and rhinitis (united airway); eczema; food allergy; urticaria, angioedema and mastocytosis; and finally drug, venom and latex allergies. The production of the pathways underwent a very rigorous process of developing the evidence base following Scottish Intercollegiate Guidelines Network (SIGN) methodology. The final drafts from the project team then underwent review by external stakeholders and an endorsement process through the RCPCH Clinical Standards Committee. Each pathway has also been scrutinised and co-badged by a number of other organisations including the Royal College of Nursing, the Royal College of General Practitioners, the Royal College of Physicians, the Royal College of Pathologists and the College of Emergency Medicine. Each pathway will be published separately, on-line as a supplement of Archives of Disease in Childhood, and also in a composite College final report. They are progressively being made available on the RCPCH website.

It is important to emphasise that the clinical pathways are not guidelines. Guidelines set out the clinical care that is suitable for patients with specific conditions. Pathways are patient focused tools that facilitate the application of guidelines at a local level. They are therefore complex interventions that facilitate decision making in the care of well defined patient groups. Key elements are expedientious interactions which meet best practice standards and also patient expectations. They facilitate communication and coordination of care across multi-disciplinary teams from the home of the patient through primary, secondary and tertiary care and back. There is evidence of the benefits of care pathways in hospitals in relation to reducing complications, patient satisfaction and other outcomes. However, there is no reported experience of implementing care pathways dealing with a whole discipline within medicine.

The paediatric allergy care pathways emphasise the development of local partnerships including all agencies involved in the care of children in a locality and are very much in keeping with the recent Kennedy report “Getting it right for children”. It emphasises the provision of a gold standard service, but does not dictate where this should be delivered. This will allow for flexibility in progressively cascading competence such that care can be delivered as close to the patient’s home as possible.

Clearly the next step is implementation of the pathways and the project team have already developed downloadable PowerPoint presentations and video clips to aid education of health professionals, patients and parents. There are guidelines on the running of educational sessions including case scenarios and hands-on practise. In addition, a patient-reported experience measure has been developed with the Picker Institute which can be used to audit outcomes.

The next step in the programme has been a collaboration between RCPCH and Imperial College to formulate a grant application to the NorthWest London CLAHRC (Collaboration for Leadership in Applied Health Research and Care). This grant has been awarded and the programme will commence in April 2011. A steering committee has been formed including representation from commissioners, ambulance service, pharmacies, primary, secondary and tertiary care, education, social services, community nursing and dietetics; and most importantly also representation from patients and patient help groups including Anaphylaxis Campaign and Asthma UK. A programme of education and training sessions is being formulated and meetings are taking place to agree the treatment guidelines which will be used in order to ensure consistency at all levels of care. Primary care teams are being identified to participate in the studies and data are already being collected on prevalence of specific allergy diagnoses within relevant age groups and also on frequency of attendance in primary, secondary and tertiary care which will be used as a baseline by which to compare outcomes once the pathways have been implemented. It is intended that this will be a focused study which will include a health economic evaluation in the three health districts around St Mary’s Hospital. However, the clear intention is that once we have monitored outcomes the programme will then be cascaded eventually nationally. All the materials generated will be freely available via the RCPCH web-site.
The NICE guideline ‘Food allergy in children and young people – Diagnosis and assessment of food allergy in children and young people in primary care and community settings’ was released on 23 February 2011.

This short clinical guideline was developed with the intention of providing doctors and dieticians in primary care with a consistent framework for assessing children where food allergy is suspected. Its recommendations include a comprehensive run down of the varying presenting symptoms, both IgE and non IgE mediated, where food allergy should be considered a possibility. Where these are present, an allergy focused clinical history should be taken, with particular attention paid to the suspected underlying mechanism. If food allergy remains likely, then either skin prick or specific IgE tests are recommended where IgE mediated food allergy is suspected or exclusion/reintroduction diets (with the input of a dietician) for suspected non IgE mediated food allergy. Alternative diagnostic tests such as food specific IgG and Vega testing are specifically advised against. Recommendations for criteria for referral to secondary care are made.

