Excellence in Allergy

New Educational Formats

The Future of Allergen Products for Diagnosis and Immunotherapy

Journals Highlights

EAACI’S 60TH ANNIVERSARY
1956 - 2016
EAACI launched its web-based peer-reviewed and open access journal “Clinical and Translational Allergy” (CTA) in 2011 because open access was (and still is) seen as the way forward for publishing in the future and EAACI needed to be part of this development.

CTA provides a platform for the dissemination of clinical and translational research in the area of allergic and clinical immunologic diseases. More information about CTA can be found at www.ctajournal.com.

Beyond original research, CTA also accepts structured reviews, as well as opinion-based reviews and different position publications from EAACI or National Societies.

It has always been intended that CTA’s content should strengthen the EAACI strategic plan and its views on active and healthy living. In order to accomplish this task, the Editorial Board is selected from members of the EAACI ExCom, its Sections and Interest Groups.

Clive Grattan (St John’s Institute of Dermatology, London) succeeded the founding editor (Jan Løtvall) in 2012 and, since then, has accepted between 40 and 50 papers a year dealing with various areas of allergic diseases. Under his leadership, CTA has published some highly cited papers and the journal has become a standard in the field. Major themes from 2015 included food allergy, immunotherapy, the burden of allergic rhinitis, drug reactions, dietary guidance, urticaria and translational science.

Jean Bousquet (University of Montpellier, France) has now been appointed co-editor of CTA.

The journal will continue to follow the direction set by Grattan but, in addition, it will offer fast-track peer review and publication of papers following a range of reporting guidelines for main study types including CHEERS (for economic evaluation), CONSORT (randomised trials including cluster randomised trials), PRISMA (systematic reviews), SPIRIT (study protocols), SQUIRE (quality improvement studies), SRQR (qualitative research), STARD (diagnostic/prognostic studies), STREGA (genetic association studies) or STROBE (epidemiology and observational studies). See: http://www.equator-network.org.

A new review series will also be initiated in collaboration with the European Innovation Partnership on Active and Healthy Ageing (EIP on AHA). The EIP on AHA was launched by the European Commission (DG CONNECT and DG SANTE) to tackle the potential of aging in the EU, and one of its Strategic Implementation Plan’s three priority areas of work is care pathways for chronic diseases. Chronic respiratory diseases and allergies were selected as the model of chronic diseases and a new project “Chronic respiratory diseases in the elderly: an under-recognised societal problem” was recently approved. CTA will publish a series on allergic diseases in the elderly in line with EAACI and EIP on AHA priorities.

We are confident that the journal will continue to be a standard in our field focussing on clinical and translational research for practising clinicians and a wider open access audience.
One of these was the receipt of a letter from Vytenis Andriukaitis, European Commissioner for Health & Food Safety, in reply to EAACI’s bringing his attention to the topic of authorisation of allergen products for diagnostic purposes in Europe. The letter informs us that the topic has now been included on the agenda of the EU Commission. The European Medicines Agency and the Co-ordination Group for Mutual Recognition and Decentralised Procedures - Human (CMDh) are currently dealing with the issue, working within the legal framework for safety, efficacy and quality. This outstanding development has been achieved thanks to a combined effort from EAACI and all the National Allergy Societies in Europe, as well as from the EAACI Patient Organisation Committee and European Federation for Allergy and Airways Diseases Patients’ Associations (EFA). It highlights once more the need and impact of working together to promote the cause of fighting allergic diseases all over Europe and within European Institutions. I would like to take this opportunity to acknowledge the efforts made by the Allergy Diagnosis Interest Group and by many members to reach this achievement.

Most of the EAACI Allergen Immunotherapy Guidelines for Clinical Practice protocols for systematic reviews have now been published in Clinical Translational Allergy (CTA), whilst the Prevention protocol was published in Pediatric Allergy and Immunology (PAI). At the end of June 2016, the Systematic Reviews will be finalised and available for evaluation by project members. Guideline Recommendations will be drafted during the summer, presented at the Allergen Immunotherapy Summit in November and, once finalised, submitted for public comment by January 2017. I would like to thank all those who have contributed to produce a well-grounded set of draft Guidelines, and I look forward to publication, expected in June 2017 at the EAACI Annual Congress in Helsinki.

The EAACI Congress engine is already warming up to ensure that the 2016 Congress in Vienna will continue the successful trend of previous Congresses, perhaps even surpassing them! Break out sessions will bring the latest results of basic and clinical research. The Women in Science Symposium will feature the participation of outstanding female scientists making a difference in the field of immunology and allergy. This year in Vienna, in the context of the Presidential Talent Development Programme a new development will see an inaugural postgraduate course, Applying 21st Century Leadership Skills in your daily practice, to be held on Saturday 11 June. The aim is to provide added value by updating and enhancing members’ leadership skills, while strengthening the leadership pipeline and positioning our organisation to meet its needs effectively as expansion continues. This year, participation will be reserved to Chairs and Secretaries from Sections and Interest Groups, as well board members designated by Chairs and Secretaries.

Looking forward to later in 2016, we have an exciting year with several important initiatives in the pipeline. Some of the meetings that can now be pencilled in to your calendars include the Food Allergy and Anaphylaxis Meeting (FAAM 2016) in Rome, Italy (13–15 October) and the International Severe Asthma Forum (ISAF 2016) in Manchester, UK (17–19 November). But, before these, a European Parliament event will be organised (on 26–28 April) in Brussels involving the Interest Group of Members of Parliament on Asthma and Allergy, the National Societies, EFA, EAACI Patient Organisation Committee and other stakeholders in the field of allergy and immunology. During the 3-day event, an exhibition will be organised on the burden of chronic allergic diseases, and skin prick tests will be offered to EU Parliament personnel. National Societies members are invited to organise mirror events in their home countries’ Parliaments, to magnify the impact and visibility of allergists at all levels.

The EU Parliament event will be one of the highlights of our celebration of EAACI’s 60th Anniversary, our Leitmotive for 2016, which will peak with a celebration at the Allergen Immunotherapy Summit in November 2016. EAACI members are welcomed to add the EAACI 60th Anniversary logo to their correspondence, as an indication of the strength of our community.

As President I am currently working hard with the Board of Officers and the ExCom to increase the involvement of members in shaping the future of our Academy and developing a strategic vision that will sustain EAACI for the next 5 years, ultimately helping EAACI to achieve its mission and reach excellence in everything we do. ●

Antonella Muraro
EAACI President
Dear Reader,

Our Newsletter reaches all members of the Academy in Europe and other parts of the world, with the aim of circulating useful and scientific information related to EAACI activities and interests. For this reason, we are always seeking to improve the newsletter and to make innovations, including changing the structure as well as the cover and icon style. Moreover, in 2016, the total number of pages has increased so that we can include information and news on what the Academy is doing, to increase awareness of allergic and respiratory diseases, to strengthen the allergy speciality and achieve better funding for research in the field.

