New year, new challenges!

EAACI Headquarters in full operation

New EAACI Newsletter team

Reports from EAACI Sections and Interest Groups

and more...

EAACI – excellence in allergy
Ten years of editorship come to an end!

In the year 2000, I took over the EAACI Newsletter editorship from Sergio Bonini, who had started the journal with a lot of ideas and energy. Now, ten years later, the Newsletter is well-established and serving its tasks very well!

In Warsaw, during our 2009 EAACI yearly meeting, app. 200 members of the society (70% allergists) were asked about the Newsletter using a questionnaire:

84% considered the NL somewhat or very attractive, 83% somewhat or very useful. 48% spent more than 15 to 30 minutes reading it, and another 32% at least spent 5–10 minutes. 50% thought the Newsletter was well balanced. The scores for “too long” or “too scientific” were approximately as high as the scores for “too short” or “too simple”, which again confirmed that the Newsletter is well balanced!

And finally: 98% (!) wanted to receive the Newsletter in the future, the majority (77%) even monthly!

Thus, it is with pride that I hand the Newsletter over to the new team around Ioana Agache as editor and Panthea Sayah and Cristina Achiaga at the EAACI Headquarters. I would like to wish the new team great success, and send special thanks to Sabien Bartholomeus and Emma Mancilla for their excellent support over so many years!

Now, other exciting tasks are waiting for me. Next to its Congress, EAACI is currently developing smaller topic-focused meetings providing additional value to their members and specialists in different areas of allergy (also see the Message from the President). A number of “first meetings of its sort” are created, with the successful Pediatric Allergy and Asthma Meeting (PAAM) held in Venice in November 2009 as start.

In 2010, the first European Rhinitis and Asthma Meeting (ERAM) will be organised in Brussels from 4–6 November, together with the 8th Symposium of Experimental Rhinology and Immunology of the Nose (SERIN). The meetings create unique opportunities for people with special interests in these fields, as they provide an in-depth update on clinics and science in the respective area.

Finally, make sure you blocked 5–9 June this year in your busy schedule – the next EAACI meeting in London will be fascinating! I am sure to meet you all there!

Claus Bachert
Dear EAACI Newsletter reader,

Welcome to a new and exciting partnership!

Allow me to introduce myself. I am the new editor of the Newsletter, and I come from Brașov in Romania, where I am Associate Professor of Allergology and Clinical Immunology at Transylvania University. I have been a member of the EAACI for just over a decade, gradually working my way from being a Junior Member to becoming a Member at Large of the Executive Committee. I find myself surrounded by the very best people in the field, in a stimulating environment for research that offers many opportunities to meet interesting people. The EAACI has become an important part of my professional life. I have always found the Academy to be very friendly, and it has been relatively easy to get to know people and become involved in the workings of the EAACI. I served the Academy first as a Junior Member in the Working Group and then continued as a board member, before becoming secretary of the EAACI Asthma Section and later a member of the Scientific Programme Committee. Currently, I am a member at large of the EAACI Executive Committee.

When I was first assigned as editor of the EAACI Newsletter, I wondered what I could offer my readers. I had a bout of writer’s “stage fright” as I stared at a blank computer screen, thinking, “I don’t have anything special to say.” However, after I visualized my extended EAACI family and all my EAACI friends and mentors, I realized that I should just be myself, since they have all known me for so many years already.

So, what are my plans for the EAACI Newsletter? Right from the start, I would like to invite all EAACI members to become much more actively involved as contributors. Please send your ideas, opinions, short descriptions of activities and accomplishments on a regular basis—and why not, any criticism and suggestions for improvements. The Newsletter can offer the best opportunity for members to stay informed about the busy and exciting life of the Academy, and become a tool for information exchange. This link with all you readers is essential for us to provide the information you need. Secondly, I would like the content of the Newsletter to reflect the interests of Academy members and provide news about upcoming events, short features, info nuggets as well as contact data for general inquiries, helpful links and tips in an informal manner. We aim to keep the content interesting, useful, and brief. Personally, I like reading articles that are fun – ones that use examples and anecdotes to help bring the stories to life and messages that are as easy to read as possible. Thirdly, the Newsletter is perfect for use as a promotion tool targeting audiences outside our Academy, inviting other readers to join an organization that promotes excellence and the best science in the allergy field. This Newsletter should address needs and solve problems, and at the same time be informative, educational, entertaining, and save readers lots of time.

With the fervent hope that I will serve the EAACI community to the very best of my ability, I invite you all to join me and make this Newsletter one of the best communication tools we have!

Ioana Agache

New EAACI Headquarters in Zurich, Switzerland

The EAACI Headquarters officially opened its doors the 8th of October 2009, in Zurich, Switzerland, in presence of the EAACI Executive Committee and EAACI Headquarters staff. During the ribbon-cutting ceremony, EAACI President Jan Lötvall addressed his best wishes to EAACI.

The new Headquarters is now fully operational and has taken extensive administrative responsibility for EAACI activities. As stated by the EAACI President, Prof. Jan Lötvall, “EAACI’s strong administrative structure will help the Academy grow and develop further for the long-term future”. The EAACI Headquarters not only covers the key areas of Congresses, Communications, Membership, Education and Specialty but “also offers a stimulating backdrop and an inspiring atmosphere for meetings for all EAACI organs, committees, and task forces”, as stated by the EAACI Executive Director, Silvia Schaller.

From the centre of Europe, the EAACI Headquarters is looking forward to exciting developments in the scientific and educational projects in the field of allergy, immunology and asthma!

Panthea Sayah
EAACI Head of Communications

EAACI ribbon-cutting ceremony led by EAACI President, Prof. Jan Lötvall
Moving EAACI into the Future

Looking back at 2009, I can see that EAACI has had another very exciting year. Last year’s Warsaw Congress was indeed a very successful one. The Congress totaled a number of 6'196 delegates and 1'572 abstracts, and I would like to express my gratitude to the leadership of our Past President, Roy Gerth van Wijk, and the 2009 Congress President Marek Kowaliski, and the hard works of all the members of the Executive Committee and the EAACI family.

We have accomplished a further milestone of successfully moving EAACI into the future by establishing the new EAACI Headquarters in Zurich, Switzerland. The Executive Committee toasted to its official opening on the 8th of October 2009 and congratulated the Headquarters to taking administrative responsibility for EAACI activities. I strongly believe that its extensive administrative structure will help the Academy grow and develop even further for the long-term future.

As an organization we continue to grow and prosper in ways that ultimately contribute to the patients’ well-being and protecting human-health. EAACI has seen an increased number of new members and I am glad to see many of our Juniors convert to members. I always think of the EAACI as a family and would like to see it grow bigger and stronger every year. In this coming year, we will continue welcoming new members, especially Junior members – the new generation to the EAACI family. As usual, EAACI will continue to support its Juniors in many ways – two examples are the Research and Clinical fellowships. Furthermore, the activities of EAACI are also extending beyond the European boarders, such as an allergy event in Cuba, and the World Allergy Congress in Buenos Aires. The world is a smaller place today, and EAACI is certainly becoming a more international organization each year.

