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WE’RE FIGHTING THE SAME FIGHT

I HAVE A SEVERE RESPIRATORY ALLERGY

I’M AN IMMUNOTHERAPY RESEARCHER

The biopharmaceutical company Stallergenes has been driving research and collaboration with the medical community for 50 years now and is at the forefront of allergen immunotherapy.

INNOVATION AT HAND
PATIENTS AT HEART
STALLERGENES
Welcome to a new edition of Allergy Update! It has been a long summer filled with majestic sporting achievements and now as we settle down for the autumn there is much to do. I would like to introduce myself as the new editor and along with our new President we also have seven newly elected council members who have put down their vision for the next 3 years in these pages. Before going on, just a word to thank Nicola Brathwaite for the magnificent job she has done through the last three years editing this newsletter and from whom I have a hard act to follow.

Central to this issue are several new features. Firstly, the Barry Kay prize winners from the BSACI annual conference have all kindly summarized their posters and once again I would like to congratulate them on their scientific work. The BSACI SOCC committee has produced a number of very helpful and important guidelines under Shuaib Nasser. In order to be able to convey the information in a succinct form, we hope to summarise each guideline in a 1 page format over the coming issues. There are a number of important guidelines coming out soon and I hope that you will find these quick guides helpful especially when time is short in clinic. Much is going on in all our different sub-groups and commissioning which is going to affect all of us continues to progress and Adam Fox and Elizabeth Angier keep us up to date. We would also like to feature what is happening on the allergy front around the UK and we start in this issue with the paediatric allergy services in Birmingham and I look forward to asking many of you to contribute articles in the future.

Lastly, we have launched the new BSACI website and Sophie Farooque (BSACI’s Website Interaction Designer) tells us what we can expect from it. I hope you enjoy the new features and welcome any suggestions of how this newsletter can be improved!

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

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President’s message

Message from the President

Dear Members,

I would like to start by thanking our outgoing president Glenis Scadding for all her achievements whilst serving as President of the BSACI: she will be a hard act to follow. As I take up the presidential reins, I hope that over the next three years, together we will be able achieve a great deal.

The last few months have been dominated by discussions about the commissioning of allergy services. In truth this forms part of a much wider process, as the NHS moves towards new commissioning arrangements for all services. Bill Egner has led a national clinical reference group (CRG) which has developed a comprehensive specification for tertiary services in allergy. This is mirrored by a similar process which has developed definitions and specifications for primary immunodeficiency. Bill and his colleagues have aimed high, but they have also been practical, so that the specifications for allergy services will be deliverable and will lead to progressive improvements in clinical services. In parallel, BSACI is setting up a working group to look at commissioning services for patients with allergic problems at a more local level. True tertiary services are important but most patients will be dealt with at primary and secondary care level. We want to assist BSACI members and others involved in providing allergy services in secondary care by providing clear information and advice for commissioners and for service providers. These processes have been complemented by the allergy clinic registration scheme (IQAS) which has been developed by the RCP and RCPath joint committee on immunology and allergy (JCIA), and supported financially by BSACI. As chair of the JCIA, Andy Wardlaw has been instrumental in getting IQAS off the ground and leading us all towards the validation of clinics and their standards of care. I am most grateful to Andy and everyone else involved on JCIA.

Plans for next year’s BSACI annual scientific meeting are progressing well – Nottingham has served us extremely well over the years, but our meeting has now outgrown the conference venue and we are looking forward to Telford. Claudia Gore has taken on the role of meeting secretary and an excellent programme is being put together for July 2013.

We have several new faces at the BSACI Council table: I am most grateful to everyone who gives up their time to serve the society and support our efforts to improve allergy care through research and education. Together we will be working on several new initiatives, including the development of care pathways for common allergic conditions. This builds on the hard work done by the standards of care committee (SOCC) to develop guidelines in so many areas of allergy. SOCC has been led for many years by Shuaib Nasser who is stepping down to take up a role within NICE - BSACI owes Shuaib a huge debt of gratitude for his vision in developing SOCC and its processes.

As ever, a society’s prime purpose is to serve its members and the objectives that they decide on. We reviewed our strategic plan in March, and have implemented the most pressing of the recommendations. I and my colleagues on Council remain open to suggestions and if members have any topics or issues that they want Council to address please do get in touch!
Watch it take off! BSACI launches its new website

This month the BSACI launched its new redesigned website, as part of its ongoing commitment to provide members with more efficient access to BSACI resources. We hope many of you will have already logged on and will find the website to be both stylish and user-friendly. It is designed to be easier to use with improved navigation and direct access to guidelines, SOPS and position papers. It has been reconfigured in the hope of greatly improving the experience of the BSACI membership. Other features include an updated section on Publications, a new section for Trainees and in depth information available for the first time about each of BSACI subcommittees. There is also a new and improved Guidelines section where, members can view and comment on guidelines in consultation and also see which future guidelines are being planned by the Standard’s of Care Committee.

We hope the new look website will give interested parties a tool to learn more about us and will promote the BSACI to both patients and the media, as source of accurate and up-to-date information about asthma and allergies. The website offers both medical professionals and the public the special feature of being able to locate the allergy clinic nearest to them. Communication with the public and engagement with the media is central to the BSACI’s communications strategy. Therefore, in addition to an improved section for patients, there is a “News and Media” tab. This lists press releases we have sent out, and will include links to media interviews with BSACI members. One of the most dynamic and evolving areas will also be a news headline section. This will be kept regularly up to date by BSACI council and all members will be asked to contribute to it, to ensure we capture all the latest relevant information. I will be coordinating the adult allergy news/stories/articles etc… with Eleanor Minshall feeding in paediatric information for the website. Please feel free to email us anything you wish us to consider publishing on the website at bsacinews@yahoo.co.uk and elleminshall@aol.com

The new upgraded website is still evolving, so keep your eyes posted for further developments and improvements over the next year. The website is “your” website and feedback from BSACI members is welcome. Our IP address is still the same and we hope you will take time to visit the new upgraded website at:

www.bsaci.org

Dr Sophie Farooque, BSACI Website Interaction Designer
Commissioning in the NHS is the process of ensuring that health services meet the needs of the population. It is highly complex but currently most services are commissioned by around 150 local Primary Care Trusts. However, there are different arrangements for commissioning more specialised services. In England, there are 10 Specialised Commissioning Groups (SCGs) that commission specialised services for their regional populations, whilst the National Specialised Commissioning Team (NSCT) commissions a very small number of even more specialist services i.e. those needed by fewer than 500 people. At present, there is no national commissioning of any allergy services. The recent introduction of The Health and Social Care Bill is leading to significant changes in the commissioning process. Although it is anticipated that the majority of services will be commissioned locally by Clinical Commissioning Groups (CCGs), an NHS Commissioning Board (NHSCB) is being established to commission ‘prescribed’ services, which will include those specialised services currently commissioned by the SCGs and the NSCT.

55 Clinical Reference Groups (CRGs) have been set up to support the transition of specialised services commissioning from the current arrangements to the NHSCB. Specifically they have a role in providing assurance that any ‘products’ developed to support specialised commissioning – for example, service specifications – have broad endorsement from clinicians, patient groups and commissioners. This process has been under way since the beginning of the year and has been moving quickly, due to very tight deadlines. Allergy is part of the Specialised Immunology and Allergy Services Clinical Reference Group, which is being chaired by Dr Bill Egner. Invited representatives on the group include adult and paediatric allergists as well as immunologists and patient representatives. An initial scoping document, suggesting that a number of allergy services may be suitable for national commissioning, was well received and after consultation with the BSACI membership, a Service Specification has now been submitted to the NHS Specialist Commissioning Transition team. The response to this is eagerly anticipated. Bill Egner and Shuaib Nasser deserve particular mention for the amount of hard work and energy they have put into this process.
Improving Quality in Allergy Services (IQAS)

In 2009 the Joint Committee on Immunology and Allergy (JCIA) of the Royal College of Physicians and the Royal College of Pathologists embarked on a process to develop a scheme to accredit allergy services. The aim of the scheme was to document who was providing what allergy services in the UK, to establish a quality framework for the delivery of allergy services and develop a mechanism which could lead to a gradual improvement in the quality and extent of allergy services across the country. The principles of the scheme were that it should be, i) as simple as possible to engage with, ii) open to all allergy service providers and not just those in large centres and iii) inclusive, creating a mechanism for improvement rather than acting as a gate keeper to exclude services deemed as not reaching the required standards.