This year is the 60th Anniversary of EAACI: 60 years dedicated to allergy science and committed to the health of allergic patients. An Anniversary campaign was launched during the closing ceremony in Barcelona last year and will run throughout 2016, including joint events with National Societies, pharmacists, Primary Care and Patient Organisations, and a summit on “the present and future of allergy management and research”.

Moreover, at the end of April, an awareness event will be organised at the EU Parliament in Brussels involving the Interest Group of Members of Parliament on Asthma and Allergy, the National Societies, and many other stakeholders in the field of allergy and immunology. During the event, an exhibition will be organised on the burden of chronic allergic diseases, and skin prick tests will be offered to EU Parliament personnel. Elsewhere in the Newsletter, our President invites National Societies members to organise similar events in their own countries’ parliaments, and invites all of us to add the EAACI 60th anniversary logo to our correspondence, as an indication of the strength of our Academy and our sense of belonging.

Working together is the best way to achieve a goal. The spirit of this idea was behind the letter from our President, co-signed by Executive Committee members and representatives of the National Societies, to support the request of the French Federation of Allergy that allergy be recognised as a full medical specialty in France.

The EAACI President also intervened in the current discussion on the future of allergen products for diagnosis and immunotherapy by sending a letter to the European Commissioner for Health & Food Safety, and got his confirmation that this topic has now been included on the agenda of the EU Commission.

A lot of other important information is also included in this first issue of the Newsletter in 2016.

Our membership is rapidly expanding so that EAACI is now the world’s biggest allergy organisation, made up of over 9,000 members from 121 countries and 52 National Allergy Societies around the world. Young people (under 36 years) represent about one third of the total number of members, 56% of them being women. Young and less young members have so many scientific and evolving educational resources at their disposal: guidelines, position papers, consensus documents, Global Atlases, monographs, registries, web-casts/webinars, Allergy Schools and Masterclasses, EAACI Journals, knowledge Examination in Allergology and Clinical Immunology, fellowship and mentorship programme, other website and social media opportunities. National Allergy Societies are invited to distribute and translate EAACI open access resources such as Position Papers, consensus documents, Atlases and monographs.

As well as Focused Meetings, Allergy Schools and Master Classes, the Annual Congress in Vienna (which is fast approaching) represents a great opportunity for us to improve our science and clinical practice, to meet old friends and establish new relationships.

Enjoy this issue of the Newsletter!

M. Beatrice Bilò
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The Future of Allergen Products for Diagnosis and Immunotherapy

In the EU, allergen products for in vivo diagnosis and immunotherapy have been classified as medicines since 1989 and require a marketing authorisation (MA), according to Article 6 of Directive 2001/83/EC.

Allergen extracts, however, are not subject to centralised procedures for authorisation of medicines in the EU, resulting in a considerable degree of heterogeneity in the application of existing legal possibilities to grant their market access. Historically, some member states have granted authorisations for each single product, whereas others have applied different approaches to cluster products under so-called umbrella authorisations. Moreover, in accordance with exemptions defined in Article 3 and/or Article 5 of Directive 2001/83/EC, in some member states allergen products are mainly distributed without marketing authorisation as medicinal products manufactured for an individual patient, as Named Patient Products (NPPs). No independent assessment of quality, safety and efficacy exists in these cases. Diagnostic allergens are manufactured industrially, typically distributed in multi-dose containers and not prepared for individual patients, making it legally impossible to market them as NPPs.

Since the early 1990s, application of the principles of evidence-based medicine has tremendously influenced clinical practice, the guidelines of medical societies and also regulatory requirements. It is no longer acceptable to perform allergy diagnosis and immunotherapy with NPPs lacking any documentation of quality, safety and efficacy representing a standard from the start of the previous century. Therefore, several EU member states including Italy, Spain and Germany initiated processes to increase the level of evidence and documentation, and to convert NPPs into authorised allergen products. In addition, since 2012 new pharmacovigilance legislation (Regulation (EU) No. 1235/2010 and Directive 2010/84/EU) has increased scientific requirements and costs for manufacturers.

Due to the high diversity of allergies, allergists require a high number of sundry allergen products for diagnosis and treatment including many "niche products" for a small number of patients. The current regulatory system is not fully adjusted to these needs and, as a result, product availability has been affected in some countries; in Germany, for example, as many as 520 authorised biological test allergens were lost from 2012 to 2015. The main factors leading to a reduction of authorised allergens are:

- The generation of state-of-the-art clinical data for therapy allergens
- Slightly increased quality requirements for test allergens
- Inadequate reimbursement for test allergens and high authorisation fees in several EU Member States
- High costs and amount of work for allergen manufacturers caused by the new EU pharmacovigilance legislation.

Under such circumstances, what does the future of allergen products look like? For therapy allergens, there will likely be a movement towards a lower number of authorised products, but these products will be accompanied by state-of-the-art data, an important step towards evidence-based medicine in allergy. In parallel, NPPs for the treatment of rare allergies will remain available (e.g. for mould allergies). For test allergens, there is a considerable risk that, in the future, allergy diagnosis will be affected by a lack of relevant products. Amendments to regulatory documents and approaches will be required, and the reimbursement system needs to be improved to support future availability of these products. Several national competent authorities such as the Paul-Ehrlich-Institut as well as the European Medicines Agency are aware of these problems and, within their areas of responsibility, are actively trying to develop and support pragmatic solutions ensuring the future availability of a high diversity of allergen products.

Stefan Vieths
Vice President
Paul-Ehrlich-Institut
Federal Institute for Vaccines and Biomedicines
Langen, Germany

Follow EAACI
Tell us about yourself
I have been involved in allergy research for 20 years and have always been a great supporter of the European idea of allergy research and of EAACI. I worked at the Harvard Medical School, Swiss Institute of Allergy and Asthma Research (SIAF), Imperial College (London) and was then recruited to the Chair of Allergy and Environment in the Medical School of the Technical University and Helmholtz Center, Munich. In the Medical School, I am a member of the Faculty Council with responsibility for the Biomedical Research Graduate School. In addition, I lecture in biomedical and molecular immunology. I have been a longstanding member of the Immunology Section and was privileged to chair the Section and organise the prestigious Allergy Winter School meetings. Furthermore, I am looking forward to supporting the Academy by chairing the EAACI Annual Congress 2018 in Munich.

What is your impression of the EAACI/UEMS exam so far?
The EAACI/UEMS examination leads the world in its field and is of excellent quality. The database approach and clarity of the questions is methodical and disciplined.

What practical advice would you offer to an EAACI member who is about to take the exam?
We have generated a reading list of recent literature that may support allergy studies. The list is maintained by the Sections and therefore contains expert guided literature summaries.