The scope of the guideline was limited to the recognition, diagnosis and onward referral if needed and did not include any aspects of the management. It is very much hoped that this guidance will lead to GPs considering food allergy where it may not previously have been suspected e.g. in severe, early onset eczema or persistent GI symptoms in infants and also aiding them in reaching a diagnosis more promptly.

It is anticipated that the introduction of the guideline may result in changes in referral patterns to secondary or tertiary care allergy services from primary care. Careful attention will need to be paid to this and it may be worth considering the impact of the new guidance with your primary care commissioners. Consideration will also need to be given to the training implications in primary care to ensure that the guidelines are adhered to.

A full copy of the guideline can be found at: http://guidance.nice.org.uk/CG116

The Food Allergy and Intolerance Support Group (FAISG) continued with their twice yearly meetings and e-mail support to dietitians during 2010 and the early stages of 2011. This year, FAISG and the British Dietetic Association’s Paediatric group held a joint meeting for the first time on 23 March 2011. It was a very successful meeting which included presentations on very topical issues such as: Weaning (Alan Lucas, Kate Grimshaw and Jackie Lowdon), the newly released NICE guidelines on The Diagnosis and Assessment of Food Allergy in Children in Primary Care (Adam Fox), Food Provocation (Heidi Ball), the new “Gluten Free Labelling” (Sue Hattersley) and Complementary and Alternative Medicine in Paediatrics and Adults (Kristian Bravin).

FAISG are still actively involved in producing and peer reviewing diet sheets for adults and children with food allergies and intolerances some of the final copies should be available soon. One of the primary goals of FAISG this year is to educate dietitians about the basic skills required in dealing with children with food allergies. To get a baseline overview of their current knowledge and needs, a questionnaire based on a survey done by the group from Mount Sinai, New York, has been distributed to all dietitians in the UK. Dr Rosan Meyer has decided to step down as Chairman - this will be a gradual process which will happen over the next three months.

A number of FAISG members are also actively involved in the International Network for Diet and Nutrition in Allergy (INDANA). Drs Carina Venter and Isabel Skypala were invited to present at the American Academy of Asthma, Allergy and Immunology (AAAAI) 2011 meeting during and INDANA session. This is an exciting time for dietitians dealing with food allergy, the EAACI now has an allied health interest group which includes presentation of dietitians and AAAAI is working towards a way of improving dietitian’s involvement in their structure.

The information regarding dietitians on the BSACI website has recently been updated, please visit the dietitians section at www.bsaci.org
National Allergy Strategy Group Update

Through its work and that of the individual patient groups, the National Allergy Strategy Group listens to the patient experience and knows that living with allergy can cause a huge burden on not just the allergic individual, but their whole family. In December 2010 we held a parliamentary reception on the issue of Allergy: the effect on quality of life in the House of Commons which illustrated this. Hosted by Jo Swinson MP, the event saw over 60 people, children and adults, parents and those allergic themselves, who live with various allergies come together and highlight the issues important to them.

Over half attending had their MP or an MP’s representative come and meet them to hear directly how allergies impact on their lives, we were also joined by Health Minister Anne Milton MP who spent time talking with parents and allergic young people about their concerns around inadequate allergy care across the UK.

One Mother of an allergic teenager summed up what many believe: “We quickly discovered we had to find out as much as possible ourselves as our GP seemed to have little knowledge of the condition.”

Many at the event had never seen an NHS Allergy Consultant and had been living with potentially severe allergies for most of their lives with no support or management advice. This was highlighted by one of the key speakers, Ruth Holroyd, a 37 year old who has had multiple allergies for much of her life: “I was finally, at the grand old age of 36, referred to an allergy specialist at Amersham Hospital. The information she has given me would have been so much more helpful back when I was a teenager when I first discovered I had allergies and what I should do to avoid them.”

Another attendee pointed out: “For something that touches so many people’s lives, there is a shockingly low level of support from the NHS. Early intervention and diagnosis helps reduce the negative consequences of allergy and can prevent reactions becoming anaphylaxis.”

A further meeting is planned for June of this year to look at the subject of airborne allergies when we hope for another good turn out as we continue to highlight the issues amongst ministers, MPs and Peers.