After much stakeholder discussion the scheme was launched as a web based registration scheme 12 months ago with substantial financial support from the Royal College of Physicians and additional financial support from the British Society for Allergy and Clinical Immunology, The British Society of Immunology and the Royal College of Pathologists. The scheme is being expertly administered by Joe Besford of the RCP Accreditation Unit. So far 56 services have started the application process, 31 have submitted their application and 27 have gained registration or provisional registration. Details of the scheme and the registered services can be found on the RCP website, (www.rcplondon.ac.uk/resources/improving-quality-allergy-services-iqas-registration-scheme).

The next step is to move from a registration scheme to an accreditation scheme. The difference between the two is not so much in the standards applied which in the first instance will remain similar to the current scheme, but in the extent to which evidence of compliance with standards will need to be supplied and the rigour with which the applications are judged and inspected. A working group of the JCIA is currently developing a draft of the accreditation scheme which will be circulated to all stakeholders in the new year for comments.

Another major development in allergy services is national commissioning which starts from 1 April 2013. It is likely that to be eligible for national funding your allergy service will need to be engaged with the IQAS scheme, initially being registered and in due course accredited. I would therefore urge all those providing allergy services, if you haven't done so yet, to apply for IQAS registration now. It really isn't that difficult.

Moving ahead with Commissioning...

We have ourselves now to communicate the narrative of allergy care to commissioners and the wider medical groups, and patient narratives may also form an important part of this.

Allergy Services on the BSACI Website

Recently we sent out an email to all members asking you to check details of your allergy service on the BSACI website and to send us any amendments using the form which was attached to the email. Thank you to all those that have now completed and returned their forms, however if you have not visited the website (www.bsaci.org) recently to view your allergy service details, please could I ask you to do this as soon as possible. If you do not recall receiving a copy of the email please could you email Schola@bsaci.org and request a copy of the allergy clinic form.

Fiona Rayner, BSACI Chief Executive
WE’VE CHANGED NOTHING, EXCEPT...

**Bright blue safety cap**
Easy to distinguish from the orange needle end; remove before injection

**Oval shaped**
Designed to be easy to grip

**Easy-to-read, illustrated instructions**
Immediate access to instructions in an emergency situation

**Viewing window**
Use to check that the solution is clear and colourless and also to confirm that the injection took place; the window will go dark after use

**Hard flip-top carry case**
Quick access. Gives EpiPen® (adrenaline) auto-injector protection from ultraviolet light

**Bright orange built-in needle protection**
Keeps the needle covered during and after use

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**SAME FAMILIAR ADMINISTRATION TECHNIQUE**

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EpiPen® and EpiPen® Jr. adrenaline auto-injector

**Presentation:** EpiPen delivers a single dose of 0.3mg of adrenaline as a sterile solution. EpiPen Jr delivers a single dose of 0.15mg adrenaline as a sterile solution. 1.7ml of adrenaline remains in the auto-injector after activation.

**Indications:** For immediate self-administration in the emergency treatment of anaphylactic or allergic reactions. Anaphylaxis may be caused by insect stings or bites, foods, drugs and other allergens as well as idiopathic or exercise-induced anaphylaxis.

**Dosage:** ADULTS: Self-administration of 0.3mg adrenaline (EpiPen) intramuscularly. CHILDREN: The appropriate dosage may be 0.15mg (EpiPen Jr) for children 15-30kg body weight and 0.3mg (EpiPen) adrenaline for children >30kg body weight, or at the discretion of the physician. EpiPen should only be injected into the anterolateral aspect of the thigh through clothing if necessary. A second injection with an additional EpiPen may be administered after about 5 -15 minutes if indicated. As EpiPen is designed for emergency treatment, the patient should always seek immediate medical attention even if symptoms have disappeared.

**Contraindications:** There are no absolute contra-indications to the use of adrenaline in a life threatening situation. **Warnings and precautions:** Avoid the risk of inadvertent intravascular injection. DO NOT INJECT INTO THE BUTTOCKS. Accidental injection into the hands or feet may result in loss of blood flow to the affected areas. If there is an accidental injection into these areas, advise the patient to go immediately to the nearest emergency room or hospital casualty department for treatment. Patients must be instructed in the proper use of EpiPen. Use with extreme caution in patients with heart disease and those taking digitalis, mercurial diuretics or quinidine. The effects of adrenaline may be potentiated by tricyclic antidepressants and monoamine oxidase inhibitors. Adrenaline should be used in pregnancy only if the potential benefit justifies any potential risk to the foetus. **Side effects:** May include palpitations, tachycardia, sweating, nausea and vomiting, respiratory difficulty, palp, dizziness, nervousness and anxiety. Cardiac arrhythmias may follow administration of adrenaline. Overdoses of adrenaline may cause cerebral haemorrhage or arrhythmias. For a complete list of warnings and side effects, you should consult the Summary of Product Characteristics.

**Legal category:** POM. **Package quantity and basic NHS price:** EpiPen and EpiPen Jr are available as single unit doses at £26.45 each or as a twin pack of 2 Auto-Injectors at £52.90. **Product licence number:** EpiPen Auto-Injector PL 15142/0245, EpiPen Jr Auto-Injector PL 15142/0246. **Marketing authorisation holder:** Meda Pharmaceuticals Ltd, Skyway House, Persistance Road, Sleaford, Bishop's Stortford, CM22 6PU. Tel 0845 4600000. **Date of preparation of prescribing information:** February 2012. UK/EPI/12/0037
Thanks to all outgoing Council Members

I should like to thank all the BSACI for allowing me the great pleasure of being your President for the past three years. As Tony Frew remarked at the BSACI AGM in Nottingham the President cannot run the Society alone but needs the support and help of members.

I should particularly like to thank the many people who made very significant contributions to the BSACI during my Presidency. These include Adnan Custovic for his diligence over the last three years as Secretary, during which time membership has continued to increase; Richard Powell for his Treasurership, then Robin Gore for taking over for the past year and continuing to keep the BSACI finances in good shape; Shuaib Nasser for his Chairmanship of SOCC and Pia Huber for supporting him and the Committee, thanks to them there are currently seven guidelines in preparation; Adam Fox who, with the help of Dr Nasreen Khan, again put together a wonderful programme for this year’s meeting.

My gratitude is also due to Liz Angier for working diligently as Chair of the Primary Care Committee and for taking on a mammoth task of developing allergy competencies in primary care; Nicola Brathwaite as Chair of the Communications Committee for producing excellent newsletters over the years and for being the lead on many aspects of the BSACI communications strategy including the new website; Raj Rajakulasingam, still a BSACI hero, answering the many enquires that come in via the BSACI website; Pam Ewan who continues to campaign tirelessly on behalf of the BSACI and NASG for improvement to allergy services; Chris Corrigan and Alex Croom for organising the second KBA for allergy trainees.