How do you see the future of the allergy specialty across Europe?
EAACI argues that the allergy specialty is critical for the future management of the allergy epidemic in Europe. There is now a clear mandate for this anchored in the directives of the European Parliament and Council that needs to be realised by all national governments. The exams are critical in promoting this aim and promoting quality criteria and, as such, they are the best guarantee of the future success of EAACI’s strategy.

Applications open:
1 February - 1 April 2016
The EAACI/UEMS examination aims to further improve the standards of our specialty by providing a European examination in Allergology and Clinical Immunology.

Why should I take the Knowledge Test?
- The test does not replace the existing national examinations but will help harmonise Allergy/Clinical Immunology practice in Europe and set a common European standard.
- Excellent tool for self-evaluation
- UEMS offers additional financial support for eligible candidates
- The test is mandatory for Swiss Allergy Specialists

EAACI Congress 2016, Vienna Saturday, 11 June 2016 at 11:00
9th EAACI/UEMS Knowledge Examination in Allergology and Clinical Immunology
To sit the 2016 Exam apply online at www.eaaci.org

For more information visit www.eaaci.org/activities/eaaci-exam/upcoming-exam.html or contact education@eaaci.org
Tell us about yourself

I am a consultant pediatric allergologist and Professor in Pediatric Allergology at Hans Christian Andersen Children’s Hospital, Odense University Hospital and the University of Southern Denmark. I defended my doctoral thesis on prevention of allergic disease in childhood at The University of Southern Denmark in June 2004 and my research area remains pediatric allergology, especially the development of allergic diseases, risk factors and prevention, food allergy and asthma. I have been actively involved with EAACI for several years, including as Secretary and Chair of the Pediatric Section, and thus also a member of the ExCom for a period of time. I have been involved in organising EAACI Allergy Summer Schools, and have been an active member of several Task Forces, including Food Allergy and Anaphylaxis Guidelines, as well as some organising and scientific committees for PAAM and for Annual Congresses. I am now looking forward to take over the role as SPC Coordinator in June 2016.

What was your impression of the scientific programme for the 2015 EAACI Congress?

The scientific quality of the Congresses has been steadily increasing, and this was also true in 2015. In Copenhagen in 2014 the “Allergy Bazaar” was introduced successfully and was further developed into the “Clinical Village” in Barcelona. The high scientific level, and a good balance and distribution of sessions and topics resulted in an excellent Congress with very well-attended sessions, despite the attractive city and weather.

Which themes do you think future EAACI Congresses might cover?

Since EAACI includes nearly all aspects of allergy and clinical immunology, the Annual Congress has to cover many aspects, clinical as well as basic. The communication of results from basic research to clinicians, and equally of their requirements and ideas back to researchers is essential. Mechanisms for the prediction and prevention of allergic diseases at different levels are still very important. More knowledge on epigenetics, gene-environment interactions and new genetic and biologic markers may provide better tools for prediction and prevention. In addition, better treatment modalities includingAIT and new biological treatments that may help treat subgroups of severely affected allergic patients are highly relevant.

What are the challenges, and your future plans, as the new SPC Coordinator?

My main challenge and plan is to maintain, and hopefully even increase, the high scientific level of EAACI’s Annual Congresses to attract all the researchers, clinicians and stakeholders in this field, from around the world. This requires a programme with a good balance between basic and clinical topics, in well-established and new areas, with theoretical and more involving sessions, structured well, using the best of previous meetings whilst also exploring new avenues. Further, it is important to include people who are not only excellent scientists but also good speakers capable of delivering a clear and interesting message, representing different subjects and geographical areas. Another goal is to improve the collaboration between basic researchers and clinicians and to ensure translation of science into good clinical practice.

EAACI EVENTS

April 2016
1 April – Applications for EAACI/UEMS Knowledge Examination close
7 – 9 April – Allergy School on AIT, Rungstedgaard, Denmark
21 – 23 April – Drug Hypersensitivity Meeting (DHM), Malaga, Spain
26 – 28 April – Allergy Awareness Event in the European Parliament, Brussels, Belgium

May 2016
EAACI Newsletter

June 2016
11 – 15 June – EAACI Congress 2016, Vienna, Austria
10 June – EAACI Executive Committee Meeting

11 June – 9th EAACI/UEMS Examination in Allergology and Clinical Immunology
11 June – EAACI Scientific Programme Committee Meeting
13 June – EAACI General Assembly
14 June – EAACI National Allergy Societies Forum

August 2016
EAACI Newsletter

September 2016
22 – 24 September – Allergy School on Drug Allergy, Belgrade, Serbia

October 2016
13 – 15 October – EAACI Food Allergy and Anaphylaxis Meeting (FAAM), Rome, Italy
21 – 22 October – Master Class on Translational Immunology, Zurich, Switzerland

November 2016
10 November - EAACI’s 60 years Anniversary Summit: On the road to prevention and healthy living, Florence, Italy
11 – 12 November – EAACI Executive Committee Meeting, Florence, Italy
17 – 19 November - International Severe Asthma Forum (ISAF), Manchester, UK
EAACI Newsletter

This calendar is intended to inform EAACI members about the Academy’s most important dates. Note that some final dates may vary slightly as a number of planned EAACI events are not confirmed at the time of printing.
Tell us about yourself
I am a Postdoc, Assistant Lecturer in the Department of Clinical Immunology, Wrocław Medical University, and Research Fellow/Primary Study Coordinator at the “ALL-MED” Medical Research Institute, Wrocław, Poland. What is your experience with EAACI?
I have been a JMA member of EAACI since 2011 and presented at the EAACI Annual Congress in Milan (2013), Copenhagen (2014) and Barcelona (2015) as well as at the Immunology Section Winter School in Pichl (2013, Austria), Brasov (2014, Romania) and Les Arcs (2015, France). I became a Board Member of the Infections and Allergy Interest Group in June 2015, and in January 2016 I began my duties as the EAACI Website Editor. What is your impression of the Website so far?
My overall impression is very good. Over the last year, the EAACI website has undergone many changes to meet current EAACI member needs and expectations. All the changes have helped the website to become more modern and to fit into the current ‘fashion’ for websites. The EAACI website has a lot of content which is nicely structured and navigation is very user friendly. Every week the main page is updated with the latest news and reminders about upcoming events, activities and abstract/meeting registration deadlines. Every EAACI Section or Interest Group has their own dedicated webpage where you can become more familiar with objectives and tasks associated with each group. You can also find all contact information for EAACI ExCom, Section and Interest Group members or EAACI Headquarters staff easily. What are your objectives as Website editor?
I wish to further develop the EAACI website to make it more visible and intuitive for current and new users. I would like to make it more attractive for all EAACI stakeholders to ensure maximum benefit and return for the Academy. As web fashions change continually, I will keep a finger on the pulse to maintain the website in accordance with current trends, for example, with the integration of social media outlets. Furthermore, I want to strongly pursue the objectives initiated by previous web editors, for example the further development of an EAACI patients’ website as well as the integration of all EAACI event websites. I am already developing a number of new ideas which I have started to work on and which will come to light very soon. Keep an eye on www.eaaci.org.