We will be giving an NASG update at the BSACI Conference so come and join us on the Monday evening to hear more and get involved.

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

Junior Members Update

Since the Autumn update we have enjoyed two more allergy BSACI training days. The first was in December at Leicester, led by Professor Wardlaw. Experts in the field of mast cell and eosinophil disorders gave us fascinating presentations about these rare and unusual conditions. The second day was in London at Guy’s and St Thomas’s. Professor Chris Corrigan organised a great day starting with a presentation by Dr Clive Grattan on Urticaria and ending with a quiz prepared by the trainees at Guy’s. We look forward to our next training day in May at the Royal Brompton. This day will focus on Allergen Immunotherapy, which is topical and should create much discussion, particularly as we await the forthcoming BSACI guidelines on Immunotherapy for Rhinitis.

The event of the year is approaching – the BSACI Annual Meeting – and I have been asked to convene the Adult Allergy Grand Round. This is the trainee’s opportunity to gain experience in presenting cases at a national level. This year the format has changed. In previous years short cases were presented to an expert panel to review and comment on. This year we are asking trainees and their consultants to bring along longer cases, which should be interesting, thought provoking and create discussion. The aim is to make it an interactive session which will include audience response technology as part of the presentations.

Anyone who has a case in mind please feel free to contact me for further information: melanie.york@uhl-tr.nhs.uk
The NICE guidelines and RCPCH pathways are all out this year so ongoing education in primary care will continue to be a priority, with particular emphasis on how to take a history, what tests to do, how to interpret them, and when to refer. We hope to look at some sort of buddying system linking GPs interested in allergy and their local specialists and may try to do this via our own lists, or local group initiatives. We are currently looking at how to locate GPs and specialists who might be interested in this.

To raise awareness of allergy and the BSACI amongst the primary care workforce we are developing a leaflet in both electronic and paper form and have an article in the Allergy UK newsletter.

The primary care day at the BSACI annual conference in Nottingham is always a great opportunity to meet the specialists and other GPs and their teams and talk through the practical aspects and real life situations that we may face as part of our consultations. We also have a session, The Approach to Allergy in Primary Care, at the RCGP Annual Conference Diversity in Practice in Liverpool in Oct 2011 and hope to take a stand on the BSACI to that meeting.

We will be updating the primary care section of the website with more information about our aims, and links to other events and educational resources.

Professor Aziz Sheikh and Professor Helen Smith continue their work as Clinical Champions at the RCGP and their profiles and activities can be found on the RCGP website: www.rcgp.org.uk

The GPWSI competencies are with the RCGP CIRC unit and will go back to the main BSACI council. The next step will be to hold a stakeholder meeting. Unfortunately the latest QOF application was unsuccessful.

There is a new task force in EAACI for Primary Care and Allergy. We look forward to supporting them and I have contacted their chair in Poland, and one of us will attend their meeting in Istanbul at the EAACI conference.

Many thanks to all the committee members who have attended committees and guidelines and pathway meetings. I’ve been asked to comment on commissioning but we don’t have the details yet, the groups are still forming, quality standards are just out for comments, and papers are still coming through, I hope to be able to say more at the next update. We hope to work closely with the NASG group in future with this.

Finally we have a new administrator called Nina at nina@bsaci.org please feel free to forward any questions or comments to her.

---

**Nurses in Allergy**

Since the last Newsletter the Nurses in Allergy Group have expanded. Following the appeal for new committee members from the group we have been very lucky to have had a number of highly experienced and motivated allergy nurses to come on board.

The new committee members and their roles are;

Jan Chantrell - Chair (Glenfield Hospital), Fiona Chew (Liverpool)

Jan Chantrell, Chair BSACI Nurses in Allergy Group

- Vice Chair, Andrew Williams (Homerton Hospital) and Janette Bartle (Ipswich General), Joint secretaries, Deb Marriage (Bristol Royal) - Members Secretary, Committee members Rebecca Elder (Kings College Hospital), Jennifer Whisken (Addenbrooks), Fran Ashworth (Sheffield) and Amena Warner (St Hellier), who will continue for a further 12 months in an advisory capacity. Tina Dixon from Liverpool has kindly agreed to continue to act as our medical advisor.