The EAACI Congress, a yearly tradition and the major EAACI assembly, is becoming one of the absolutely strongest meetings for any allergy interested doctor or scientist, and is further developing on a yearly basis. The 2010 Congress President, Professor Anthony Frew, has together with his Local Organising Committee and the British Society of Allergy and Clinical Immunology developed a fantastic structure for an excellent Congress. The final scientific programme is developed by the Scientific Programme Committee, lead by Professor Christian VIRCHOW, together with the local organizers and the Vice President for Congresses, Professor Cezmi AKDIS. The planned programme includes seven plenary or semi-plenary sessions, 42 symposia, 15 workshops, eight or more Founder Sponsor symposia, six clinical updates and eight debates. Together with oral abstract sessions and poster presentations, this will result in more than 120 sessions, and thus an enormous amount of information will be communicated among scientists and clinicians at this Congress. The event will be a truly enriching experience, so be sure to mark your calendar for the next EAACI Congress that will be held on June 5–9 in London, UK.

Next to its Congress, EAACI is also currently developing smaller topic-focused meetings providing additional value to our members and specialists in different areas of allergy. The first meeting of its sort, the Pediatric Allergy and Asthma Meeting (PAAM), was held in Venice in November 2009 and surpassed all expectations with a total number of 900 delegates. In 2010, several such smaller congresses are being planned in the areas of Dermatology (SAM – Skin Allergy Meeting), ENT (ERAM – European Rhinitis Asthma Meeting), Molecular Allergology (ISMA – International Symposium on Molecular Allergology) and Drug Allergy (DHM – Drug Hypersensitivity Meeting). These new focused-topic meetings are being coordinated by the EAACI Headquarters and are planned to be at least cost-neutral. The venues will be selected on a competitive basis, including aspects such as suitability, cost-effectiveness, attractiveness and accessibility.

EAACI will also organise a series of EAACI/GA2LEN Allergy schools in 2010, but the details of these schools have not yet been finalised. That is with one exception, the traditional “Winter School”, which will be organised in Grazina, Germany. For more updates on the EAACI/GA2LEN Allergy Schools, please follow the updates on the EAACI website www.eaaci.net.

EAACI is currently developing an exciting online news portal intending to serve physicians and scientists interested in allergy and asthma in a broad sense. This news portal will present the latest scientific news in allergy and clinical immunology, including the latest scientific information in the field of asthma and rhinitis, and will be built up in topic based modules, including among several topics: Asthma-Rhinitis, Skin- and food allergy, Immunotherapy/Allergens, and Immunology in Allergy. I am proud to serve as the first Editor for this portal and will also have a personal blog presented there. In addition, this portal will allow for rapid comments on any posts, and the aim is thus to create a clinical and scientific community for the allergy interested professional. After all, we are all connected just a few keyboard clicks away.

Jan Lötvall
EAACI President
From Information to Knowledge:

the Smooth Moves

90% of the 7’000 participants, who are expected to reach 10’000 in the next few years! I am very much looking forward to London in June 2010, both to return to this great city and to be part of a meeting that will take Allergology and Immunology a step further.

The secret ingredient of EAACI’s success is the realisation that understanding is so much stronger when it is the result of experience, rather than of information only. Interaction with top-of-the-world scientists and clinicians, as well as between different cultures and approaches, is a major experience from each EAACI Congress. In addition to well-presented information, it is these things that make our events memorable.

Of course, the fact that we organise the largest allergy Congress in the world, does not stop us from trying to improve and do more. In this process, we realised that some audiences have very focused and specific interests and would feel more comfortable to interact on a smaller scale. So we designed events that should expose high-level specialists from related disciplines to the greater EAACI community and reveal the potential for fruitful interaction. The ‘mini-Congress’ Collection is already impressive and exciting: Drug Allergy (DHM), Molecular Allergology (ISMA), Pediatric Allergy & Asthma (PAAM), Skin Allergy (SAM), Rhinitis & Asthma (ERAM); each planned to take place on a regular basis and Food Allergy coming soon.

Of course, if you are young (of age or at heart), a Congress may not be your ultimate experience of choice (boring old professors... you might think). Well then, we have just the right knowledge experience for you in the form of Allergy Schools. From Davos to Mykonos and from Vilnius to Madeira, the appraisals have been raving and the demand for Schools is increasing each year. In my experience, during the Mykonos School last summer, 96% of the participants said it was great and the remaining 4% could not even wait to fill in the questionnaire.

Coming back to the serious face of science, there is so much more happening within the EAACI, with the intention of taming the information storm. All our interest groups are busy developing position papers or highly specialized technical reports on issues of controversy or new developments. More than 20 task forces were approved in the last Executive Committee meeting, each one expected to deliver a publishable report within one or two years. So, if any of you that are bewildered with information on climate change and its relation to allergy, the correct dose for specific immunotherapy, or lifestyle interventions, it will not be long before you discover the state-of-the-art in one of our Journals.

For as long as I can remember, the EAACI Journals Allergy, Pediatric Allergy and Immunology (PAI) and the EAACI Newsletter have been putting allergy field into the questionnaire. Alas, it is translated daily to our patients’ minds, there is no doubt that this is highly appreciated by new editor teams, who have been selected earlier this year. Tho- mas Bieber and Hans-Uwe Simon will lead Allergy, Ulrich Wahn PAI and Ioana Agache the Newsletter, to hopefully even higher dimensions of printed quality.

Since this is not a formal report, and it is already getting longer than I planned for, I will not include everything. But you, as an EAACI member, know that whenever you visit our lively and renewed website there will be something more to find. However, it is not for the sake of quantity. We have opted not to push mountains of information, or spam you with endless emails, but rather handpick the ripe pieces and offer them tastefully, maitre’d, in this case, being our website editor Chrysanthi Skevaki.

Some last, but important, details: in times of financial crisis, we retain healthy finances. This permits us to further support experience-based learning with Fellowships (research AND clinical) for our young and promising members (please do apply – there is nobody better than you!). Finally, for those who have, after all these didactic experiences, reached understanding, or think they have, our yearly Knowledge Examination in Allergy and Clinical Immunology will take place in London again this year (as above: yes, you can!).

This is not all. But I think it is enough to substantiate my original argument: EAACI can, and most importantly, is interested in, balancing traditional and innovative approaches for bringing us a better understanding of Allergy and Clinical Immunology. In my mind, there is no doubt that this is translated daily to our patients’ benefit.

Nikos Papadopoulos
EAACI Secretary General
Joining the Academy

Executive Committee Profile: Prof. Dr. Med. Natalija Novak
Department of Dermatology and Allergy, University of Bonn, Germany, Natalija.Novak@ukb.uni-bonn.de

Science and personal life
Personal vs. professional time: Can they be successfully combined?
Yes! Personal and professional time can be successfully combined. One of the most important prerequisites is to keep your sense of humour – in particular about yourself – and to organize both parts of your life properly.