Others who deserve thanks include Andrew Wardlaw for continuing to produce the excellent ‘Clinical & Experimental Allergy’ and for leading the allergy clinic registration scheme; John Warner, then Susan Leech for chairing the paediatric committee who continue to be very active in their strategy to improve the care of children with allergies; Joe Unsworth who led as Chair of the Clinical Immunology Committee, which role has now passed to Philip Dore; Melanie York for her role as Junior Member representative and for putting together a three year programme covering all aspects of the allergy curriculum for allergy and immunology & paediatric trainees; Isabel Skypala, then Carina Venter for representing dietitians on Council and for input into this year’s scientific programme for the annual meeting; Amena Warner, then Jan Chantrell for initiating and representing the nurses’ group and for working closely with SOCC, Tina Dixon for her role on SOCC, especially with regards to patient information leaflets; Stephen Durham, Past President & WAO Representative for continuing to be closely involved with the Society in many ways, including revalidation. I am also indebted to the following elected Council members whose three year term has just come to an end:

Andy Clark, who will take over the chairmanship of SOCC; Edward Kaminski, who organizes excellent teaching meetings in the South West; John Holloway who has taken a particular interest in student and non-clinical members and Tony Frew who was an elected member of Council and is now your President.

There are many others to whom I am grateful: members of SOCC, of Sub Committees, those of you who helped by speaking and/or chairing at the Annual Meeting, those who have written KBA questions or helped with online documents such as Commissioning, where particular thanks are due to Bill Egner, and others who have given up their time and energy in undertaking BSACI business.

Finally I acknowledge my very great debt of gratitude to Mrs Fiona Rayner, Schola Muhoro and the team at the office for their untried support over the past three years. It has been a great time, the BSACI is on a roll, long may it continue.

In order to help cement the progress and allow it to flourish further the BSACI needs to be on a firm independent financial footing - for this reason you will all have received a message from me about the possibility of including the BSACI in your will. Do think seriously about this final contribution to your Society. Further details about ‘leaving a legacy to BSACI’ can also be found on our website: www.bsaci.org

Thank you all!
Mr Andrew Williams

“I am keen to continue to promote the public and health care professionals understanding of allergy”

I have a background in respiratory nursing having worked at The London Chest Hospital, Broomfield Hospital and now at Homerton University Hospital in East London. In 2007 I became the first Department of Health NHS approved Consultant Nurse in Allergy. Together with Dr Rajakulasingam I have developed a full allergy service from scratch to serve East London and beyond that serves as a model for allergy services in district general hospitals nationwide and which I would like to continue to see happen. My particular interests lie in immunotherapy, drug allergy and public access to NHS allergy clinics & appropriate treatments. Working closely with Dr Steve Jenkins of Broomfield Hospital we have developed drug allergy services that are now available locally to Mid Essex patients and I would like to work towards seeing this too become more available around the country. I am keen to continue to promote the public and health care professionals understanding of allergy, campaigning for an eventual end to the wide variety in access to and performance of allergy clinics in the UK.

Dr Stephen Mark Wilkinson

“I hope to bring a different perspective to the BSACI to encourage greater interaction between our disciplines”

My background is as a dermatologist with an interest in contact allergy and occupational skin disease. I’ve led a contact allergy service since 1995 when appointed as a consultant. I’ve been a member of the health advisory panel of various patient support groups including Allergy UK and am an executive committee member of British and European contact allergy societies. I hope to bring a different perspective to the BSACI to encourage greater interaction between our disciplines. I believe that by obtaining a better appreciation of what we all offer, and being inclusive, patient care can only benefit.

Dr Stephen Till

“My aim is to provide advocacy and a voice for the generation of academics”

I was appointed as a Clinical Senior Lecturer and Consultant in Adult Allergy at King’s College London and Guy’s & St Thomas’ Hospital in 2011. Academic allergy faces the considerable challenge of continuing to build on the achievements of our senior colleagues of the last few decades, who have punched well above their weight. My aim is to provide advocacy and a voice for the generation of academics, clinical or otherwise, who are now emerging into our specialty.
...and what they bring to BSACI

Professor Syed Hasan Arshad

“A priority is to educate the general public regarding scientific allergy practices”

My real concern is a continued lack of appropriate allergy services in the UK. As a result, alternative allergy practices are rife and many patients still resort to them. A priority is to educate the general public regarding scientific allergy practices, and what they can rightfully expect from a high class healthcare provider, such as the NHS. BSACI could help this by: (i) Establishing modules, diplomas and short term fellowship programmes for GPs, consultants in various allergy related specialities, and nurse practitioners to train allergy specialists in primary and secondary care. We have some experience of this through our MSc. Allergy programme in Southampton and my goal is to help organise these courses throughout the country. (ii) I would also urge BSACI to continue to lobby the government for a higher number of trainees in allergy; the numbers remain far below the average in Europe and the US.

Dr Clive Grattan

“To enthuse our trainees and increase the pool of doctors with a special interest in allergy and dermatology”

I am a Consultant Dermatologist with a longstanding interest in Allergy and am delighted to have this opportunity to serve on the BSACI Council. I want to help shape the development of Cutaneous Allergy services in the UK by promoting dialogue between Dermatologists and Allergists since there are many important conditions that present to both specialties including eczema, urticaria and drug allergies. Agreement on common standards, resources and education should benefit patients in the community and secondary care. Understanding the scope and strengths of both specialties should enthuse our trainees and increase the pool of doctors with a special interest in both of these important branches of medicine.

Dr Sophie Farooque

“My focus on Council will be developing the BSACI’s communication strategy and helping to publicise allergy as a specialty”

I believe the strength of an organisation lies not only in its achievements but in how it communicates those achievements both to its membership and the public at large. My focus on Council will be developing the BSACI’s communication strategy and helping to publicise allergy as a specialty. My vision is two-fold. Firstly I hope the new BSACI website will become an integral resource for all its members. Secondly, I hope that the BSACI’s new communication strategy will evolve, so that the BSACI becomes widely recognised by the media, the general public and key stakeholders, as a source of unbiased and trustworthy comment and expert guidance about allergic disease.

Dr Rubaiyat Haque

“The development of quality outcome measures specific to allergy and relevant to patients and helping high quality allergy service providers in getting their services commissioned locally”

I am returning to the BSACI council after a 2-year break, having been the Junior Member Representative from 2008 to 2010. I left that role when I took up my current post of Consultant Allergist at Guy’s and St Thomas’ Hospital. I am now looking forward to resuming my council duties and hope to concentrate on two particular areas: The development of quality outcome measures specific to allergy and relevant to patients and helping high quality allergy service providers in getting their services commissioned locally. For the latter project, I will be chairing an allergy commissioning working group which will aim to provide BSACI members with practical advice in dealing with local Clinical Commissioning Groups (CCGs). If any of you are already working as clinical members of a CCG, then I would be very keen to hear from you.
The highly successful 2012 BSACI annual meeting showed, once again, that the frontiers in allergy continue to be explored apace. The line-up of national and international speakers delivered a fabulous programme, reflecting very much the depth and breadth of allergic disease as a multisystem disease, affecting all age groups.

This year’s “New Frontiers” were explored in several strands – basic science of allergic diseases, paediatric and adult allergy with several additional dedicated allied health sessions. Tuesday, once again, saw the primary care allergy day, integrating nicely into the overall meeting.

Under the excellent direction of Adam Fox, Meetings Secretary for 2011 and 2012, we were able to maintain the high attendance figures of the last meeting – 550 delegates attended, with many attendees from outside the United Kingdom and an increasing number of students and allied health professionals. Hosting such a large meeting at very competitive rates was made possible by our sponsors, to whom we are very grateful for their continuous support. The organisation of the meeting was smooth and efficient thanks to the excellent work of the team from Kenes.