Our first meeting was held on 14 February and there was a feeling of love in the air! It was great to get the committee together and discuss the way forward for the group over the next 12 months with lots of suggestions of long term goals. Competencies were high on the list for most. ‘Oh not again’ I hear you cry! But it is something that is talked about, but difficult to find the time to do. We hope to pull together what there is, and fill in the blanks. These would then be available for all to see and use on our website.

We hope to meet at the BSACI conference this year on the Monday evening - time and date to be confirmed. Members will be informed by Deb Marriage via e-mail.

If you are not a member but would like to find out more about us then please contact either myself on janet.chantrell@uhl-tr.nhs.uk or Deb on deb.marriage@UHBristol.nhs.uk

Please come along and let us know what you think the group should be doing, if you would like to participate or if you would just like to join our merry band of ‘men’. If you cannot make the conference this year, please feel free to forward any comments or suggestions you may have.
A way forward for allergy training in the community?

Nearly one fifth of anaphylactic reactions occur in the school environment and the potential for life-threatening allergic reactions in children is a significant health concern for staff.

A questionnaire completed by members of the Anaphylaxis Campaign found that 75 children out of 109 experienced allergic reactions in the community and 18% of these occurred in the school setting. The increased number of children with allergies and reduction in school nurses and health visitors has increased the burden on school staff on being able to identify and manage acute allergic reactions. As we all know, correct and prompt treatment of reactions is essential but it relies on education and support by appropriately trained health care professionals. Currently in the UK, there is no uniformity as to what school staff are taught and by whom. Very worrying.

Over the past four years of working as a Paediatric Allergy Clinical Nurse Specialist at King’s College Hospital in South East London, I have found an increasing need for allergy training in our local schools and this has now become the subject of my Masters Research study. In 2009, I attended the Anaphylaxis Campaign’s free one day training course and was supplied with an excellent resource pack which I use to provide the training session for schools. This one day course has been replaced by Allergywise, an online training programme for health professionals accredited by the RCN and endorsed by the BSACI. Staff who complete this course also receive the resource pack. This training course is RCN accredited and endorsed by the BSACI.

As well as providing training for schools without a school nurse, I occasionally train staff in nurseries, but most nurseries in Southwark, Lewisham and Lambeth were trained by the Paediatric Community Nursing Team. However, literally overnight and with no warning, this service was cut due to financial reasons and the team were no longer available to provide this training. Nurseries will not willingly accept children who have an adrenaline autoinjector unless they have had training. Suddenly desperate parents were calling me to ask me to go into the nursery so that their children would be safe at nursery and they could return to work. In the short term I did provide training, but I knew this was not sustainable. Trying to find the right person to contact from each PCT required a Masters in itself but discovered that Health Visitors were now expected to train nursery staff, even though they may have not had training themselves.

As a team we were very concerned about this and tried to decide the best approach to the situation. Did we need to set up a teaching programme for health professionals to be able to train school and nursery staff? We would need to supply them with the tools to provide the training and this would be duplicating the good work already done by the Anaphylaxis Campaign. How would the effectiveness of our programme be measured? Did we need to invite nursery and school staff in and train them directly? School staff have very limited time as it is and we felt that staff were unlikely to take this idea up. It also seemed like a huge undertaking for us.

Just when I was beginning to despair, I was contacted by Maria, the training and development advisor from Southwark PCT who recognised the need for something to be done. We discussed all possible approaches and I told her about Allergywise which covers avoidance, triggers, signs and symptoms of an allergic reaction, the management of an acute allergic reaction, management plans, doses of adrenaline and the correct safe and appropriate use of an adrenaline autoinjector. She was very interested, but was concerned about cost implications.

However, the school nursing managers in Southwark had already identified a need to train school nurses in allergy, so when Maria told them about Allergywise, they were keen to explore this option. I put Maria in contact with Lynne Regent, the CEO of the Anaphylaxis Campaign and an Allergywise resource pack was sent to Maria. She was impressed and after a short while, Maria and Lynne agreed on a price and 15 Allergywise packages were purchased. Maria allocated a protected training day and six nurses worked through the online education package together. The nurses did find concentrating all day quite difficult and needed to finish the training in their own time, but it was evaluated very well. They are also due to have a practical follow up session with a pharmacist.