Tell us about yourself
I am an allergy specialist, currently engaged as a Clinical Research Fellow in molecular allergology at Charité University Hospital, Berlin. I joined the EAACI team in 2013 when I was elected as the Junior Members’ (JM) Webmaster. My efforts and contribution in the promotion of the Academy’s activities within the JM were soon recognised and I was subsequently appointed as the Website Coordinating co-Editor. It is my great honour to have been leading the JM Working Group since June 2015 and I am now very excited to be coordinating EAACI’s social media platforms. What is your experience with social media?
The fact that I have grown up in the ‘internet era’ has enabled me to feel comfortable managing new media and on-line technologies. I was therefore engaged in social media as a private user before I started using them as the JM Webmaster. During the last two years that I was the EAACI Website Editor (2013–2015), I went to great efforts to coordinate, administer and promote EAACI social media platforms, namely the EAACI Facebook, Twitter, and LinkedIn accounts, as well as the corresponding platforms dedicated to patients and the lay public. I also established the EAACI Instagram account where we use photographs to communicate information on campaigns, events and resources. In addition, I allocated and promoted a dedicated hashtag for each EAACI event. The biggest and most successful hashtag campaign was the one related to the EAACI Congress in Barcelona (#EAACI2015) with nearly 6,800 tweets being posted during the Congress! What are your objectives as social media editor?
My objectives are to enhance EAACI’s outreach to its members, patients and the lay public, as well as to stakeholders at the EU level. Awareness of allergic diseases needs to be increased and allergology as a specialty needs to be promoted among patients and other medical specialists. All EAACI social media platforms should ensure timely and precise dissemination of information. What challenges do you foresee?
Each of these objectives brings its own challenges but ensuring that our social media flow keeps up with such an active and vigorous Academy is the biggest challenge of all.
Ethics Committee Update

The Ethics Committee introduced at the EAACI Congress 2012 in Geneva was made up of 9 people: 4 EAACI members who had already sat on various committees, 3 external ethics specialist members, 1 lawyer and 1 Patient Association representative. Our 4-year mandate ends in June 2016, when a new Ethics Committee will be elected.

Our principle task over these 4 years has been to update the EAACI Code of Ethics. This has now been achieved, including the production of 3 annexes: Acting with responsibility in EAACI; Using social media and the internet; and Conflicts of interest and loyalty. The code is now available to be downloaded from the EAACI website and used by anyone within the Academy.

Ethics is a part of our daily practice at work, in allergology, and within EAACI. Our goal is to make ethics available to you all and, with this aim, the Ethics Committee team is now involved in many tasks:

- We participate in the clinical and research fellowship of the Academy;
- We have supplied 5 questions about Ethics which are now available in the pool of Exam questions;
- A specific ethical reviewing process has been set up for all Position papers, Guidelines or books published by the Academy;
- An ethics piece is included in each issue of this Newsletter.

The EAACI Annual Congress is an occasion to update our knowledge of allergology and, we believe, an occasion where ethics has its own place. Previous ethics sessions held have concerned ‘Conflict of interest’ (2013), ‘Research and ethics’ (2014) and ‘Allergology practice: free movement in Europe’ (2015), and were all very interactive and enriching sessions. This year’s session in Vienna, entitled ‘We are what we breathe’, will address the environment, allergy and ethics and is open to you all: please do come along and join us.

We want to go further with the “Agony aunt” on the website, which is intended to help you with problems or questions dealing with ethics. We propose including an “Ethics lunch” in the programme of the new Masterclasses set up by the Education Committee, to discuss your own clinical cases.

As you can see, ethics is essentially a human issue and, as such, it involves all of us. We are keen to continue to serve on the EAACI Ethics Committee but will not be able to go ahead without your support and involvement.

Jacques Gayraud
EAACI Ethics Committee Chairperson

Jose Rosado Pinto
EAACI Ethics Committee Secretary

APAPARI joins the EAACI family

The Asia Pacific Association of Pediatric Allergy, Respirology & Immunology (APAPARI; see www.apapari.org) is a professional medical specialty organisation representing pediatricians, allied health professionals and other physicians in the Asia-Pacific region who have interest in pediatric allergy, clinical immunology and respirology. As a new member society of EAACI, we would like to take this opportunity to describe the history and aims of our Association.

The Association was established in 1997 with Professor Pakit Vichyanond from Thailand as our founding President. The Association representative. Our 4-year mandate ends in June 2016, when a new Ethics Committee will be elected.

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- A specific ethical reviewing process has been set up for all Position papers, Guidelines or books published by the Academy;
- An ethics piece is included in each issue of this Newsletter.

The EAACI Annual Congress is an occasion to update our knowledge of allergology and, we believe, an occasion where ethics has its own place. Previous ethics sessions held have concerned ‘Conflict of interest’ (2013), ‘Research and ethics’ (2014) and ‘Allergology practice: free movement in Europe’ (2015), and were all very interactive and enriching sessions. This year’s session in Vienna, entitled ‘We are what we breathe’, will address the environment, allergy and ethics and is open to you all: please do come along and join us.

We want to go further with the “Agony aunt” on the website, which is intended to help you with problems or questions dealing with ethics. We propose including an “Ethics lunch” in the programme of the new Masterclasses set up by the Education Committee, to discuss your own clinical cases.

As you can see, ethics is essentially a human issue and, as such, it involves all of us. We are keen to continue to serve on the EAACI Ethics Committee but will not be able to go ahead without your support and involvement.

Jacques Gayraud
EAACI Ethics Committee Chairperson

Jose Rosado Pinto
EAACI Ethics Committee Secretary
Subcutaneous AIT

Allergopharma - the specialist in diagnosis and therapy of allergic diseases

Visit us at www.allergopharma.com
A few words from the new Website Editor

Factum est...
The Website Editor’s objectives have not changed. From me, you can expect continuous support and hard work focused on maintaining and developing a well-structured, easy to use and comprehensive website showing EAACI activities, initiatives, and priorities. Welcome all EAACI members!

Ardua prima via est...
Although the new EAACI website platform was only implemented about a year ago, we will be implementing a number of new ideas in the coming weeks to meet the expectations of our demanding and changing community. The whole communications team is currently working very hard on the integration of all EAACI events websites onto the main eaaci.org platform. This is a complicated but important task, which will bring many benefits to all users. With these updates, the graphical display currently on the EAACI website will be slightly changed to become even easier to navigate, intuitive and user friendly. In the coming months, the “Job Centre” will be opened, where you will find current clinical/research job advertisements from all over the world in the field of immunology and allergology. The eaaci.org platform will also provide very good opportunities for all clinical and research institutions searching for collaborators. More details will be available soon.