We had a record number of abstract submissions, with 154 abstracts accepted (a nearly 20% increase on 2011) across the three submission categories of Basic Science, Clinical Allergy or Paediatrics. The volume of abstracts accepted created a very busy space for poster presenters, with plenty of networking opportunities and ample time for discussion of their work with leading senior researchers in the field during the 3-day presentation period. The abstract selection and judging process was exceedingly well coordinated by Dr Nasreen Khan, Deputy Meetings Secretary.
It is encouraging to see high calibre presentations by under-/postgraduate students, nurses, dietitians and junior doctors alike, as it does bode well for the future of allergy research and clinical practice in the United Kingdom. On a very senior level we saw Professor William Cookson and Professor Stephen Holgate honored for their contributions to the field of allergy, asthma and immunology: Professor Cookson delivered the 2012 Jack Pepys Lecture entitled “The genetics and genomics of asthma and atopy”. The award was presented by Professor Mark Pepys. Professor Stephen Holgate received the 2012 William Frankland Award for his outstanding contribution to the delivery of allergy care. The award was presented by Dr Frankland himself.

The 2012 President’s Dinner was once again celebrated at Prestwold Hall, this year spiced up deliciously by a cast of singing waiters. Dr Glenis Scadding, our outgoing president handed over the Allergy Torch to Professor Anthony Frew, our new BSACI president. Many, many thanks to Dr Scadding for her leadership in the last 3 years – and a very warm welcome to Professor Frew! Finally, a big “Thank You” to Dr Adam Fox, Meetings Secretary for 2011 and 2012 – his shoes will be hard to fill.
**POSTER PRESENTATION**

Dr John Curtin  
University of Manchester  

**Title of Abstract:** Methylation of IL-2 promoter at birth alters the risk of asthma exacerbations during childhood.

I am a lecturer in Functional Genomics in the Institute of Inflammation and Repair at the University of Manchester investigating the molecular mechanisms (both epigenetic and genetic) underlying the heritability of asthma. I am also a co-investigator on the unselected population based birth cohort: MAAS (The Manchester Asthma and Allergy Study). MAAS has the optimum study design to investigate complex chronic disorders which start in early life (population-based, with careful longitudinal phenotyping and contemporaneous measurement of environmental exposures). Our poor understanding of the heritability of asthma necessitates the use of Genome Wide Association Studies (GWAS). I am currently analysing GWAS data from the MAAS cohort to uncover genes associated with the development of asthma. We are looking at the functional role of SNPs in genes that are associated with the development of asthma. In addition I am the Principle Investigator on an ongoing research project funded by the British Lung Foundation. This project is designed to investigate the role of epigenetics in the development of asthma using Illumina infinium arrays.

**ORAL ABSTRACT**

Mr James Charlesworth  
Imperial College London  

**Title of Abstract:** IL-10-producing regulatory B cells suppress allergen-specific T cell proliferation in vitro and are elevated ex vivo following specific immunotherapy.

I have been examining the role of B cells in regulating allergic inflammation. Working with Professor Stephen Durham and Dr Mohamed Shamji, I have been able to detect B cells which produce the anti-inflammatory cytokine IL10 when stimulated and identify some of the surface molecules which define them. The stimulated B cells were immunosuppressive in the company of T cells, especially when stimulated with grass pollen allergen. Most crucially, B cells from the blood of grass pollen allergic patients had fewer B cells which produced IL-10, compared with non-allergic subjects. Furthermore, the B cells from patients who had received grass pollen immunotherapy appeared to express more regulatory cell markers and showed a recovery of IL-10-producing B cells compared with untreated allergic patients. Although preliminary, this data suggests a difference in B cell regulatory capacity in grass pollen allergic patients, which might contribute to the allergic phenotype. Immunotherapy may be able to induce regulatory B cells within grass pollen allergic patients. I would like to take this opportunity to thank the BSACI for inviting me to present this abstract at such an enjoyable meeting.
Clinical

POSTER PRESENTATION

Dr Thisanayagam Umasunthar
Imperial College London

Title of Abstract: Risk of Food anaphylaxis of people with food allergy: a systematic review.

We conducted a systematic review of articles which reported the incidence of food anaphylaxis in a defined population over a defined period of time. We found that in food allergic people, self-reported food anaphylaxis occurs at a rate of 604 to 58,000 times per 100,000 person years. Food anaphylaxis reaches medical attention between 12 and 1033 times per 100,000 person years. Fatal food anaphylaxis occurs between 0.06 and 1.58 times per 100,000 person years, and less than once every 100,000 person years. The risk of fatal food anaphylaxis is 1.2 to 3.1-fold higher in those who also have asthma, but at all ages is at least 10-fold lower than all-cause mortality. We concluded risk of fatal food anaphylaxis in food allergic people is low compared with death from other causes. This information has now been used in a further study where a single session cognitive behaviour therapy was used to attenuate maternal anxiety in mothers with newly diagnosed children with food allergy. I have been guided and supervised by Professor John Warner and Dr Robert Boyle in this research.

Paediatrics

POSTER PRESENTATION

Dr Alexandra Santos
Guys and St Thomas’ Hospital/Kings College London/MRC & Asthma UK Centre in Allergic Mechanisms of Asthma

Title of Abstract: Basophil activation test discriminates between allergy and tolerance among peanut sensitised children.

The diagnosis of peanut allergy (PA) is straightforward when there is a recent history of an allergic reaction to peanut but can be more challenging when the history is unclear or the child has yet to be orally exposed to peanut. The majority of children with a positive skin prick test (SPT) or specific IgE (sIgE) to peanut do not have PA. Even using diagnostic decision levels and component-resolved diagnosis (CRD), equivocal cases are still a considerable proportion of patients seen in Allergy clinics. In these cases, oral food challenges (OFC) are needed to clarify the allergic status. However, OFC are laborious, stressful and not without risk. Dr Alexandra Santos and colleagues, in Professor Gideon Lack’s group, have developed a new diagnostic test that proved to be superior to SPT, sIgE and CRD in distinguishing PA from tolerance. BAT to peanut resembles an in vitro peanut challenge and requires only a small volume of blood. The authors hope to make this test available for clinical practice in the near future, reducing the need for OFC and over-diagnosis of PA in cases where OFC is postponed or inconclusive, leading to an improvement in the quality of life of children and families.

ORAL ABSTRACT

Mr Tristan Brown
Imperial College London

Title of Abstract: Effects of Oral Food Challenges (OFC) to selected nut(s) on quality of life and risk appraisal by nut allergic children and their parents.

Considerable heterogeneity exists in the dietary approach to managing children with nut allergy. The choice of strict avoidance versus that of selective nut inclusion needs to be carefully negotiated, weighing up the benefits and risks. This study compared quality of life scores, by way of a telephone questionnaire, between two groups (n=36) receiving different dietary advice. Patients were either avoiding all nuts or selectively reintroducing them into their diets on the basis of negative OFCs. Primary outcome measures included the parent forms of the FAQLQ and FAIM; no significant difference was found between the FAQLQ scores of the two groups. FAIM scores showed that both groups perceived their risk of accidental reaction as low, but that their risk of death as high. Despite this, only 50% of both groups reported carrying their AAI at all times. Additionally, those who were selectively reintroducing nuts into their diets were also less likely to “read allergy warning labels” or “ingredients lists” to determine food safety. Overall, however, there was insufficient data to conclusively suggest the recommendation or contraindication of selective nut inclusion over total allergen avoidance.
Insect venom allergy is a common cause of anaphylaxis in the UK. In a series of 214 cases of fatal anaphylaxis, between 1992-2001, 47 were caused by bee or a wasp sting. It has been reported that between 56-94% of the population are stung at least once in their lifetime by a bee or a wasp with sensitisation rates varying between 9-39% and systemic reactions and large local reactions occurring in 0.3-7.5% and 2.4-26% respectively.