Arranging a new way to learn in response to this specific need required dedication, commitment and resources, but it was well received and could be used as a model for training in the future. Maria is planning further training for nurses across Southwark.

With health services being threatened and the increased need for high quality allergy training, is this a way forward for our schools and nurseries? I think so.
Obituary

Michael Leighton Huntley Flindt MB, BS; FFOM; LRCP, MRCS

Lately: Honorary Fellow in Occupational Medicine, University of Manchester
Honorary Consultant, Manchester Royal Infirmary

Born: 28 March 1923
Died: 14 November 2010

Educated at Bryanston School and St Thomas’ Hospital, London.

Michael qualified in 1945 and held posts as House Physician and Senior Casualty Officer at St Helier Hospital, Carshalton and Resident Anaesthetist and House Surgeon at St Thomas’ Hospital.

He then spent three years in Borneo as a Surgeon with an oil company, but for much of the time was sole Doctor in charge of a 100-bed hospital with a large outpatient load. Back in England, after periods as an Anatomy Demonstrator, General Practitioner and Medical Editor, he worked as an Industrial Medical Officer with Unilever on Merseyside before going on to Manchester University where he became Honorary Fellow in Occupational Medicine and Honorary Consultant at Manchester Royal Infirmary and other Manchester Hospitals.

He was an examiner for the diploma in Industrial Health of the England Conjoint Board and the Occupational Nursing Certificate of the Royal College of Nursing. In Manchester he ran regular courses for the British and overseas doctors intending to take the Diploma in Industrial Health and refresher courses in Occupational Medicine.

While in industry his work led to the elimination of Silicosis in the manufacture of domestic scouring products and the identification of the hazard of sensitisation asthma from proteolytic enzymes in biological detergents. While at the University he identified the sensitisation hazard from other enzymes, papain and alpha-amylase and from chloramine-T.

He also published work on lead and solvent exposure.

His 1969 paper in The Lancet on the identification of the asthma hazard from enzymes in detergents was reprinted in 2002 in Occupational Medicine with an appraisal, as having “changed the practice of occupational medicine”.

He crossed the Atlantic by invitation many times to lecture in both the United States and Venezuela. In the USA, he spoke at the New York Academy of Sciences at an international meeting convened to discuss his discovery of the asthma hazard from enzymes in detergents; also in New Orleans at the Annual Scientific Meeting of the American Medical Association. On his first visit to Venezuela, he attended and lectured at the First National Pneumoconiosis Conference as the ‘Specially Invited Visiting Professor’. On his second visit, he gave three lectures in Caracas at the 5th International Pneumoconiosis Conference of the International Labour Office. He was made Honorary Member of the Venezuelan Society for Occupational Medicine, and also of the Venezuelan Society for Pneumology and Phthisiology.

He played golf to a single figure handicap, was a county standard squash player and once extended a Davis Cup player in an open tennis tournament.

As well as scientific papers and editorials, lighter literary contributions included several to ‘In England Now’ in The Lancet. His oil paintings were well received and won prizes. He owned six assorted clarinets and played with amateur orchestras and ensembles. At his country home in Cumbria, he recently constructed a hydraulic ram system to pump spring water to his house.

He married Mary Pruen Sloper in 1947, a colleague from St Thomas’ Hospital. She died in 1988. He is survived by their three children and three grandchildren.

Rupert Flindt

Glenis Scadding adds

Michael was a most charming and highly accomplished person - and modest to a degree.

He often attended the BSACI conference where he liked to ask very pertinent questions - but usually privately after the talk was over.

He wrote the first “hobby horse” article in BSACI News - noting that the asthma in response to proteolytic enzymes in detergents was not confined to occupational exposure, but could also affect some patients who used such detergents at home. Michael felt that this aspect had been insufficiently acknowledged and hoped to receive reports of other similar cases - but sadly none was forthcoming.