Allergies and environment
How can we take measures to reduce the effects of seasonal allergies?
Due to rapidly growing knowledge about the development of allergen-specific tolerance, combined with new technologies and the improvement of allergen extracts and adjuvants, allergen specific immunotherapy is one of the most promising approaches for controlling the effects of seasonal allergies. The challenge is to develop early markers to identify patients at risk and to establish treatment schedules, which would be capable of avoiding or limiting the development of sensitizations at the earliest stage possible.

What is the future of allergy as a disease, as a discipline?
Allergy as a disease will always be a considerable and essential part of different medical fields. Therefore, the future of allergy as a discipline should optimally be represented by well-organized platforms of clinicians and researchers from different fields working together to synergize their knowledge and emphasize speed and quality of research as well as clinical applications. This would encourage the rapid transfer of knowledge to clinical practice and support the development of helpful general and standardized guidelines.

Register for the London Congress now!
www.eaaci2010.com

How long have you been a member of the EAACI?
I have been a member since 2003. I started off as a junior member and am now a regular member. My first experience as an EAACI junior was one of the wonderful winter school meetings in Davos, where I met many young scientists, as well as established and well-known senior scientists in person. This was very impressive, and motivated me to pursue science as well as to use the opportunity to make new friends.

What was your motive for joining the Academy in the first place?
I wanted a chance to pursue my ambitions and exchange clinical and scientific knowledge on an international level, as well as compare progress in the European allergy and immunology field with progress internationally. It was very helpful, since one of the top priorities of the EAACI is to involve young clinicians and researchers at a very early stage and enable them to present their work and expand their network.

Field of practice / specialty
What made you decide your specialty?
For a medical doctor, it is really helpful to understand immunologic mechanisms leading to the manifestation and impairment of diseases or improvement by therapeutic approaches. The field of basic immunology is fascinating, with its complexity and plethora of sophisticated networks regulating immune responses, in particular in allergic diseases.

Have there been any major achievements in your field recently?
Basic research into atopic dermatitis and allergic diseases is very active and knowledge is rapidly increasing. It answers some of the questions but at the same time raises new questions that need to be addressed quickly. To understand both sides of the coin, i.e. how allergic diseases develop on one hand and in which way the immunologic homeostasis can be maintained on the other hand, is the most fascinating achievement in this field.

Do you spend more time in the clinic or more time in the lab?
There is a very nice balance between my time in the clinic and my time in the lab, so I am able to be passionately involved in both aspects of my profession. This is the best prerequisite, to carry out clinical research, very much based on the daily needs for diagnostic tools or new therapeutic measures.

Can you describe some of the problems you face as a physician in your daily job?
Physicians often face budgetary problems, which very strictly limit the diagnostic and therapeutic steps applicable for patients. Furthermore, most therapeutic approaches are rather symptomatic but not necessarily based on rationality, which limits the level of success of such therapies.
Getting ready for London!

Preparations are well under way for the next EAACI congress, which takes place in London this June. An exciting programme of symposia, workshops and seminars has been assembled by the scientific programme committee. Much of this is based on proposals from EAACI members, which means that the programme is what you want to hear!

Within the scientific programme we have tried to include many new speakers – people who are doing cutting edge work in our field but who have not previously spoken at EAACI meetings. We expect about 2,000 abstracts from people who want to present their work in London and so there will be a range of formats for free communications, with an enhanced level of discussion for posters. Junior members are also invited to take part in the traditional junior poster event which will be on Saturday afternoon with tea and cakes.

To complement this there is an imaginative social programme – don’t miss the opening ceremony and welcome party for all delegates on the Saturday evening. And for our junior members, we are organising a boat trip with food, drinks and disco on Tuesday evening.

London is a great place to visit at any time of year. June is usually warm and relatively dry. Public transport is the best way to get around the city – the underground “Tube” is quick and effective, while the convention centre is linked to the system by the Docklands Light Railway (DLR). Whether you like museums, art galleries, churches, monuments, theatres, or shops there’s plenty for everyone to do and see. There are great pubs, clubs and bars, and despite what you may have heard, we have great restaurants too!

Everyone on the planning committee is dedicated to making your visit to London an extra special event. Join us in June, meet your friends and colleagues, and enjoy EAACI 2010 in London.

Anthony Frew
Congress President EAACI 2010

The Award was first established in 2000 on the initiative of Allergopharma Joachim Ganzer KG and in collaboration with the European Academy of Allergy and Clinical Immunology. It is intended that the Award should recognize scientific achievement on the part of younger members of the EAACI in the field of allergy and encourage their engagement in further research. Applications for the Award are therefore restricted to members or affiliates of the EAACI, under the age of 40 years, who have conducted their research in a European centre.

An application for consideration for the award shall take the form of a full research paper published in an international peer reviewed journal in 2008/2010, together with a covering letter and curriculum vitae including a list of publications. The applications will be considered by an ad hoc Commission nominated by the EAACI Executive Committee and Allergopharma. The eleventh Award will be presented during the European Academy of Allergy and Clinical Immunology Congress, Istanbul 2011.

Applications should be submitted before 31 December 2010 electronically to both the EAACI Head-quarters (silvia.schaller@eaaci.net) and Allergopharma (oliver.cromwell@allergopharma.de). The research paper, curriculum vitae and a covering letter should be included as three separate attachments. If this is not possible, then postal applications can be sent to EAACI Head-quarters, Genferstrasse 21, CH-8002 Zurich, Switzerland (Tel.: +41 44 205 55 33).

Allergopharma Joachim Ganzer KG is committed to furthering excellence in allergy diagnosis and specific immunotherapy through investment in scientific research.
Climate change is unequivocal and represents a possible threat for patients affected by allergies, largely through possible effects on outdoor and indoor allergens and on pollutants. In response to this threat, the EAACI established a task force (TF) on the effects of climate change on respiratory allergic diseases and on asthma prevalence with the European Respiratory Society (ERS) in 2008. The Aerobiology and Pollution Interest Group (APIG) formed the core of the TF with five experts from the ERS, and produced a document focused on indoor and outdoor allergens.

Over the last three decades, studies have shown changes in the production, dispersion, and allergen content of pollen and spores that may be also influenced by urban air pollutants interacting directly with pollen. Data suggest an increasing effect of aeroallergens on allergic patients over this period, which may also imply a greater likelihood of the development of an allergic respiratory disease in sensitized subjects and an exacerbation for symptomatic patients.

After a comprehensive revision of current knowledge, it was concluded that an early start of pollen release is likely, and can be expected to be associated with an earlier appearance of symptoms of allergic diseases in the same year. A longer duration of exposure during the sensitization phase may lead to the greater likelihood of the development of allergy; exposure to a higher airborne allergen load may lead to a greater likelihood of more severe atopic and respiratory symptoms and of new sensitizations. These conclusions are still speculative. To overcome the gap in current knowledge, national aerobiological networks have to be improved in terms of the number of monitoring stations with extended datasets in order to implement models that are able to predict future scenarios. Specific studies should address the possible effects on allergic patients and on national health systems of the earlier appearance of some allergenic pollens and the longer duration of pollen seasons. A multidisciplinary approach is mandatory to address the full spectrum of these issues.