Artificem commendat opus...
I would like send a call to action to all the members of Section (S) and Interest Group (IG) Boards to provide us with regular updates for dedicated S/IG webpages. All S/IG Chairs and Webmasters have recently been sent relevant information and instructions. In addition I intend to invite members of S/IG Boards to actively participate in developing the EAACI patients’ website: www.eaaci.org/patients. Your contributions to help fill the gaps in the content, with your expert views and opinions, will be very much appreciated.

Alter alterum docet...
I want to sincerely thank the previous Website Co-Editors, Olympia Tsilochristou and Angel Mazon, for their hard work and great contributions as well as the help, trust and invaluable advice granted to me during the take-over period.

Arrectis auribus...
To all EAACI members: the website belongs to us all and please remember that your contributions to the site are more than welcome! Any suggestions, comments or ideas should be sent to webeditor@eaaci.org and are highly appreciated. All your e-mails will be responded to.

Sylwia Smolinska
EAACI Website Editor

The Serbian Allergy and Clinical Immunology Society

The study of allergy in Serbia began with Professor Vladimir Spuzic, who founded the first allergy clinic, with 15 beds, in March 1946. Professor Spuzic had studied in Brussels before becoming a specialist in allergy in Paris (1929–1932), where he was a member of the French Allergy Society.

The Allergy Society of Serbia was founded in March 1951, changing its name to the Allergy and Clinical Immunology Society in April 1958. Its first President was Professor Ilija Djuricic. In 1959, the Society held a meeting of the European Academy of Allergy with 90 papers and 168 attendees from Yugoslavia and abroad. The official languages of the Symposium were Serbian and French, and the main topics discussed were food allergy and allergy treatment. Main activities of the Society were achieved through Yugoslavia institutions. It is worth noting that the first Yugoslav Allergy Congress was held two years later in Zagreb (1961), with its main topics being allergy diagnosis and the organisation of allergy services in Yugoslavia.

The society was very active and, as a result, the Department of Allergy and Clinical Immunology was founded, organised as part of internal medicine in Yugoslavia. Allergy is currently part of the academic education programme (masters and PhD) and is a sub-specialty of the following disciplines: internal medicine, pediatrics, otorhinolaryngology, dermatology and infectious diseases. We are still fighting for a specialisation in allergy. Since the dissolution of Yugoslavia, the Serbian Allergy and Clinical Immunology Society has organised its own activities and has so far held two National Congresses and one Scientific Meeting (Conferences are due every fourth year). The congresses have educational goals, whilst the scientific meetings present published papers from members of the Society. Currently, the Society has about 100 members, with a great number of non-members from related specialties attending meetings. The Society has a sister organisation in Serbia, the Association for Allergy (part of the Serbian Medical Association), and most of our activities are undertaken in synergy with them.

Bane Nestorovic
Serbian Allergy and Clinical Immunology Society
President
Christoph Grüber: in Memoriam

Christoph Grüber, who died early in January 2016 at the age of 55, originally studied theology and psychology before going to Medical School. He began working at University Children's Hospital in Berlin in 1993 (from 1996 united with Charité Medical University), becoming a pediatrician and allergist, and later also a pediatric pneumologist. He worked initially on a patient education programme for asthmatic children before becoming involved scientifically in cross-sectional studies of children from both German and Turkish backgrounds, comparing the prevalence of allergies and asthma in both groups and ultimately supporting the hygiene hypothesis: those from a more traditional Turkish lifestyle exhibiting fewer atopic diseases.

Christoph also investigated the influence of vaccinations on the development of asthma and atopic diseases in the German Multicentre Allergy Study (MAS) and he was the chair of the Interest Group “Allergy and Vaccination” in the German Pediatric Allergy Society (GPA). He was also interested in functional breathing disorders and was head of an Interest Group in the GPP (Society of Pediatric Pneumology, in the German speaking countries of Germany, Austria and Switzerland). He was also an EAACI member and led the Immunisation and Allergy Task Force.

In 2009, he left Charité to become Director of the Pediatric Department of the Rhön private hospital in Frankfurt (Oder), Brandenburg, 100 km away from Berlin. Whilst there, he was head of the local Allergy Society and organised meetings in Bad Saarow every November.

Christoph was a very distinguished and cultivated person with interests in music, literature and in ethical questions, leading the Ethical Council at his hospital. He leaves a wife and three teenage children, to whom we offer our sincere condolences. We will all miss him.

Antonella Muraro
EAACI President
Susanne Lau
EAACI Executive Member

Participate in the EMA Consultation!

The European Medicines Agency, in order to implement the strategic priority of establishing a greater collaboration with Academia, is initiating a consultation process with the following objectives:

1. explore opportunities to better support Academia in generating new medicines that meet regulatory standards;
2. channel Academia’s advanced knowledge into the regulatory environment;
3. assess the degree of awareness among academics of the existing activities and incentives provided by regulators to support medicine development;
4. refine regulators’ understanding of Academia’s needs and expectations and develop a methodology for collaboration.

You are invited to participate to this process by answering a brief questionnaire at: https://www.surveymonkey.co.uk/r/EMA_Academia_consultation that also provides space for comments and suggestions.

Please read the brief background paper before answering the questionnaire.

You can also send us a separate written contribution to: Academia-consultation@ema.europa.eu

The data and contributions collected will be analysed and the results will be communicated to the respondents who will have identified themselves during this initial consultation.

Deadline: 15 April 2016
Discover and share EAACI’s Resources

There is tremendous strength and growth to be found by sharing resources and working together.

The Academy supports and contributes to a variety of scientific and educational resources and tools that EAACI members, clinicians, researchers and scientists can all use in their work. These resources include guidelines, position papers, consensus documents, Global Atlases, monographs, registries, webcasts/webinars, Allergy Schools and Master Classes, the knowledge exam, as well as EAACI fellowship, mentorship and speaker support programmes. Resource libraries and databases will also soon be available.

New scientific content is constantly produced and shared within the scientific community. The EAACI Food Allergy and Anaphylaxis Guidelines are indexed by the prestigious US National Guideline Clearinghouse. Eight new Position Papers will be published in the journal *Pediatric Allergy and Immunology* (PAI) and will be available as an e-book on the EAACI website. A joint consensus document between EAACI and the American Academy for Allergy Asthma and Immunology (AAAAI) will become available in the next few months.

Two reference books, the EAACI *Global Atlas of Allergy* and *Global Atlas of Asthma* have been translated with the help of the National Allergy Societies. The *Global Atlas of Allergy* is available in Chinese and will be soon ready to use in Spanish. The *Global Atlas of Asthma* has been translated into Greek. All translations and the original versions are available on open access on the EAACI website under “Resources”. National Allergy Societies are invited to broadcast and translate other open access EAACI resources such as Position Papers, consensus documents, Atlases and monographs.