We send our condolences to Michael’s family who will no doubt miss him greatly.
This year’s AAAAI annual meeting was held in San Francisco, California famous for its seafood, scenery and the Golden Gate Bridge. It was a fantastic location for the meeting despite the rain which kept us running between the two convention centres. The AAAAI meeting had a wide range of clinical, translational and basic science plenaries, symposia, state-of-the-art lectures, workshops, pro-con debates, morning seminars and poster/oral abstract sessions as well as a strong emphasis on sessions specifically for allied health professionals.

Major features in this meeting included mechanisms and practicalities of oral tolerance induction to food as presented by Gideon Lack in one of the plenaries. Gene-environment interactions and new data on genome wide association studies (in particular for asthma) were highlighted. The TSLP cytokine was incorporated into practically every single basic science session and exciting data was presented on its importance in the initiation and maintenance of allergic immune responses in the lung, skin and gut. Several speakers focused on the role of viral infections driving atopy by increasing high affinity FcεRI receptors on dendritic cells which then cross-react with other co-presenting allergens. There was a whole day dedicated to eosinophilic oesophagitis attended by over 500 delegates, testament to the increasing prevalence and clinical burden of this disease. The recent American Food Allergy Guidelines as well as the latest Practice Parameters on Anaphylaxis, Immunotherapy and Drug Allergy were reviewed. Estelle Simons highlighted lessons learnt from ‘100 years of antihistamines’ and the high affinity H4 receptor was identified as a potential target for atopic dermatitis induced pruritis.

I thoroughly enjoyed the meeting and felt that I had gained a huge amount of learning which would alter my practice as well as feed into my research. I am awaiting the virtual AAAAI DVD-ROM as many sessions I would have liked to attend ran contemporaneously. I would highly recommend this meeting to all Allergy/Immunology Trainees who can apply for an AAAAI International Travel Scholarship and/or BSACI Travel Fellowship to which I am very grateful for the opportunity to attend this meeting. The next AAAAI meeting will be in Florida, Orlando 2-6 March 2012.

EAACI Pediatric Asthma and Allergy Meeting
13-15 October 2011

I am sure that many of you will remember the 2009 PAAM meeting in Venice. That meeting exceeded our expectations attracting nearly 1000 delegates. The 2011 PAAM meeting is being held in Barcelona. Great weather in October, wonderful ambiance, easy access by air and relative cost compared to other potential venues! We have chosen to use a similar format with lots of small workshops in addition to plenary sessions, symposia and oral abstract sessions. Further information about the meeting can be found at www.eaaci-paam2011.com

Graham Roberts, Secretary EAACI Pediatric Section
Announcements

Report from World Allergy Week
4-10 April 2011

BSACI highlighted awareness of the week by sending out a press release on hayfever and the effects this has on the lives of those who suffer from it. The press release was also sent to BSACI members so members could contact their local media.

We also heightened awareness of the overall need of patients with allergic and immunologic diseases together with the rising prevalence of these disorders, and our message was that allergy must be regarded as a major healthcare problem.

As an important resource we used the World Allergy Organisation (WAO) White Book on Allergy which looks globally at the allergy epidemic and in particular the rise in numbers of children suffering from allergic conditions. Our media awareness campaign also focused on the increase of overall allergic conditions, when at the same time services for patients still remained fragmented. We spoke about the lack of allergy education within primary care as well as the effective measures that should be taken to avoid under diagnosis and mistreatment of patients.

Resources BSACI used for raising awareness were:
- WAO White Book on Allergy
- World Allergy Organisation
- Allergy Services: ‘Still not meeting the unmet need’ Joint Report.

Beta-Lactam Allergy National Audit - have you taken part?

The Standards of Care Committee of BSACI are auditing the diagnosis and management of beta-lactam allergy in the UK. All clinicians who are BSACI members have been sent an email questionnaire on their practice. This is an important audit of UK practice and one that we hope will inform the guidelines that are currently under development. The audit will assess how many clinics offer testing for beta-lactam allergy and identify variations in practice. The survey will only take a few minutes of your time and we hope to achieve a 100% response rate. If we get the completed questionnaires back in time we hope to present the findings at the annual meeting in July.