The TF experts recommend that these issues be raised in national and international guidelines for the diagnosis and management of respiratory allergic diseases. Short-term and long-term data is essential to elucidate the role of climate change on the development of atopy in infants and children. For this reason, we recommend that national pollen networks are improved and extended, possibly converging in a common European network that could then spread information about pollen counts. In fact, continuous aerobiological monitoring is the cornerstone for observing changes in pollen and spore production and forms the base of long-term series, a prerequisite for studies on the effect of climate change. These networks should be adequately financed. The planting of trees should be evaluated by allergy and aerobiology specialists to avoid highly allergenic species.

Reducing air pollution may contribute to lessening the impact of climate change on pollen and directly on patients. However, ozone, the key pollutant associated with climate change, may be the major driver of pollutant/pollen interactions. The influence of climate change on early and late allergic sensitization is very complex and the potential effects on the development of asthma and atopy, and the consequent economic impact, underlines the importance of the creation of Collaborative European Networks.

In conclusion, there is little question that air quality will be influenced by climate change. The challenge is to understand these interactions and influences better and to quantify the direction and magnitude of resulting air quality and its impact on human health.

Lorenzo Cecchi
Aerobiology and Pollution Interest Group, Chair
EAACI-ERS Task Force, Secretary
Gennaro D’Amato
EAACI-ERS Task Force, Chair

The Drug Hypersensitivity Interest Group (DHIG) was very active in 2009 in recruiting new members to the group, organizing the first drug hypersensitivity summer school, meeting at the annual meeting in Rotterdam, and publishing task force papers in Allergy.

Many EAACI members became interested in the DHIG after multiple presentations on drug hypersensitivity and the business meeting informing them of the achievements of the group at the annual EAACI Congress in Warsaw. Several new active members presented results from their departments when the group met on 14–15th October in Rotterdam, chaired by Ingrid Terreehorst, and combined with the parallel Eurobat meeting. The first summer school on drug hypersensitivity was organized by Knut Brockow in Fischbachau near Munich on 24–26th July. More than 65 participants were trained in the field by oral presentations, discussions, and practical sessions. A waiting list is already in place for the next summer school in Garda, Italy in 2011.

The Task Force on Hypersensitivity published an article regarding the use of skin tests in patients with a presumed allergic reaction to iodinated contrast media. An article by Brockow et al (Allergy 2009, 64:234-41) concluded that many hypersensitivity reactions to contrast media are caused by an immunological mechanism and that skin testing appears to be a useful tool for diagnosing contrast medium allergy as well as playing an important role in the selection of a safe product for previous reactors. For tests conducted within the time period from two to six months after the reaction, up to 50% of immediate reactors and up to 47% of non-immediate reactors were skin test positive. Important observations were that intradermal tests were the most sensitive test in immediate reactors, whereas delayed intradermal tests in combination with patch tests were needed for optimal sensitivity in non-immediate reactors, and that the percentage of positive skin tests decreased substantially when patients were tested more than six months after the reaction. Contrast medium cross-reactivity was extensive and...
Specific Immunotherapy: 2009 in Review

Specific immunotherapy (SIT) has gained, during the last decade, increasing relevance and generated renewed interest from both the clinical and immunological points of view. This is due to improved knowledge about the mechanisms of action, the availability of recombinant allergens, and the impressive number of clinical trials on sublingual immunotherapy. There have been several new developments and new applications in the field of SIT, and the preceding year offered a relevant number of interesting publications.

SLIT (Sublingual Immunotherapy) is now widely recognized as a valid alternative to the intradermal route, and its clinical efficacy and safety is accepted worldwide. In this regard, the World Allergy Organization convened a meeting in Paris in February 2009. A board of experts supported by more than 50 panellists from all over the world produced a Position Paper on SLIT (1), which will be published in Allergy as a full article in the coming year and plans to finalize their activities and publish a review of the fine mechanisms involved in the process of being performed to refine evaluations (3).

The general recommendation is that future clinical trials should be designed with an appropriate methodology and with standardized design and outcomes, to provide comparable studies (4).

Other interesting perspectives involved the use of SIT for food allergy. Jones et al. (5) reported favourable results obtained in 29 children with peanut allergy by using an oral desensitization protocol. This approach also achieved persistent immunological changes, consistent with the clinical effect. Similar results were obtained by Fernandez Rivas (6) et al. in adults, with a sublingual desensitization for peach allergy. The value of injection SIT in food allergy has been envisaged for many years, but its application was limited by the unacceptably high rate of side effects. Current use of oral or sublingual routes would probably overcome the problem and develop an effective sensitization.

The third interesting aspect is the possibility of administering SIT by other routes than the traditional subcutaneous and sublingual. Senti et al. (7) recently reported the very favourable clinical effect (comparable to the traditional injection route) with an intralymphatic administration in patients with rhinoconjunctivitis. This route allows use of smaller amounts of allergens and only a few injections. Similarly, the feasibility of an epicutaneous administration (using appropriate patches) was tested on humans, with encouraging results (8). Finally, promising attempts have been made to improve the efficacy of SLIT by using mucosa-adhesive substances that prolong the contact time of the allergen with the oral mucosa (9).

The fourth rapidly developing field has been that of the identification of the fine mechanisms of action of SIT and of the use of recombinant/engineered proteins. Interesting results from a mechanistic point of view were recently obtained on the effects of SIT on regulatory T cells (10) and on the immune deviation induced by the treatment (11, 12). Similarly, engineered allergens (13) and immunogenic peptides (14) have been proposed as future approaches for allergen vaccination.

References
Interest Groups & Sections

EAACI Newsletter

Interest Groups & Sections

The Occupational Allergy Interest Group (OAIG) monitors the relevant areas of occupational allergy within the EAACI, provides its members with the opportunity to actively participate in EAACI activities, keeps them updated on initiatives related to occupational allergy, and encourages the exchange of information between members working in the field of occupational allergy.

More than 150 members in Europe are currently registered on the OAIG mailing list. These members are mainly specialists in occupational medicine and/or allergologists. A number of activities involved these members in 2009.

Two Task Forces, one on “Occupational Rhinitis”, co-ordinated by G. Moscato, and the other on “Non-invasive Methods for the Assessment of Airway Inflammation in Occupational Settings”, co-ordinated by S. Quirce, have completed their work. Three Position Papers have been published (1–3).

The Task Force on “The Prevention of Work-related Allergies among Pre-apprentices or Apprentices”, co-ordinated by G. Moscato, has started work and the final paper is expected to be completed by the end of the current year.

The OAIG actively participated in the organization of the Annual EAACI Congress in Warsaw, and several sessions and one PG Course were organized. The IG has put forward proposals for the next congress in London in 2010 and the following congress in Istanbul in 2011.