EAACI also provides a wealth of educational resources. Grants are available for EAACI members with financial difficulties to cover the cost of their membership. The Speaker Support Programme operates for national and regional meetings in Europe and world wide. The fellowship and mentorship programmes are available to EAACI Junior Members. All EAACI members have access to webcasts and videos recorded during EAACI’s wide range of events (such as the EAACI Congress, focused meetings and other high-level events such as the European Symposium on Precision Medicine in Allergy and Airways Diseases).

All these valuable resources are just one click away. Visit the EAACI website, enjoy the wide range of content yourself and then share what EAACI is enthusiastically offering to its members and to the whole scientific community with your colleagues and friends.

Ioana Agache
EAACI Vice-President Communications and Membership
Rupatadine®

A new generation antihistamine with anti-PAF activity

For Allergic Rhinitis and Urticaria

Rapid onset of action

Long-term safety study (1 year treatment)

Improving Quality of Life

Can be taken with or without food

ABBREVIATED PRESCRIBING INFORMATION. The abbreviated prescribing information hereunder may vary in different countries. Before prescribing Rupafin please consult the full local approved Summary of Product Characteristics (SPC). Name of the medicinal product: Rupafin 10 mg Tablets. Qualitative and quantitative composition: Each tablet contains: 10 mg of rupatadine (as fumarate). Excipients with known effect: lactose as lactose monohydrate. Pharmaceutical form: Tablet. Round, light salmon coloured tablets. Therapeutic indications: Symptomatic treatment of allergic rhinitis and urticaria in adults and adolescents (over 12 years of age). Dosage and method of administration: Adults and adolescents (over 12 years of age): The recommended dose is 10 mg (one tablet) once a day, with or without food. Elderly: Rupatadine should be used with caution in elderly people. Paediatric patients: Rupafin 10 mg tablets is not recommended for use in children below 12 years. In children aged 12 to 11 years, the administration of rupatadine 1 mg/ml oral solution is recommended. Patients with renal or hepatic insufficiency: As there is no clinical experience in patients with impaired kidney or liver functions, the use of rupatadine 10 mg Tablets is at present not recommended in these patients. Special warnings and precautions for use: The administration of rupatadine with grapefruit juice is not recommended. The combination of rupatadine with potent CYP3A4 inhibitors should be avoided and with moderate CYP3A4 inhibitors should be administered with caution. Close adjustment of sensitive CYP3A4 substrates (e.g. simvastatin, lovastatin) and CYP3A4 substrates with a narrow therapeutic index (e.g. ciclosporin, tacrolimus, sirolimus, erexolimus, caspiderol) could be required as rupatadine may increase plasma concentrations of these drugs. Cardiac safety of rupatadine was assessed in a Thorough QT/QTc study. Rupatadine up to 10 times therapeutic dose did not produce any effect on the ECG and hence raised no cardiac safety concerns. However, rupatadine should be used with caution in patients with known prolongation of the QT interval, patients with uncorrected hypokalemia, patients with ongoing proarrhythmic conditions, such as clinically significant bradycardia, acute myocardial ischemia. Rupafin 10 mg Tablets should be used with caution in elderly patients (65 years and older). Although no overall differences in effectiveness or safety were observed in clinical trials, higher sensitivity of some older adults cannot be excluded due to the low number of elderly patients enrolled. Due to the presence of lactose monohydrate in rupatadine 10 mg tablets, patients with rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption should not take this medicine. Interaction with other medicinal products and other forms of interaction: Interaction studies have only been performed in adults and adolescents (over 12 years of age) with rupatadine 10 mg tablets. Effects of other drugs on rupatadine: Co-administration with potent CYP3A4 inhibitors (e.g. irtraconazole, ketoconazole, voriconazole, posaconazole, HIV protease inhibitors, clarithromycin, nefazodone) should be avoided and co-medication with moderate CYP3A4 inhibitors (e.g. fluconazole, itraconazole, diltiazem) should be used with caution. The concomitant administration of rupatadine 20 mg and ketoconazole or erythromycin increases the endogenous exposure to rupatadine 10 times and 2-3 times respectively. These modifications were not associated with an effect on the QT interval or with an increase of the adverse reactions in comparison with the drugs when administered separately. Interaction with grapefruit: The concomitant administration of grapefruit juice increased 3.5 times the systemic exposure of rupatadine. Grapefruit juice should not be taken simultaneously. Effects of rupatadine on other drugs: Caution should be taken when rupatadine is co-administered with other metabolised drugs with narrow therapeutic windows since knowledge of the effect of rupatadine on other drugs is limited. Interaction with alcohol: After administration of alcohol, a dose of 10 mg of rupatadine produced marginal effects in some psychomotor performance tests although they were not significantly different from those induced by intake of alcohol only. A dose of 20 mg increased the impairment caused by the intake of alcohol. Interaction with CNS depressants: As with other antihistamines, interactions with CNS depressants cannot be excluded. Interaction with statins: Asymptomatic CPK increases have been uncommonly reported in rupatadine clinical trials. The risk of interactions with statins, some of which are also metabolised by the cytochrome P450 CYP3A4 isoenzyme, is unknown. For these reasons, rupatadine should be used with caution when it is coadministered with statins. Effects on the ability to drive and use machines: Rupatadine 10 mg had no influence on the ability to drive and use machines. Nevertheless, care should be taken before driving or using machinery until the patient’s individual reaction on rupatadine has been established. Fertility, pregnancy and lactation: Fertility: There are limited amount of data from the use of rupatadine in pregnant women. Animal studies do not indicate direct or indirect harmful effects with respect to pregnancy, embryonal/fetal development, parturition or postnatal development. As a precautionary measure, it is preferable to avoid the use of rupatadine during pregnancy. Breastfeeding: Rupatadine is excreted in animal milk. It is unknown whether rupatadine is excreted into breast milk. A decision must be made whether to discontinue breastfeeding or to discontinue/abstain from rupatadine therapy taking into account the benefit of breastfeeding for the child and the benefit of therapy for the woman. Fertility: There are no clinical data on fertility. Studies in animals have shown a significant reduction of fertility at exposure levels higher than those observed in humans at the maximum therapeutic dose. Undesirable effects: Rupafin 10 mg Tablets has been administered to over 2025 adult and adolescents patients in clinical studies, 120 of whom received rupatadine for at least 1 year. The most common adverse reactions in controlled clinical studies were somnolence (9.5%), headache (6.9%) and fatigue (3.2%). The majority of adverse reactions observed in clinical trials were mild to moderate in severity and usually did not require cessation of therapy. The frequencies of adverse reactions reported in patients treated with rupatadine 10 mg tablets during clinical trials were as follows: Infections and infestations: Uncommon: Upper respiratory tract infection. Immune system disorders: Rare: Hypersensitivity reactions (including anaphylactic reactions, angioedema and urticaria) Metabolism and nutrition disorders: Uncommon: Increased appetite. Nervous system disorders: Common: Somnolence, Headache, Dizziness. Uncommon: Disturbance in attention. Cardiovascular disorders: Rare: Tachycardia and palpitations. Respiratory, thoracic and mediastinal disorders: Uncommon: Epistaxis, Nasal dryness, Cough, Dry throat. Gastrointestinal disorders: Common: Abdominal pain, Diarrhoea, Flatulence, Nausea, Vomiting, Nausea, Heartburn, Vomiting, Abdominal pain, Constipation. Skin and subcutaneous tissue disorders: Uncommon: Rash, Musculoskeletal disorders, connective tissues and bone disorders: Uncommon: Back pain. Arthralgia, Myalgia. General disorders and administration site conditions: Common: Fatigue. Allergic disorders: Uncommon: Pruritus. Eye disorders: Uncommon: Glaucoma. Special senses disorders: Uncommon: Hypersensitivity reactions. Blood and lymphatic system disorders: Uncommon: Blood creatine phosphokinase increased. Thyroid disorders: Uncommon: Hypothyroidism increased. Liver function test abnormal. Weight increased. Tachycardia and palpitations and hypersensitivity reactions (including anaphylactic reactions, angioedema and urticarial) have been reported in post-marketing experience with rupatadine 10 mg tablets. Overdose: No case of overdose has been reported. In a clinical safety study rupatadine at daily dose of 100 mg during 6 days was well tolerated. The most common adverse reaction was somnolence. If accidental ingestion of very high doses occurs symptomatic treatment together with the required supportive measures should be given. Marketing authorisation holder: J. Uriach & Cía, S.A. Av. Cami Reial, 51–57. 08184 Palau-solità i Plegamans (Spain). Date of revision of the text: April 2015. For further information please contact our local representative or Grupo Uriach: Av. Cami Reial, 51–57 Poligono Industrial Riera de Caldes 08184 Palau-solità i Plegamans – Barcelona Spain. Phone: +34 902 471511