Bee venom allergy is particularly common in bee keepers and their family members with a prevalence of between 14-32% for systemic reactions. Our group carried out a survey in British Beekeepers, which showed low rates of attendance in the emergency department following systemic reaction, carriage of self-injectable adrenaline and assessment by a specialist in Allergy indicating a need for education of the beekeeping community and health care professionals.

Patients experiencing systemic reaction to a bee or wasp sting should be referred to a specialist in Allergy for further investigations and management. Demonstration of venom specific IgE is the cornerstone of diagnosis and skin testing remains the first line of investigation. Baseline plasma tryptase should be measured in all patients with a history of systemic reaction.

Venom immunotherapy (desensitisation) [VIT] is the only specific treatment for patients with a history of anaphylaxis to bee and wasp stings. It can improve health related quality of life, reduce both the severity as well as frequency of generalised allergic reactions to future stings and has been shown to have long term efficacy. The usual duration of treatment in UK is 3 years. Venom immunotherapy is usually effective in 95% of patients with wasp venom allergy and about 80% in those allergic to bee venom.

Venom Immunotherapy is not usually indicated for less severe sting-induced systemic reactions unless there are additional risk factors such as mastocytosis, raised baseline plasma tryptase, high likelihood of future stings related to occupation/hobbies or effect on quality of life. Venom immunotherapy should not be employed for large local and non-IgE mediated reactions. As far as possible concurrent treatment with beta blockers should be avoided and this treatment should not be initiated during pregnancy but may be continued if patient is in the maintenance phase and has tolerated treatment well. Venom Immunotherapy is contraindicated in patients with brittle and chronic severe asthma although may be cautiously initiated in moderately severe asthma after establishing good symptom control. The effects of VIT on disorders of immune system such as lymphoid malignancy, systemic autoimmune disease and immunodeficiency are not known and therefore decision to offer treatment should be based on individual ‘risk-benefit analysis’.

This is a summary of the full ‘Diagnosis and management of hymenoptera venom allergy’ guideline published in the journal ‘Clinical and Experimental Allergy’ Clin Exp Allergy. 2011 Sep;41(9):1201-20.

The full guideline can be accessed via www.bsaci.org and www.wileyonlinelibrary.com/journal/cea

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Published guideline
Bee and Wasp Sting Anaphylaxis

Here Dr Thirumala Krishna and Dr Alex Richter start our quick reference guides to BSACI guidelines with the most recently published guideline on bee and wasp sting anaphylaxis.

Schematic representation of diagnosis and management of hymenoptera venom allergy (bee and wasp venoms)

(figure reproduced with permission)
As the new Editor, I plan to highlight various allergy services around the country and am delighted to start with the West Midlands Paediatric Allergy Group with Dr Nick Makwana getting us off to a fantastic start.

The West Midlands are fortunate to have very active teams involved in the management of paediatric allergy who are based at a number of hospitals throughout the region. The two main centres in Birmingham are Sandwell and West Birmingham NHS Trust (SWBH) and Birmingham Heartlands Hospital (BHH) Foundation Trust. Both centres have Consultant Paediatricians and specialist nurses providing paediatric allergy services together and, in addition, the SWBH clinic incorporates Consultant Immunologist and dietician input on the same day. Both centres provide immunotherapy services and regular food challenges.

Access to component resolved diagnostics (CRD) has been available locally for some time and is certainly becoming more widely used to delineate allergy profiles within individuals. This has been aided by regular local meetings where clinical cases in which CRD has been used are discussed.

The members of the WMPAG meet twice a year (Winter and Spring) for a joint session where speakers are invited to give talks on the latest developments in allergy and review existing and new guidelines. Difficult cases are also discussed and input from the wider group obtained. These educational sessions are rotated throughout the regional hospitals and overseen by Dr Nick Makwana (SWBH). They are an opportunity to standardise practice throughout the region and the improved networking between individuals has built up cohesive teams.

“Overall we are all very proud of the regional allergy services we provide to children and are pleased that we are able to deliver a majority of it close to home. Our regular meetings ensure a motivated team that has translated to an increasing number of centres’ with health professionals actively involved in caring for these patients”.

Dr Nick Makwana, Paediatric Consultant, City Hospital and Sandwell General Hospital
The Allergy Knowledge Based Assessment (KBA)

A voluntary exam. When everyone else has gone home. The day after the President's dinner (giant Cornetto and all). Now why would I agree to do that?

Well, four of us did (‘BSACI heroes’ – OK, perhaps that's overdoing it; easy to get carried away this summer). Under the watchful eye of Professor Warner (he had to stay late too) we sat a 2 1/2 hour paper made up of 12 short answer questions. So how was it? Well, with the proviso that I may change my mind once I receive my results, it was pretty fair. Most of the curriculum was covered (including, to my surprise, a question on Vega testing. There is a section on alternative treatments in our syllabus, so I shouldn't complain; but I did at the time!). The emphasis is on testing core knowledge, and interpreting case histories, skin tests, specific IgEs, lung function tests, and so on and then integrating knowledge and results to form diagnoses and management plans. There were no trick questions, although discussions afterwards did reveal differences in interpretation of some. It was also generally felt that time was quite tight.

So, why do it? As a trainee, it gives you insight into which areas you are competent in and where you need more experience. For the BSACI, it's crucial that candidates sit the KBA - currently voluntary, unlikely to remain so indefinitely - to allow the exam itself to be standardised and improved. Finally, it may provide an indication of how training and experience differs between centres, and you get a free lunch.

Update on Allergy Knowledge Based Assessments (KBAs)

In autumn 2011 Chris Corrigan and I went to the Royal College of Physicians (RCP) to discuss the recent KBA. They seemed happy (hurrah) and it was decided that the 2012 KBA would have the same format and once again be held during the BSACI annual meeting. We were also congratulated on getting the KBA up and running; at that time only 2 specialities (out of a possible 7) had succeeded in doing so.

July 2012 brought the second Allergy KBA pilot and at the time of writing the papers are being marked; feedback to trainees should take place in September. A 'KBA committee' is being formed within the BSACI; its priorities are to further refine question setting and stock up a depleted question bank.

Still unresolved is the question of funding. The ‘exit exams’ sat in most specialities incur significant fees; to date the KBA has been free with the cost shared by the BSACI and the RCP. The latter has no long term plans for funding - watch this space! Thanks to all involved to date; your efforts are very much appreciated.
Meetings and Events

Allergy update

Danone Travel Fellowship

Dr Asif Qaseem, PhD student, Brunel University

I recently attended the British Society for Allergy and Clinical Immunology Annual Meeting held in Nottingham, on 2-4 July 2012. This symposium was host to many eminent researchers working in the field of allergy. In addition to my attendance, I also presented my PhD research as a poster titled ‘Recombinant human pulmonary surfactant protein-D (rhSP-D) suppresses IgE-facilitated allergen binding to B cells’. I thoroughly relished this opportunity of presenting my work, since as it was my first experience of presenting at an external conference.

I would thus like to thank BSACI for awarding me a Danone Travel Fellowship, which had greatly helped me in attending this prestigious event. My attendance at this conference has given me a greater insight into some of the latest research currently being undertaken in this field. It also gave me an invaluable opportunity to present my work to eminent scientists in this field and receive some valuable feedback on my work. These ideas will hopefully shape my future research.

EAACI Report

Dr Sian Ludman, BSACI Stallergenes Travel Grant recipient

Beautiful Geneva, surrounded by the shimmering Lac Leman and ringed by majestic mountains was the setting for EAACI 2012. I was delighted to receive the BSACI Stallergenes travel grant which enabled me to give my presentation on the topic of peanut food challenges and present my poster on predicting positive food challenges in sensitised children.