The IG collaborated with the EAACI Newsletter and website with contributions to the Thematic Months feature. J. Sastre and S. Quirce continually update the online page listing occupational agents that induce allergic diseases.

The multi-centre study on “The Standard of Diagnosis for Occupational Allergy Type I (STADOCAS)”, co-ordinated by M. Raulf-Heimsoth and V. van Kampen at the Research Institute for Occupational Medicine of the Ruhr-University Bochum, Germany (BGFA) is in progress. The study covers nine European countries and aims to standardize the diagnosis of occupational IgE-mediated allergies focusing on skin prick testing. Some of the participating centres have already published a paper (4).

Future initiatives include collating data about the organization of occupational services in European countries.

The most important publications in 2009 are:


Gianna Moscato, M.D.
Occupational Allergy Interest Group, Chair

Insect Venom Hypersensitivity Interest Group

Many clinical aspects of the diagnosis and treatment of insect venom allergy merit further research. Members of the Insect Venom Allergy Interest Group (IVAIG) published several studies in 2009. The forum of the IG designed and performed a multi-centre study for one of these studies.

This three-part study examined risk factors for various aspects of insect venom allergy. The first part of the study examined risk factors for severe systemic reactions to insect venoms has recently been published (1), covering 962 consecutive patients with a history of bee
The association of Hymenoptera venom allergy and elevated tryptase and/or mastocytosis seems to be as rare as previously thought. Bonadonna and colleagues (3) studied 379 consecutive subjects with a history of a systemic sting reaction, of which 44 patients (11.6%) had an increased baseline tryptase concentration (>11.4 μg/L). Of these patients, 34 underwent a bone marrow biopsy, which was evaluated by histological and molecular-genetic tools. The resulting diagnosis was indolent systemic mastocytosis in 21 (5.5% of the total group) and monoclonal MC activation syndrome in 9 (2.4% of the total group). All subjects with severe sting reactions had one of those two mast cell diseases. The authors concluded that bone marrow biopsy is essential in the diagnosis of mastocytosis for all patients with elevated baseline serum tryptase.

If the results of the Bonadonna study can be extrapolated to the general public, in which a lifetime prevalence for insect venom allergy of up to 5% can be expected, mastocytosis seems to still be a rare but not extremely rare disease. The specific association between mastocytosis and insect venom allergy merits further research.

M. Beatrice Bilò
Insect Venom Hypersensitivity Interest Group, Chair

Fritzanka Rieff
Insect Venom Hypersensitivity Interest Group, Secretary

References:
Herpes Viruses

— Why do they cause latent persistent infection and how do they evade the immune response?

Viruses and fungi are the most ancient forms of life on our planet. Herpes viruses are believed to be several million years old and existed far before the time of the dinosaurs. The name of these ubiquitous and extremely well-adapted pathogens comes from the Greek herpein (to creep) describing the chronic, latent, or recurrent nature of infections. Generally, the public pay little attention to cold sores, the manifestation of herpes virus, until they read an article such as the one published last year in the free London Metro newspaper. Then they pose a number of questions to a physician. Infection by these viruses may cause various conditions ranging from local disease on skin and mucosa to more severe afflictions of the central nervous system and life-threatening infections in immunocompromised patients.

Different strains of herpes viruses infect a number of animals including elephants and monkeys as well as reptiles and birds. The DNA sequence analyses of the genomes of mammalian and avian herpes viruses show that these viruses are all related by descent from a common ancestral virus (1, 2). Humans do not usually contract the animal strains of virus due to species specificity. However, contracting the virus is possible from genetically close animals such as pigs and monkeys.

Cercopithecine Herpes virus 1, also known as B Virus, is a member of the herpes group of viruses that occurs naturally in macaque monkeys and possibly in other old world monkeys.

Herpes B virus was first identified in 1932 following the death of Dr. William Brebner, a young physician who was bitten by a monkey while researching the virus that causes poliomyelitis. Brebner developed localized erythema, followed by lymphangitis, lymphadenitis, and ultimately transverse myelitis. Neurologic tissues obtained during Brebner’s autopsy revealed the presence of an ultrafilterable agent that appeared similar to HSV in cell culture (3). Within a year of Brebner’s death, Dr. Albert Sabin identified an unfilterable agent from the same tissue, which he later named B virus (4).

Infection with B Virus produces a very mild disease in monkeys. Most have no obvious evidence of infection apart from small blisters that progress to ulcers in the mouth, on the face, lips, genitals, and/or eyes. These lesions heal after some days, but the virus resides permanently in the monkey, and may reactivate and cause ulcerative lesions periodically (5).

Transmission to humans occurs by exposure to contaminated monkey saliva, secretions, or tissues. The most likely routes of transmission are bites and scratches or splashes. There has been a report of person-to-person transmission. The risk of acquiring B Virus infections from macaques is probably very low. Thousands of persons have handled macaques since human infection with B Virus infection was first reported more than 50 years ago, yet only about 22 cases of human infection have been reported, of which 20 infected individuals developed encephalitis and 15 of these patients died because of their infection (5).

DNA sequence data available for reptilian (turtle) herpes viruses indicate that they are also part of this virus group (6, 7); mechanisms for packaging DNA are similar to those of DNA bacteriophages, suggesting some very distant connection (2). Human HSV1 and HSV2 have quite a divergent genome among humans and they can infect mice, guinea pigs, rabbits, and nonhuman primates.

Eight types of human herpes viruses are currently identified (Table 1) as belonging to the following three families:

- **Alpha herpes viruses:** HSV1–2, VZV These have a relatively short reproductive cycle, variable host range, efficiently destroy infected cells, and establish latent infections primarily in sensory ganglia.
- **Beta herpes viruses:** CMV, HHV6, HHV7 These have long reproductive cycles and a restricted host range. Infected cells often enlarge. Latency can be maintained in the white cells of the blood, kidneys, secretory glands, and other tissues.
- **Gamma herpes viruses:** EBV, HHV8 These are specific for either T or B lymphocytes, and latency is often demonstrated in lymphoid tissue.
These viruses are so common (HSV1–2, EBV, CMV, and HHV6 are all caught by more than 90% of the population by adulthood) that merely specific antibody testing positive IgG, without the presence of a clinical pattern, does not give any conclusive answer. However, lab tests measuring the activity of different types of antibodies to the virus and the larger the amount, and/or direct detection of the viruses by PCR, can show evidence of an active infection. Representatives of human herpes viruses, especially HSV1–2, EBV, and CMV, cause quite significant worries during pregnancy, as new infections and sometimes the activation of latent infections can lead to antenatal, intranatal, or postnatal infection resulting in fetus death and miscarriages, or neonatal pathologies, due to free intrauterine transmission of viruses through the placenta, ascending infection, and/or contamination during labor and delivery (8).

Most subjects infected with HSV1 or HSV2 remain asymptomatic and are unaware that they have been infected or that they may be transmitting the virus. The prevalence of HSV1 and HSV2 infection increases with age and varies considerably worldwide (9).