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Forging a community

EAACI is a unique community bringing together and reaching out to all stakeholders (healthcare professionals, patients and international partners), with a shared interest in understanding and effectively fighting allergy epidemics. The membership of EAACI is rapidly expanding year by year. We are pleased to share with you some key statistics at the beginning of 2016.

Connecting with peers to network, sharing ideas and access to a wealth of resources are top reasons for being an EAACI member. The membership survey conducted last year in Barcelona during the Annual Congress showed a satisfied membership with 96% of respondents rating their satisfaction as being above 7 and a significant proportion finding the quality and style of information provided by EAACI to be exclusive and unique. 93.1% of those interviewed indicated active involvement in EAACI activities. EAACI’s membership value proposition is not a list of member benefits: it is the Academy’s determination to achieve of what is valuable for each individual member.

Top 10 Countries

- Spain
- Argentina
- Brazil
- India
- Japan
- Italy
- Turkey
- United Kingdom
- United States
- Switzerland

Age Groups

- Under 36
- Between 36-65
- Over 65

Gender ratio

- 56%
- 44%

EAACI or EAAACI Voting Report

One of the latest actions was the call to vote for a change of the Academy name. The “EAACI or EAAACI” campaign attracted 1885 votes in a very short period of time and we are happy to announce the results.
Allergy Think Tank: Time to discuss and generate new ideas for anti-allergy strategies

On 14 January 2016, an ‘Allergy Think Tank’ took place at the Plazl Hotel in the heart of Munich, Germany.

The EAACI Board of Officers (BoO) Meeting was held one day earlier and the Think Tank was arranged to create space for discussion about science and how to push anti-allergy strategies on at a national and international level. Carsten Schmidt-Weber (EAACI Exam Committee Chairperson and President of the EAACI Annual Congress 2018) and the city of Munich invited speakers from the BoO (Antonella Muraro, Lars K. Poulsen, Peter Hellings, Ioana Agache), as well as international high-ranking experts in the field of allergy (Stephen Durham, Markus Ollert), together with allergy scientists from the Munich region (Erika von Mutius, Tilo Biedermann, Jeroen Buters, Adam Chaker). Different prospects, the timing and applicability of preventive treatments, and ideas about secondary prevention regarding chronicity (for example), were all critically discussed. Important points such as the socio-economic affordability of a system change to prevent disease progression and an overview of the current biotech pipeline on allergy prevention strategies were presented.

As the city of Munich and the state of Bavaria are very interested in strategies to prevent further growth of the allergy epidemic, the BoO representatives and Luxembourg Munich representatives were invited by the Bavarian States Minister to the Bavarian State Chancellery and were able to meet representatives of the Bavarian Prime Minister, Horst Seehofer. EAACI President, Antonella Muraro, welcomed the proactive attitude of the Bavarian State to further support and invest in allergy research, and was able to convince them to support the Academy’s goals in the European Parliament. The sometimes provocative discussions after the presentations raised fruitful ideas about the directions we have to take to not only increase quality of life for patients by improving symptoms, but to identify persons of risk and prevent the development of allergies as early as possible in life.

This meeting highlighted the ongoing research of highly interdisciplinary teams within the EAACI community working to reach the Academy’s goals. It also allowed the BoO to present EAACI’s strategies directly to representatives of the Bavarian Prime Minister and after intense discussions it created a positive feeling of “yes, we can”.

EAACI’s lobbying activities and National Societies

EAACI continues to promote knowledge of allergic diseases throughout Europe and within European Union institutions.

The Academy is now officially registered in Belgium, facilitating its recognition as a counterpart to other European Union organisations. We are planning more activities to increase awareness of the burden of allergic diseases on patients, and their consequences for the wellbeing of society as a whole and for the economy. Following our Symposium on Precision Medicine in October 2015, a skin prick test event is planned in Brussels in April to reinforce the message for the need to prioritise policies for the cure of allergic diseases.

In line with this, EAACI continues to promote allergology as a specialty and also the need for free circulation of specialists in Europe. In order to achieve these goals, recognition of our specialisations and certification throughout Europe is of the utmost importance.

At the end of 2015 we had the chance to support this cause through collaborations with National Societies, particularly in France. Executive Committee members and representatives of National Societies were asked to co-sign a letter addressed to Benoit Schlemmer (Coordinator of the Commission Nationale des Etudes de Maieutique, Medicine, Odontology et Pharmacie (CNEMMOP)) and Olivier Lyon-Caen (Conseiller Santé et Recherche Médicale du Président de la République). This letter reinforced the request of the French Federation of Allergy that allergy be recognised as a full medical specialty in France. We pointed out that, to date, 16 EU Member States have already recognised allergy as a full specialty to help address this growing epidemic.