The annual EAACI conference is an exciting time and a wonderful opportunity, to catch up on the latest research and to meet colleagues with similar interests from across Europe. It was not hard to fill one's day with interesting plenaries and symposia as well as oral or poster abstract sessions.

One of my favourite sessions covered the effect on immune function of sport and exercise. Dr Gleeson gave fascinating insights into depression of immune function and the effect of lack of water, glucose and the release of stress hormones and free radicals on T cells. His statement that chronic daily training induces a state somewhat similar to a chronically depressed immune system made me realise that too much exercise is simply not for me, even during these sport filled days in London. Add that to the fact that less than seven hours sleep increases three-fold the risk of contracting a rhinovirus infection, and I may get an early night tonight! Dr Pedersons talk on the biological role of exercise induced cytokines was absolutely fascinating, and a special note to her study participants who underwent femoral cannulation!

I enjoyed learning more about the possible link between gut flora, eczema, and the use of probiotics and immunotherapy for atopic dermatitis. Whilst a lot more work is required, as in many areas of allergy, it is interesting to think where this might lead in the future. Dr Schmid Grendelmeier’s talk on worms and germs in urticaria was almost enough to put me off sushi, but not quite! The oral abstract sessions that I attended were of excellent quality and I was impressed that Dr Shamji won the prize for both sessions.

EAACI 2012 Geneva, from the Alphorn (Cor des Alpes) of the opening ceremony onwards, was a well run, easily accessible and interesting conference which provided a wealth of sessions to attend - I look forward to Milan in 2013.

BSACI - We were there in Geneva!

We were lucky enough to obtain funding from MEDA this year, to have a stand in the EAACI 2012 Society Village. It gave us the opportunity to meet our European counterparts (and them us) as well as give BSACI members the chance to catch up with Society news as well as tell us how expensive things were! Look out for us in the future and come and say hello as we hope to obtain funding to be able to participate at other EAACI meetings. We are also grateful to MEDA for kindly funding three BSACI members to attend the EAACI meeting.

Fiona Rayner, BSACI Chief Executive
Recruitment to Immunology training posts have been difficult to fill over the last few years with few good applicants applying, particularly to posts outside London. This is partly because potential candidates are not aware that a career in immunology is an option. Immunology as a science, and as a clinical specialty, does not receive much attention during medical school and core medical training. There are also common misconceptions such as ‘you must be really clever to do Immunology’ and ‘Immunology is only for people who want to do research’. At the RCP Careers Fair on April 28th we sought to rectify these misconceptions and promote our interesting and diverse specialty.

About 200 delegates who were interested in finding out more about future prospects in medicine and the medical specialties attended on a spring day in Regent’s Park. We had a fair amount of interest from both medical students and junior doctors who had enjoyed Immunology as a subject at medical school. Only very few delegates had had any contact with Clinical Immunology, and we were able to provide a consultant’s viewpoint (Dr Yousuf Karim) as well as a trainee’s. We had material for people to look at including tests from the laboratory as well as leaflets on some of the conditions we treat, and information on immunology training to take away. Interestingly, many of the other exhibitors also displayed an interest in the Allergy and Immunology stalls. Overall, our stalls were well received and the careers fair was a success.

Dr Zoe Adhya, Immunology Trainee

RCP Open Day

The Royal College of Physicians held an open day for the general public on the 7th of July. The day included a series of lectures such as ‘Thinking of becoming a doctor? – From student to consultant’ aimed at 14 to 18 years old with an interest in medicine, interactive exhibitions, as well as tours of the building and medicinal gardens. Professor Stephen Durham, Sorena Kiani (Immunology Registrar) and I were there to represent Allergy and Immunology. We fielded questions from members of the public, medical students, A-Level students and nurses. Small medical specialities were particularly well represented and joining us on the stalls were Audiological medicine and Clinical neurophysiology.

Overall it was a great day to showcase Allergy, Immunology and the BSACI. Next year however we will be armed with a skin prick test kit as we had several requests for testing but no kit to hand!

Dr Melanie York, BSACI Junior Member Representative

Training days for Trainees

Dr Pamela Ewan will be holding a training day for BSACI SpRs at Addenbrookes, Hospital in Cambridge on 24th October, which will cover Anaphylaxis, Drug and Vaccine allergy. This is the first workshop to take place from a three year programme, which has scheduled training days in February, May, September and December each year. These days are open to all Allergy, Immunology and Paediatric registrars and are free to BSACI members and £100 for non-members. Only those specialising in Allergy, Immunology and Paediatrics are eligible to attend as it covers aspects specific to the allergy curriculum.

The next training day takes place at Guy’s and St Thomas’ Hospital in London and will be held by Professor Chris Corrigan, it will focus on Urticaria and Angioedema. Allergy trainees will be contacted directly with further details, while Immunology and Paediatric trainees will be notified through their representatives. If you have not been receiving information about these training days, but think that you are eligible to attend please contact Serena Nazareth on 0207 501 3914 or on primarycare@bsaci.org. For the most up to date information about the training days, visit www.bsaci.org/meetings-and-events/training-for-trainees

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 for specific meetings can be found on www.bsaci.org or by calling the BSACI Office on 0207 501 3910.
Paediatric Allergy News

I'm delighted to say that the membership of the Paediatric group continues to increase, and members continue to be active within the Royal College of Paediatrics and Child Health and EAACI. Gill Vance has been appointed allergy training advisor and will be assisting Mich LaJeunesse. Mich now chairs the RCPCH immunology, infectious diseases and allergy CSAC committee which advises on specialist training in paediatric allergy. The College of General Practitioners and Child Health and EAACI.

Dr Susan Leech, Consultant Paediatric Allergist, Kings College Hospital and Chair of the Paediatric Group

Specialist Advisory Committee (CSAC) is involved with curriculum development and assessment, particularly for level 3 trainees. Any training queries should be directed to gillian.vance@nuth.nhs.uk

From November 2012, paediatric allergy trainees will be required to take a START (Speciality Trainee Assessment of Readiness for Tenure) assessment. This will be examined as a 12 station circuit and covers issues such as handover to colleagues, leading a ward round, safe prescribing, clinical decision making, team leadership, safeguarding, ethics and assessment of research. The trainees will take this in ST7, their penultimate year of training.

Various groups have been working locally with their primary care colleagues to implement the RCPCH allergy care pathways. We are developing referral guidelines, supporting the use of allergy testing in primary care and developing websites, such as the excellent Itchy, Sneezy, Wheezy Project in north west London. www.itchysneezewheezy.co.uk

NICE have announced they are developing quality standards for eczema control in children. The quality standards are a concise set of statements designed to drive and measure quality improvements. The guideline for eczema control in children was one of the first guidelines developed by NICE and it seems that it will be one of the first to address quality standards.

Standards for secondary care allergy services have been drawn up by the Paediatric group committee and will be available on the BSACI website soon. We are currently looking at content for the paediatric section of the BSACI website. If you have any special requests, please let me know.

Lastly, many congratulations to Gary Steifel and Louise Michaelis on their appointments as consultant paediatric allergists in Leicester and Newcastle respectively.

Primary Care Committee Update

Dr Elizabeth Angier, GP Chair of the Primary Care Committee

We had a successful Primary Care day at the Annual BSACI 2012 conference, where the new Primary Care Cow’s milk allergy guideline (which was still in development) were presented and discussed. The findings of a questionnaire which identified gaps in GP training in Allergy were discussed as part of a session, alongside debates, case based discussions, and care of teenagers with allergy. I would like to thank those who presented, chaired and undertook the practical demonstrations on the day, as well as those who helped shape the programme.