HSV1 is the most common cause of sporadic cases of encephalitis. HSV1 can be treated; nevertheless, mortality and morbidity are often substantial despite therapy (10). Herpes simplex virus type 1 (HSV1) establishes latency in the trigeminal ganglion. Reactivation of latent HSV1 in the ganglion leads to anterograde transport of the virus back to the skin, causing lesions or cold sores around the mouth, nose, or inside the mouth (11).

It also causes herpes simplex keratitis, which is the leading infectious cause of blindness, and a common indication for corneal transplantation (6, 7). HSV infections are often more severe in the immunocompromised host. HSV1 reactivation infections can present as large intra-oral ulcers or extensive necrotic lesions around the mouth (12). HSV1 esophagitis is rare in immunocompetent individuals, but more common in immunocompromised subjects (13).

Neonatal herpes is the most common serious manifestation of herpes virus infection. The risk of acquiring neonatal herpes is highest in babies born to women who have a primary HSV infection at the time of labor and delivery, although recurrent infection also poses some risk to the infant (14).

Herpes genitalis is the fourth most common cause of sexually transmitted diseases. Herpes genitalis infection increases the risk of acquiring HIV after sexual exposure (15, 16). In recent years, the prevalence of HSV1 as the cause of genital herpes has increased (17). In some countries, HSV1 has surpassed HSV2 as the most common cause of genital herpes.

**Immune response to herpes viruses** (Picture 1) is mainly performed through Cytotoxic T lymphocyte (CTL) activation by preventing antigen presentation by the Major Histocompatibility Complex (MHC) Class I that is expressed on the surface of most cells and displays peptides from the cytosolic compartment of infected cells to CTL.

**MHC Class I molecules are composed of three subunits** (Picture 2): the Class I heavy and light (h2 microglobulin) chains are inserted into the endoplasmic reticulum (ER), while antigenic peptide is transported from the cytosol into the ER by transporters associated with antigen processing (TAP 1 and TAP 2).

Viruses use diverse mechanisms to ensure their survival. They interfere with host immunity mediated by both the antibody and the complement system and block cytotoxic T lymphocyte (CTL) activation by preventing antigen presentation by the Major Histocompatibility Complex (MHC) Class I that is expressed on the surface of most cells and displays peptides from the cytosolic compartment of infected cells to CTL.
HSV evades humoral immune response by preventing the activation of the complement cascade. Activation of the complement cascade leads to the formation of the membrane attack complex (MAC) on the surface of virus-infected cells and causes its destruction, also the complement can block extra-cellular virus or lead to phagocytosis of complement-coated viral particles by macrophages.

Activation of the complement occurs by one of three mechanisms: the classical, lectin, or alternative complement pathways (Picture 3). The classical complement pathway is initiated by immune complexes (pathogen+antibody) or in an antibody-independent manner when C1q binds directly to bacterial lipopolysaccharide, nucleic acids, and some viruses. The lectin complement pathway recognizes mannose and N-acetyl glucosamine residues on bacteria, while the alternative complement pathway recognizes foreign surfaces.

The herpes envelope glycoprotein C functions as a receptor for complement component C3, and its enzymatic cleavage products C3b, iC3b, and C3c (23, 24). Moreover, all herpes viruses with the exception of VZV, bind complement component C3b in a species-specific manner. Binding of gC1 to C3b inhibits activation of the classical pathway on the virion, and may function in a similar manner for gC2 (25, 26). Differences do exist however, as gC1, but not gC2, is able to accelerate the decay of the alternative pathway C3 convertase, C3bBb.

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Michael Rudenko
The Management and Impact of Allergic Rhinitis in Latin America

The severity of allergic rhinitis is underestimated by patients and under-diagnosed by primary care physicians and pediatricians in Latin America. Typically, physicians focus on treating the symptoms – nasal congestion, sneezing, itching, and rhinorrhea – only on an as-needed basis, despite the fact that most patients present moderate to severe symptoms of allergic rhinitis and need chronic treatment.

The Allergies in Latin America (AILA) Study was launched at the World Congress of Allergy, held in Buenos Aires, Argentina on 9th December 2009. This survey is the first cross-national survey that describes the symptoms, impact, and treatment of nasal allergies in Argentina, Brazil, Chile, Colombia, Ecuador, Mexico, Peru, and Venezuela. In total, 22,012 households in all eight countries were screened for adults and children with a diagnosis of allergic rhinitis (AR) or nasal allergies and either symptoms or treatment in the foregoing 12 months, and 1,088 adult patients and 457 parents were interviewed regarding the symptoms, burden of disease, and treatment of AR.

The prevalence of AR diagnosed by physicians affects approximately 7% of the total population in Latin America. However, this is a much lower percentage than the one obtained in studies of the prevalence of rhinitis, such as ISAAC (phase I and phase III). This means that a high percentage of patients afflicted with AR is under-diagnosed and consequently undertreated in Latin America.

The AILA Survey shows, in part, that nasal allergy sufferers, who were diagnosed with allergic rhinitis, were affected nearly equally with seasonal or perennial nasal allergy symptoms. Nasal congestion was the most bothersome symptom associated with nasal allergies in the Latin American population.

Although many clinicians consider AR to be merely a nuisance disease, the quality of life impact of this disease for the patient is significant. In an effort to quantify this quality of life impact, the AILA Survey assessed various quality of life parameters and the effect nasal allergies had on these parameters. In part, these data showed that nearly two-thirds of patients in the AILA Survey reported that their nasal allergy symptoms were associated with increased fatigue and irritability, and more than 40% stated that their condition had a moderate or significant impact on their daily life.

One important way in which nasal allergies can affect the lives of adults in Latin America is the degree to which it can interfere with the ability of the allergy sufferer to work. Nearly two of five adults with nasal allergies in Latin America (37%) reported that they had missed work or had their job performance affected by nasal allergies in the preceding 12 months.

The same applies to child patients in Latin America, since nasal allergies can affect their lives and interfere with the ability of the allergy sufferer to attend school. More than half the number of children with nasal allergies in Latin America (53%) reported that they had missed school or had their school performance affected by their nasal allergies in the preceding 12 months. The majority of children from other Latin American countries with nasal allergies (54%) reported missing school or having their performance affected while at school in the previous year.

Despite the availability of a wide range of medications designed to treat nasal symptoms, long-term adherence to treatment with current therapies is generally poor in patients with moderate to severe nasal allergies. This survey shows that only 15% of nasal allergy sufferers reported that intranasal corticosteroid products provided complete symptom relief. Additionally, more than one in three patients surveyed indicated that their current INCS did not provide 24-hour symptom relief. This perceived lack of optimal efficacy, coupled with the unpleasant side effects (including sensations of dryness, dripping down the throat, drowsiness, bad taste, burning, and headaches) reported by upwards of 30% of individuals surveyed, might lead to less than optimal compliance in this therapeutic area. In fact, the lack of efficacy and bothersome side effects resulted in up to one third of patients changing their nasal allergy medications or discontinuing treatment. Thus, patient satisfaction and tolerability aspects associated with medications are likely to play a key role in adherence to treatment.