Shuaib Nasser
Chair of BSACI Standards of Care Committee

BSACI Allergy Clinic Registration

The Society has been approached by NHS Choices to publish BSACI Allergy Clinics on their Find and Choose services section of the website. Each month NHS Choices receives around 7-8 million hits, a quarter of which go straight to Find and Choose services. These two million visitors have the opportunity to search by postcode from the service listings.

Recently BSACI members were sent an email asking each member to review their current clinic details on the BSACI website and to complete the clinic registration form, if any amends were to be uploaded on the site. Thank you to everyone who contacted us with their updated details, however if you have not yet reviewed the online clinic list then please could you asap and let Ruvimbo Nyandoro at Ruvimbo@bsaci.org know if there are any changes that need to be made.

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.
Announcements

Regional Primary Care Meeting Bursaries and SpR Allergy Training Workshops

My name is Nina Duttaroy and I am the new BSACI Training and Education Coordinator. I have pleasure in announcing that BSACI is currently offering bursaries for centres wishing to deliver a regional primary care training day. The scheme is supported by an unrestricted educational grant from Mead Johnson and Glaxo-Smith Kline. The aim of the training days is to improve allergy knowledge and competency in primary care.

An email was sent out in March together with the application form and guidance on how to apply, if you did not receive a copy please email nina@bsaci.org and I will forward a copies on, alternatively you can print these off from www.bsaci.org

The deadline for completed applications is 5pm on 16th May 2011 via email to nina@bsaci.org

Please note demand for bursaries may be high, so for the best chance of a successful application please refer to the guidelines for the terms and conditions of the bursary. The training events will need to be delivered from September 2011 to August 2012.

In addition the BSACI are running several Allergy Training workshops for trainees throughout 2011 and 2012 for allergy and Immunology SpR’s. These courses are free to BSACI members and cost £100 each for non-members. Details of the workshops can be found on www.bsaci.org however you will need to register with nina@bsaci.org beforehand.

Report on Medical Note Keeping to Support Appraisal for Revalidation

The Society would like to thank Professor Stephen Durham for representing the BSACI on ‘Information on the Quality of Medical Note Keeping to Support Appraisal for Revalidation’ a project which was coordinated by the ‘Health Economics Unit, Royal College of Physicians. The report summarises a comprehensive consultation together with simple generic personal recommendations for medical note keeping. There is also a checklist under ‘Guidance’ for what constitutes good medical notes.

It is hoped the report & guidance will be published on the RCP website at the end of April, however members will also be able to view this via the BSACI website. We will keep you posted.

Home at last!

After years of being situated in the back bedroom of Susan Duff’s house (ex BSACI Secretariat), then moving to a tiny two person office at Asthma UK for a year and from there to the top floor of the BTS office in Doughty Street, WC1, whence, due to BTS staff expansion, we moved to St James Park. Then lo and behold a year later the building was renovated into a hotel.

We then moved to 10-12 Allington Street in Victoria SW1 where due to the expansion of Victoria Train station we had to move across the road to Warwick Row, which is where we have been since December 2010.

Being such a small charity BSACI have always been susceptible to take over from larger corporations especially when we don’t own our own bricks and mortar!

Two years ago BSACI Council made a decision to invest in property up to the value of £750,000. I was then charged with finding a suitable property for the Society. I thought it should be relatively easy to find an office that fulfils our needs for the price. RIGHT!

Since the decision to purchase an office was made, we viewed countless properties. Finally in February we struck gold with a property everyone liked. By the time you read this BSACI will, we hope, have purchased its head office in Battersea Park, London. The property is a late Victorian Gothic style building which used to be a monastery, and in the early 20th Century it was adapted and used as a convent school. Now it has been refurbished and converted into office accommodation. The office is one stop on the over ground from Victoria Station and two stops from Waterloo mainline station. We are very close to the famous landmark Battersea Power Station (hence the picture on the front page) and the well-known charity Battersea Cats and Dogs Home.

We will complete contracts in April and by the end of May we expect the redecoration to be completed so we can move in. Full contact details will be sent to you soon, but should you wish to make a note now of our new address it is; Studio 16, Cloisters House, 8 Battersea Park Road, London SW8 4BG.