The Primary Care Group of the BSACI is now affiliated with the Royal College of General Practitioners. Part of our remit is to work with SOCC in the production of Primary care guidelines where currently egg guidelines are in development and the urticaria and angiodema guidelines are currently being reviewed.

Since the start of the BSACI bursary scheme which offers BSACI members the opportunity to apply for funding to run an allergy meeting for GPs, thirty meetings have been funded so far. Funding is available for members to organize an allergy meeting, so please take this opportunity and put your applications in if you have not done so already. The GP with Specialist Interest Competencies are being reviewed by BSACI, and will provide a tool for general practitioners wishing to become accredited with a special interest in allergy.

On the new website we have links to e-guidelines and guidelines in practice article for rhinitis, as well as articles from various members of the group reflecting on the NICE guidelines of anaphylaxis and food allergy. Richard Powell wrote an article in Pulse (the GP magazine) on Urticaria followed by Dr Shuaib Nasser who will be answering 10 questions on asthma for GPs.

There was a primary care summit at EAACI Geneva which was well attended and received, as well as an enthusiastic response coupled with the realization that there is a lot more to do! Therefore as individual members of EAACI some from the summit have made an application to EAACI for an Interest Group for Primary Care at EAACI and are due to hear back in November.

The new appointment of the Health Secretary Jeremy Hunt and three new supporting ministers Anna Soubry, Norman Lamb and Daniel Poulter has widely been seen as a move to appoint good communicators of policy. For anybody interested in how the NHS changes came about the Kings Fund Report “Never Again” gives a good overview.
Hi Everyone. It seems a distant memory now when I think back to the BSACI Conference that was held in July - New Frontiers in Allergy. It was a new frontier for us, as it was the first time that there was a dedicated nurse's pathway that ran throughout Tuesday. The programme comprised not only of nurses speaking and chairing but also dieticians and a clinical psychologist. We had fantastic feedback and will therefore endeavour to replicate this success at Telford.

All immunology departments have been contacted and there has been an increase in registration. SpR's have submitted website information on their interaction with BSACI. Discussion regarding the allergy exam is progressing and the speakers for the BSACI have been selected. We will continue to encourage immunology consultants and junior staff to interact with the BSACI.

On an international level, our members were invited to the European Academy of Allergy and Clinical Immunology Conference in Geneva and EAACI Summer School in Vienna, American Academy of Asthma, Allergy and Immunology Conference in Orlando and The International Conference of Dietetics in Sydney, Australia.

Allergy dietitians were very well represented at the BSACI Conference this year. Twenty FAISG members attended the conference, 9 presented posters, 5 dietitians were invited as speakers and dietitians chaired two sessions.

Rosan Meyer also presented on behalf of the group at The Allergy Show London in May 2012. The FAISG held in conjunction with the British Dietetic Association, the BDA competency based cow's milk protein allergy study day in April 2012 using a unique new way of delivering information. Speakers at this event included Dr Trevor Brown, Dr Rosan Meyer, Liane Reeves and Sally-Ann Denton. The FAISG and BDA are hoping to roll out this program across the UK, making use of local expertise. Following on from this, the Cow's milk free diet sheet is now complete and available in PDF format on the FAISG web page for BDA members to download for free.

Hi Everyone. It seems a distant memory now when I think back to the BSACI Conference that was held in July - New Frontiers in Allergy. It was a new frontier for us, as it was the first time that there was a dedicated nurse's pathway that ran throughout Tuesday. The programme comprised not only of nurses speaking and chairing but also dieticians and a clinical psychologist. We had fantastic feedback and will therefore endeavour to replicate this success at Telford.

Most of the committee were there not only speaking and chairing, but also staffing a stand answering delegates questions and offering advice. So for all their involvement and support I would like to offer my thanks! The Conference was not all work and it was great to see so many of you there at our Tuesday evening ‘Nurses Network Meeting’ where nurses were able to meet colleagues and exchange ideas and contact details as many of us work in isolation or are new to the area of allergy. It is hoped that this will be a permanent fixture at the conference, so please look out for us next year!

Over the summer the committee has been tied up clinically but you will soon be getting information dropping into your inbox for comments and suggestions. Please get involved and offer your opinions and thoughts. Information that is produced is for everyone to use and benefit from, so whether you are relatively new to allergy or have been working in the speciality for many years your opinions and experience is sort after! janet.chantrell@uhi-tr.nhs.uk
Since the last Update there has been another successful BSACI annual meeting. This provided a great opportunity for trainees to present posters and cases at the Adult Allergy Grand Round. I would like to thank Chris Rutkowski, Bryan Fernandes and Sai Murng for their case presentations on ticks bites and red meat allergy, food protein induced enterocolitis syndrome (FPIES) and dilemmas with venom anaphylaxis management. The last BSACI training day in Sheffield was kindly organised by Dr Bill Egner. We discussed a selection of allergy cases and had a tour of Sheffield’s new laboratory. The day provided an insight into where and how ISAC chip and Basophil Activation tests are performed. We look forward to the next training day in Cambridge which will cover drug allergy and anaphylaxis.

Junior Members Representative Update

Dr Melanie York, Adult Speciality Registrar in Allergy, Glenfield Hospital, Leicester

Since the last Update there has been another successful BSACI annual meeting. This provided a great opportunity for trainees to present posters and cases at the Adult Allergy Grand Round. I would like to thank Chris Rutkowski, Bryan Fernandes and Sai Murng for their case presentations on ticks bites and red meat allergy, food protein induced enterocolitis syndrome (FPIES) and dilemmas with venom anaphylaxis management. The last BSACI training day in Sheffield was kindly organised by Dr Bill Egner. We discussed a selection of allergy cases and had a tour of Sheffield’s new laboratory. The day provided an insight into where and how ISAC chip and Basophil Activation tests are performed. We look forward to the next training day in Cambridge which will cover drug allergy and anaphylaxis.

Clinical Case Reports
We are delighted to announce that we are working with our Publisher, Wiley-Blackwell, on a new open access journal: Clinical Case Reports.

Clinical Case Reports will be launched in collaboration with a number of key journals and societies in 2013. It aims to improve global health using case reports to convey important best practice messages. The journal will consider case reports from all areas of health sciences, both those submitted directly to the journal and those referred from a group of prestigious journals published by Wiley-Blackwell, including Clinical & Experimental Allergy. BSACI members sending their case reports to the new journal directly will receive a 10% discount on the author publication charge. Further details will be available for BSACI members, prior to the launch.

PRESS RELEASE The Anaphylaxis Campaign launches new website

We are delighted to announce the launch of our new website which you can access at www.anaphylaxis.org.uk. Lynne Regent, Chief Executive Officer of the Anaphylaxis Campaign said; “We are very proud of our new website. We have designed the site so there are clearly defined sections for different groups needing information, i.e. newly diagnosed, schools and caterers. We also encourage people to become members so they can access the forums and bulletins which are accessible in the member’s areas. If you have any feedback on our new website, please let us know by sending an email to info@anaphylaxis.org.uk.”

For more information contact: Sarah Beresford - tel: 01252 546100, email: press@anaphylaxis.org.uk

National Allergy Strategy Group

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

2012 has seen the National Allergy Strategy Group launch a new MP lobbying campaign by encouraging patients and their families to write to their MPs to raise the issue of the lack of NHS specialist services across the UK and ask that they take up the matter with the Secretary of State. This campaign has proved extremely successful as we have used both patient group support and social networks such as Facebook and Twitter, which are excellent ways to reach a wider audience, and as a result we have secured meetings with both Junior Health Ministers to discuss the issues in more detail. We will take a delegation of young people from our Youth Forum along to one of these meetings so that the Minister can hear firsthand what it is like to live with an allergic disease. However, David Cameron's reshuffle has provided us with new challenges as we saw the Health Team change completely in the space of a few days! We are now working on engaging the new Health Minister, Jeremy Hunt MP, and his team (Norman Lamb MP, Anna Soubry MP, Daniel Poulter MP and Earl Howe) and planning the next meeting of the All Party Group for Allergy which will be held later this month.