In conclusion, the AILA Survey highlights the substantial physical and social burden associated with allergic rhinitis. A critical review of the data it has collated should help clinicians and pediatricians understand the true burden of nasal allergies in Latin America. More importantly, the data should assist healthcare providers in recognizing the unmet needs presented by current nasal allergy medications and enable them to optimize and tailor treatment for patients with AR.

Hugo Neffen
Children’s Hospital, Santa Fe, Argentina
www.allergiesinlatinamerica.com

Most Bothersome Symptoms

Adults Q22. Which of these symptoms was the most bothersome to you? Base: Had at least one extremely or moderately bothersome symptom, N = 1056.

Children Q22. Which of these symptoms was the most bothersome to him/her? Base: Had at least one extremely or moderately bothersome symptom, N = 427.

For more information please visit: www.allergiesinlatinamerica.com
Dear Colleagues and Friends,

On behalf of the Scientific Committee and the Local Organising Committee, we would like to cordially invite all of you to participate in the first European Rhinitis and Asthma Meeting (ERAM) organised in collaboration of the Asthma and ENT Sections of EAACI together with the 8th SERIN (Symposium on Experimental Rhinology and Immunology of the Nose).

This first-of-its-kind meeting will be dedicated to both basic and clinical aspects of inflammatory disease of the upper and lower airways. As it is a joint meeting of both EAACI sections dealing with respiratory pathology on the upper and lower end of the airways, state-of-the-art information on genetics, epidemiology, pathomechanisms, phenotypes and innovative therapeutic options will be presented in plenary discussions and hand-on courses.

We will welcome you in the European capital of Brussels, the administrative centre of the European Union. Brussels has been given its character by the coexistence of French and Flemish culture, and it is nowadays home to nationalities around the world, adding a cosmopolitan flavour to its atmosphere. The vibrant life of the city is further enhanced by picturesque medieval streets, lively squares, beautiful boulevards, impressive monuments, spacious parks, cosy cafes, interesting restaurants and an active cultural life.

We look forward to seeing you at ERAM-SERIN 2010 in Brussels.

Claus Bachert  Adnan Custovic  Livije Kalogjera
Ghent, Belgium  Manchester, UK  Zagreb, Croatia

Organisational Secretariat
dm&c | destination management & consulting
Gilgegasse 11/14 – 1090
Vienna – Austria
Tel: +43 (1) 40956310 – Fax: +43 (1) 4095631-22
E-mail: info@eaaci-eram-serin2010.com

Scientific Secretariat
Claus Bachert MD PhD
Upper Airway Research Laboratory
De Pintelaan 185 – 9000
Ghent – Belgium

For further details and registration, please visit
www.eaaci-eram-serin2010.com
JMA Update

Welcome, readers, to a roundup of our recent activities and news about some of the exciting events planned for Junior Members this year. Since the Warsaw Congress and the Allergy Schools last year, when it was wonderful to be able to meet so many of you, our planning agenda has been filled with activities such as looking at proposals for EAACI 2010 in London, reviewing proposals for JMA leaflets for national and international distribution, and updating the website. Other ideas in our long-term development plans are a new mentorship module, an online (ideally CME-accredited) game, and cross-collaboration with other scientific societies.

We have also been busy processing the replies to our online questionnaire. This very useful questionnaire showed levels of JMA participation at EAACI Congresses and Allergy Schools, the importance of grants to JMAs to aid attendance at these events, the kinds of activities that JMAs are most interested in, and an overwhelming interest in webcasts and increased information about clinical allergy at Allergy Schools.

However, we noticed a considerable mismatch between the information in our database and responses from Juniors concerning their registration with EAACI Sections. Inaccurate registration hinders you from receiving email updates from the Section you would like to belong to, and deprives you of related voting rights. We still need to clarify the Sections that JMAs belong to, and validate and update contact details.

Therefore, all Junior Members, please log in as members on www.eaaci.net and give us your most up-to-date information — especially your current email address.

Also, to encourage opportunities for JMAs, please take advantage of the discounts available for participation in the London Congress in June. You will be able to take part in the postgraduate courses, poster sessions, clinical updates with the most current information and data, practical training sessions, and seminars — all this in addition to our own Case Reports and educational sessions, and the JMA symposium. Business comes before pleasure in June, so don’t forget the JMA business meeting before getting ready for one of our great friendships and networking social occasions, when we all step on a boat on the River Thames for a night of dining and dancing — and congratulating the winners of our free communication poster and abstract prizes.

Together we look forward to a new year of scientific excellence with the EAACI.

Wishing you all the very best for 2010!

Chrysanthi Skevaki, MD, PhD
EAACI JMA, Chair

Reports from Allergy Schools

Hymenoptera Venom Allergy

3rd–6th September 2009, Ancona, Italy

The 1st EAACI/GA²LEN Allergy School in Hymenoptera Venom Allergy took place in Ancona, Italy, 3rd–6th September 2009, supported by the Italian Association of Allergists and Immunologists in collaboration with the EAACI Allergy Diagnostics Interest Group. The event, at Ancona’s University Hospital, aimed to educate and stimulate social contact between young physicians from all over Europe that are interested in the diagnosis and treatment of children and adults with hymenoptera venom allergy.

A total 16 faculty members and 83 participants from 13 countries attended the Allergy School. The scientific programme included three theoretical sessions, two practical sessions, and one poster presentation session. The theoretical sessions were titled “Entomology, epidemiology, natural history and diagnostic tools of hymenoptera venom allergy”, “Treatment with venom immunotherapy”, and “Emergency treatment in insect venom allergy”. The practical sessions featured: “Skin tests in allergic patients”, “In vitro tests”, “Updosing of VIT: which schedule is the best?”, and “Presentation of some difficult cases in diagnosis”.

The excellence of the faculty and the informal and collegial atmosphere facilitated time and space for discussion. Participants acquired significant theoretical and practical knowledge in Hymenoptera venom allergy.

The social programme was also exceptional. All participants had the opportunity to visit Ancona, a seaport settled in the 4th Century BC by Greek colonists from Syracuse, and had the chance to taste the delicious seafood accompanied by the emblematic verdicchio wine at an outstanding beach party in Portonovo Bay, a natural bay where the ever-green oaks of the mountains reach down to the blue sea.

In summary, the top scientific quality allied to the excellent social programme determined the success of this EAACI/GA²LEN Allergy School.

Rodrigo Rodrigues Alves, MD
EAACI JMA WG Webmaster
Supported by an unrestricted grant from ALK ABELLO
The state of the art...

...in drug hypersensitivity

24–26th July 2009, Fischbachau near Munich, Germany

The EAACI/GA2LEN Summer School in Germany took place in the heart of the Bavarian Alps in Fischbachau near Munich. The school was organized in collaboration with the EAACI Drug Hypersensitivity Interest Group, a group of experts also forming the European Network on Drug Allergy (ENDA) and the German Society for Allergology and Clinical Immunology (DGAKI). The topic was “The state of the art in drug hypersensitivity”. During the three days of active discussions, practical sessions, and informal interaction, 59 participants from 17 countries and 13 faculty members worked on the main goal of the meeting to perform and optimize the diagnosis and therapy of drug hypersensitivity.