Fiona Rayner, BSACI - Chief Executive
Call for Abstracts

We are pleased to announce that abstract submission is now open.

Please visit the following website in order to submit your abstract and to register for BSACI 2011:

www.bsaci2011.org

Abstract submission deadline – May 13th, 2011

Early Bird Registration available until May 27th 2011
THE COMPANIES ACT 1985

NOTICE CONVENING ANNUAL GENERAL MEETING of the BRITISH SOCIETY FOR ALLERGY & CLINICAL IMMUNOLOGY

NOTICE IS HEREBY GIVEN that the 2011 Annual General Meeting of the company will be held in the Conference Theatre at East Midlands Conference Centre, Nottingham, UK on Tuesday 12th July at 8:30am 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

Professor Adnan Custovic
Honorary Secretary

Dated: April 28th 2011
Registered Office: 1 Warwick Row, London SW1E 5ER
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.

New allergy appointments in 2010 as follows:
Claudia Gore St Mary’s Consultant
Robert Boyle St Mary’s Senior lecturer
Rubaiyat Haque Guy’s Consultant
Sophie Farooque St Mary’s Consultant
Vibha Sharma Manchester Consultant
Dr Aideen Byrne Alder Hey Consultant

The BSACI Office

The BSACI Office is at:
1 Warwick Row, London SW1E 5ER
E-mail: info@bsaci.org  Tel: 0207 808 7135  Fax: 0207 808 7139

BSACI Staff:
Chief Executive: Fiona Rayner fiona@bsaci.org
Research Officer: Pia Huber pia@bsaci.org
Temporary Administrator: Ruvimbo Nyandoro ruvimbo@bsaci.org
Training & Education Coordinator: Nina Duttaroy nina@bsaci.org

Schola Muhoro has now started her maternity leave and has given birth to a baby girl. We wish Schola all the best and look forward to her return in January 2012.

www.bsaci.org

DIARY DATES

See www.bsaci.org for further details, meetings and courses

Meetings

30 April–3 May 2011
1V World asthma and COPD Forum
Paris, France

13-18 May 2011
American Thoracic Society
Denver, Colorado, USA

2–5 June 2011
Eastern Allergy Conference
Palm Beach, Florida, USA

11–15 June 2011
EAACI
Istanbul, Turkey

30 June–1 July 2011
BTS Summer Meeting
Cardiff, Wales

11–13 July 2011
BSACI Annual Meeting
Nottingham, UK

24-28 September 2011
European Respiratory Society
Amsterdam, Holland

13-15 October 2011
EAACI PAAM 2011
Barcelona, Spain

4-8 December 2011
World Allergy Organisation Meeting
Cancun, Mexico

7-9 December 2011
BTS Winter Meeting
London, UK
From April 2011, the options for managing cows’ milk protein allergy will become bigger and better

Aptamil Pepti has always been a great product for babies with cows’ milk protein allergy (CMPA) from birth. Pepti is:
– an extensively hydrolysed whey-based formula for better palatability and intake than a casein hydrolysate[^1][^2]
– proven to be effective in relieving the symptoms of CMPA[^3] and tolerated by 97% of infants with CMPA[^4]

Now we’ve made our range even better by launching Pepti 2, a whey-based extensively hydrolysed formula with added iron and calcium to complement a dairy free weaning diet from 6 months of age.

Our packaging and name have now been made much clearer, Aptamil Pepti 1 from birth and Aptamil Pepti 2 from 6 months.

We are the only extensively hydrolysed formulas available in a 400g trial size and the more convenient 900g EaZypacks.

**IMPORTANT NOTICE:** Aptamil Pepti 1 & 2 should only be used under medical supervision, after full consideration of the feeding options available including breastfeeding. Aptamil Pepti 1 is suitable for use as the sole source of nutrition for infants from birth to 6 months of age. Aptamil Pepti 2 is suitable for babies over 6 months as part of a mixed diet, and as a principle source of nourishment with other foods.

**For further information please visit our HCP website aptamilprofessional.co.uk or call our helpline 08457 623 676**

**References:**