For more information on the work of the NASG please contact Mandy East mandy@nasguk.org
As I take over as Chair of SOCC, I would like to acknowledge the substantial contribution made towards UK allergy care by our outgoing Chair, Dr Shuaib Nasser. Shuaib chaired the first ever meeting of SOCC in November 2004. Under his leadership since then, guidelines have been published on urticaria, rhinitis, rhinosinusitis and nasal polyps, drug allergy, anaphylaxis to anaesthetic drugs, allergy to egg, insect venom and immunotherapy for allergic rhinitis. Shuaib has strengthened the membership of SOCC by recruiting key members of the allergy community, and appointing a research officer, Dr Pia Huber in 2006, to enable more rapid and efficient production of guidelines. The SOCC constitution was enacted under his leadership in 2009.

Implementation has been a strong theme of Shuaib’s term, with website publication of all guidelines, production of e-guidelines for urticaria and rhinitis, annual publications regarding vaccination strategy, liaison to produce primary care guidelines, updates on patient leaflets and BSACI clinical audit.

A recent important step has been the application for NICE guideline accreditation, which will further strengthen the profile of BSACI clinical guidelines.

SOCC will continue its current program of work. Four clinical guidelines (penicillin, nut allergy, adrenaline autoinjectors and milk allergy) are in advanced stages of development with the aim of final draft and website review in 2013. Guidelines already published (2005-2012) will undergo a rolling program of review and update to ensure they remain cutting-edge reference documents.

Implementation will continue to figure prominently in SOCC policy and will be strengthened by the NICE guideline accreditation process initiated by Dr Nasser. Additional ways to incorporate guidelines into referral pathways and development of quality standards will facilitate commissioning of NHS allergy services. Further ways to make guidelines more easily available for allergy practitioners will be explored and developed.

Dr Andy Clark, Consultant in Paediatric Allergy, Addenbrooke’s Hospital, Cambridge

Update from Standards of Care Committee (SOCC)

Stallergenes (UK) Limited - Travel Fellowships 2013

We are pleased to announce that Stallergenes will once again resume their support in 2013 for BSACI members by providing funds to those who wish to attend a meeting where their abstract has been accepted.

Please visit the members area of www.bsaci.org for details on how to apply for 2013 funding.

Fiona Rayner, BSACI Chief Executive

Standard Operating Procedures (SOPs)

Following discussions with members and the BSACI committee the Nurses in Allergy committee decided that it would be useful to produce more Standard Operating Procedures (SOPs) to build on those already available via the BSACI website. Two committee members Jennifer Whiskin and Jeanette Bartle led the way and have produced three SOP’s.

1. How to administer Epipen adrenaline auto-injector pen
2. How to administer Jext adrenaline auto-injector pen
3. How to administer Nasal spray

These SOPs are currently out for consultation (so please look out for them and make your suggestions)! and following Standard of Care Committee agreement these will be available on the website for all members to use.
Dr Joan L Longbottom (Austwick)
April 1933-July 2012

Joan was born on 15th April 1933 in Dunedin, New Zealand. She studied at Otago Girls’ High School followed by majoring in Chemistry with Biochemistry at the University of New Zealand. In 1958 she came to England and gained a position as Research Assistant in The Allergy Department at The Wright-Fleming Institute at St. Mary's Hospital Medical School in Paddington. She recorded that it was “awe-inspiring to work in a place named after two such famous medical researchers”. She also became friendly with Lady Amelia Fleming and even went out in the car with her while she was learning to drive!

During her time at St. Mary’s she worked with Bill Frankland and met Sir Henry Dale (Photo left). However the greatest influence on her future career was Jack Pepys who invited her to join him at the Institute of Diseases of The Chest at the Brompton Hospital to set up a Clinical Immunology Laboratory in 1960. Initially Joan worked on pulmonary diseases caused by the fungus Aspergillus fumigatus and gained her PhD from The University of London for this research in 1964. Joan worked with Jack until his retirement and together they characterised and developed many diagnostic testing materials for a huge range of allergens including fungi, laboratory and domestic animals and occupational sources as well as many triggers of Extrinsic Allergic Alveolitis e.g pigeon dusts, mouldy grains and mushroom compost. She could find you an extract of just about anything from the drawers, shelves and cold room of the Institute! (Photo right) Indeed one lecturer at a BSACI conference had the lecture theatre in hysterics by thanking Dr Longbottom for the donation of her “urines”!

In 1968 Joan married Peter Austwick, a mycologist and they have 2 children, Anthony and Caroline. All through Joan’s early years of research she had been much sort after as a “control” for the serological assays in the laboratory as she was not allergic to any identifiable triggers, however after buying a kitten for Caroline she developed asthma and a positive skin test to cat with a dramatic local late response (a very useful photograph for lectures!)

Joan remained at the Institute of Diseases of The Chest which later became the Cardiothoracic Institute and then The National Heart and Lung Institute until she retired in 1988 becoming first a Lecturer and then a Senior Lecturer, continuing within the Department of Allergy and Clinical Immunology when Professor Barry Kay succeeded Professor Pepys. In 1991 she was awarded the DSc for her work within The Faculty of Medicine on Immunological Studies in Respiratory Disease. (Photo left) During her long and distinguished career Joan published papers with many famous names in allergy research – Jack Pepys, Frederick Hargreave, Derek Wraith, Anthony Newman-Taylor, Barry Kay and Tom Platts-Mills to name but a few. Her work in Allergic Bronchopulmonary Aspergillosis, Extrinsic Allergic Alveolitis and Laboratory Animal Allergy was groundbreaking and moved our understanding of the sources and characteristics of the important antigens in these diseases forward uniquely.

After retiring she and Peter moved back to New Zealand to live in Auckland where Joan became an enthusiastic member of the University of The Third Age. She continued to give talks describing her 30 years of research in the Immunology of Respiratory Diseases and will be remembered by those who worked with her for her knowledge, dedication and encouragement which she contributed to the field of Allergy.
Noticeboard

Clinical Research Fellow
(up to 3 Posts Available)

Fixed Term Contract for up to 3 years
Clinical Salary Scale: £30,992-£53,663 pa  Ref: MBP00620

Resultant from the award of an NIHR Respiratory Biomedical Unit and the COPD consortium, up to three Clinical Research Fellow posts are available where you will undertake research into the pathogenesis of COPD and severe asthma.

You must be a registered medical practitioner holding a licence to practice and possess an MRCP or equivalent. You will be expected to register for a higher degree and participate in a generic postgraduate training programme.

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DIARY DATES
See www.bsaci.org for further details on meetings and courses

International Meetings

6-9 December, 2012
WAO International Scientific Conference
Hyderabad, India

5-7 December, 2012
British Thoracic Society Winter Meeting
London, UK

22-26 February, 2013
AAAAI Meeting
San Antonio, Texas, USA

13-16 March, 2013
World Immune regulation Meeting VII
Davos, Switzerland

21-24 March, 2013
Pan America Allergy Society Annual Meeting
Dallas, Texas, USA

30 May-2 June, 2013
Eastern Allergy Conference
Palm Beach, Florida, USA

22-26 June, 2013
EAACI - WAO World Allergy and Asthma Congress
Milan, Italy

8-10 July, 2013
BSACI 2013 Annual Meeting
Telford International Conference Centre, Telford, UK

Allergy Academy Courses in London
BSACI Junior members and trainees go free! All other BSACI members receive a 20% discount. For a full range of courses visit www.Allergyacademy.org

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