Well-known experts led several fascinating sessions that engaged the total attention of their audiences: “The background behind: understanding the mechanisms of drug hypersensitivity with implications for testing”, “How to make a test plan incorporating in vivo and in vitro tests”, and “The prevention and treatment of drug hypersensitivity”. Speakers included professionals representing different approaches and a shared understanding of drug hypersensitivity: Werner Aberer (Graz, Austria), Miguel Blanca (Malaga, Spain), Patrizia Bonadonna (Verona, Italy), Knut Brockow (Munich, Germany), Pascal Demoly (Montpellier, France), Martine Grosber (Munch, Germany), Werner Pichler (Bern, Switzerland), Munir Pirmohamed (Liverpool, UK), Johannes Ring (Munich, Germany), Franziska Rueff (Munch, Germany), Kathrin Scherer (Basel, Switzerland), Axel Trautmann (Würzburg, Germany), and Stefan Wöhr (Vienna, Austria).

Participants in the Allergy School involved fellows in training as well as experienced specialists from all over the world. This diversity favoured active discussions and the sharing of experiences. In particular, the case report session gave many participants an opportunity to show their day-to-day work, share their problems, and seek solutions.

The successful practical sessions on performing skin and provocation tests gave participants a rare opportunity to practice these skills on a pig's leg as well as on a colleague's or speaker's arms. Everybody was dedicated to learning how to perform practical skin testing.

The social programme included an excursion and a walk to the top of the Schliersbergalm with its exceptional view of the nearby Lake Schliersee and tasting of typical Bavarian apple pie and cheesecake with ice cream. This was followed by an extraordinary Bavarian evening with beer tasting and an amazing performance of whip-crackers playing strange instruments. Both participants and speakers proved their worth as potential native Bavarians.

The 1st Drug Allergy School was highly successful. The number of participants that wanted to take part in this event was nearly double the number of available places, which shows a huge interest in the field and an urgent need for another drug allergy school.

Milena Sokolowska
EAACI Immunology Section Junior Members and Affiliates Working Group, Official Representative

New information about EAACI/GA2LEN Allergy Schools 2010 will be available soon! Please visit our website at www.eaaci.net
The 4th EAACI/GA²LEN Summer School in Greece took place on the famous island of Mykonos, in collaboration with the EAACI Pediatric Section. The topic was “The state of the art in pediatric allergy and asthma”. The classical recipe of intense science and social interaction worked perfectly once again, with 150 participants from 12 countries and 18 faculty members enjoying intense discussions about Pediatric Allergy and Asthma and then enjoying social opportunities, including lots of dancing...

The rooms were full throughout the day and the discussions were lively. The audiences included pediatricians and allergists in training, as well as colleagues that are more experienced. The programme incorporated practical aspects and guidelines, but also state-of-the-art understanding of pediatric allergology. The Royal Myconian hotel, situated spectacularly above the Aegean Sea, was an exceptional meeting place and offered great hospitality. In addition to the opening party and a traditional tavern dinner, a mini cruise took participants to the ancient island of Delos, one of the largest archaeological sites in the world.

The school was financially supported by unrestricted educational grants by the industry. EAACI and GA²LEN were actively promoted.

Participants filled in an evaluation form and the results were very reassuring, even better than last year. The overwhelming majority found the components of the Summer School to be very good or excellent: the location won a 96% approval rating, the structure of the course 99%, the social programme 98%, the scientific content 98%, the speakers 100%, the interaction 90%, and the added value to clinical practice 88%. The response to the question ‘Would you come to another EAACI/GA²LEN Summer School?’ was 100% in the affirmative (the previous year the positive response registered 95.5% ‘yes’ and 4.5% ‘maybe’).

Nikos Papadopoulos
Local organizing committee

Allergy and the skin:

The Allergy School supported by the EAACI and GA²LEN took place at the University of East Anglia in Norwich, considered one of the most complete medieval cities in Great Britain. The university campus welcomed 100 participants from 20 different countries to discuss the latest achievements in the field of cutaneous allergy and related subjects. Six educational sessions featured the main topics “Urticaria”, “Contact allergy”, “Laboratory to patient – how to get the best from tests”, “Advances in genetics of allergy and related disorders”, “Update in cutaneous allergy management”, and “What’s new in allergy and inflammation?”, a free communication and a poster session during which young participants had a great opportunity to share their own experience and discuss their work with other young colleagues and seniors.

The list of speakers included leading experts in the field of cutaneous allergy: Elena Borzova (Norwich, UK), Diana Church (Southampton, UK), Martin Church (Berlin, Germany), Stephan Durham (London, UK), Marta Ferrer (Pamplona, Spain), Tony Frew (Brighton, UK), Clive Grattan (Norwich, UK), Karin Hartmann (Cologne, Germany), George Konstantinou (Athens, Greece), Helen Lachmann (London, UK), Gideon Lack (London, UK), Frances Lawlor (London, UK), Hilary Longhurst (London, UK), Markus Magler (Hamburg, Germany), John McGrath (London, UK), Pascale Mathelier-Fusade (Paris, France), George Millington (Norwich, UK), Claire Mills (Norwich, UK), Koletta Nagy (London, UK), Graham Ogg (Oxford, UK), Lars Poulsen (Copenhagen, Denmark), Peter Schmid-Grendelmeier (Zurich, Switzerland), Sarah Wakelin (London, UK), Ian White (London, UK), Jonathan White (London, UK), and Torsten Zuberbier (Berlin, Germany).

The organizers offered a delightful social programme. Participants were welcomed by a reception and dinner at the Sainsbury Centre for Visual Arts of UEA, which is renowned for its fine arts collection. Professor Peter Liss (Norwich) gave an illuminating after-dinner talk on climate change. All participants had an opportunity to use the UEA Sports Centre facilities with its Olympic-sized pool and to enjoy sightseeing in the picturesque and historic city centre of Norwich. A poster walk was an exciting scientific event and a highlight of the programme, leaving us all galvanized by the enthusiasm of young doctors and scientists and their excellence in clinical work and research.

The Norwich Allergy School ended with a farewell speech by the President of the Norwich Allergy School, Dr Clive Grattan, in combination with a ceremony of awarding poster prizes to winners. In the evening, all participants enjoyed an exhibition polo match in Newmarket, the home of British horse racing. We were surprised by an appearance of Clive Grattan on one of the polo teams! The match was accompanied by traditional drinks and asado (barbeque) at Hare Park Stud. We took our leave of Norwich Allergy School, inspired by an unforgettable experience, warm atmosphere, and the latest news in skin allergy.

Ms Lilit Hovhannisyan
Armenian National Academy of Sciences
EAACI Dermatology Section, Junior Member Working Group
Dr Elena Borzova
Dermatology Department
Norfolk & Norwich University Hospital