We cannot predict when the allergy specialty will be fully recognised by all Member States but we know that the European Committee of the Regions has identified cross-border healthcare as one of its priorities for 2016. Shortcomings in the implementation of patients’ rights in cross-border healthcare and recognition of specialties across borders will need the attention of EU Institutions. The collaboration of National Societies, sharing success stories and best practices, will be key to our success, enabling EAACI to pursue its lobbying activities at a European and national level.

Antonella Muraro
EAACI President
Allergy highlights published in 2015

Allergy is proud to have published many important original contributions in 2015. Unfortunately, space is limited and we can only mention a few examples here.

Evidence of a role for microRNAs (1, 2) and IL-33 (3–5) in the pathogenesis of airway inflammation was reported in Allergy. Moreover, several novel observations were made about atopic dermatitis, including increased numbers of regulatory T cells (6), increased expression of endothelin-1 and IL-25 (7), and changes in intestinal microbiota (8). In addition, eosinophilic esophagitis was characterised as a disease with a defect of the epithelial barrier (9).

As well as such pathophysiological studies, novel genetic abnormalities were associated with allergy and/or asthma, including 17q21 (10), C11orf30 (11), and ORMDL (12) gene variations. Furthermore, results of several clinical trials testing novel targeted therapies were reported in the journal (13–15).

In addition to these exciting novel original scientific contributions, Allergy published a large number of high-quality review articles and position papers that, besides their scientific character, have tremendous educational purpose and will, therefore, also serve the community in this respect.

Hans-Uwe Simon
Thomas Bieber
Allergy Editors-in-Chief


Getting the message out: The IT 4 PAI initiative

During 2015, the Pediatric Allergy and Immunology (PAI) Editorial Board, in collaboration with the EAACI Communication Council, launched a new initiative for the journal to employ IT tools to:

- promote PAI articles on social media;
- approach new readers;
- enhance the dissemination of PAI’s scientific output; and
- improve public relations.

The initiative is based on a collaboration between the Editorial Board and the EAACI Junior Members Working Group, and depends on the use of different IT approaches to reach its goals. IT 4 PAI relies mainly on regular posts on social media interfaces (Facebook, Twitter) in connection to newly released papers on PAI and EAACI events.

Circulation of press releases for selected articles through different channels is also part of this initiative. This requires article selection, communication with the publisher to put the selected article under embargo, and drafting of a press release.

The initiative includes webcast interviews with authors of selected papers, and this will give authors an important opportunity to explain and communicate the scientific content of their research with their own words.

Another task of this initiative will be to present thematic collections, comprised of previously published articles, which would be of a great interest to researchers and Interest Groups working on specific themes (e.g. asthma, allergic rhinitis, allergen immunotherapy, and so on).

IT 4 PAI will not only promote articles but will encourage authors to take part in promotional activities by themselves, using an Author Self-Promotional Toolkit. The IT 4 PAI initiative will continue and expand in 2016.

For updates, follow PAI on:
- The EAACI website: http://eaaci.org/resources/journals/pai.html
- Facebook: www.facebook.com/pages/Pediatric-Allergy-and-Immunology/309455792445744?ref=hl
- Twitter: https://twitter.com/PAI_Journal

Elissa Hakimeh
IT for PAI initiative Secretary
Major themes from Clinical and Translational Allergy (CTA) in 2015 included immunotherapy, burden of allergic rhinitis, food allergy, drug reactions, dietary guidance, urticaria and translational science.

Four informative review articles were chosen from 8 titles submitted by JMs, covering: the role of interleukin-33 and mast cells in allergy and inflammation by Rohit Saluja (5:33); innate lymphoid cells in asthma phenotypes by Leyla Ozsyigit (5:23); cough hypersensitivity as a neuro-immune interaction by Woo-Jung Song (5:24); and the pathogenesis and diagnosis of delayed-type drug hypersensitivity reactions, from bedside to bench and back by Rik Schrijvers (5:31).

The hidden burden of allergic rhinitis was explored by a UK healthcare resource utilisation survey (5:39). The importance of having a common scoring system to assess allergic rhinitis control was demonstrated by a survey during the EAACI Congress 2013 (5:36). Articles on immunotherapy for allergic rhinitis discuss optimising the dose (5:44), the duration of benefit after cessation (5:12) and the value of pre- and co-seasonal sublingual immunotherapy (5:18). Immunotherapy with a hypoallergenic recombinant birch pollen allergen extract, rBet v1-FV, disappointingly showed no benefit over a native birch comparator in a small study (5:28).

Open mixed nut challenges to exclude tree nut allergy may be appropriate in children with low suspicion of allergy (5:19). The use of a basophil activation test as a complementary diagnostic tool in the diagnosis of severe peanut allergy in adults illustrates the potential value of functional assays in a food allergy assessment (5:22) to minimise the need for challenge. Despite awareness, 12.4% of Canadian children with peanut allergy had accidental exposure over a year (5:16).

A comprehensive review of sensitivity to food additives, vasoactive amines (including histamine) and salicylates is a valuable resource for referencing a scarce literature on this important subject area (5:34).

A welcome ‘whole person’ treatment approach to chronic spontaneous urticaria describes a psychological management option (5:40). Marta Ferrer reviewed immunological events in chronic spontaneous urticaria (5:30) based on laboratory evidence published over the last 3 decades and, looking ahead to 2016, the protocol for ASSURE-CSU aims to throw light on the real-world burden of disease in a prospective multi-centre survey in 7 countries (5:29).

Clive Grattan
CTA Editor-in-Chief
EAACI’s new educational session formats

EAACI is constantly seeking to improve and diversify the range of educational opportunities offered to its members.

Whilst the Academy’s Allergy Schools are a much-liked and well-established format, a need has been identified to additionally offer meetings catering for more senior and specialised attendees. **EAACI Masterclasses** are therefore proposed as a new event format which will cover basic, clinical and translational topics, targeting specialists in a particular field. To attend a masterclass, a higher level of professional experience is required; however, age is not a criterion for exclusion. EAACI Masterclasses will last for a maximum of 2 full days and it is expected that sessions will have a workshop character, making them as interactive as possible.

The first EAACI Masterclass, on ‘Translational immunology: Novel therapies and unmet needs in allergic disorders’, will take place in Zurich in October 2016. This Masterclass will be organised by the Immunology Section and the Biologics Interest Group, and is targeted at physicians who want to learn more about the link between clinical presentation and treatment options with biologicals based on endotyping. Topics addressed will include clinical phenotypes to immunologic endotypes, and linking endotypes to immunologic treatment with biologicals and AIT; sessions will also give insights into pros and cons for the use of biologicals against a variety of specific diseases. This programme will appeal to paediatricians, allergologists, pulmonologists, dermatologists and ENT specialists. More information will be available very soon on the EAACI website.

A second EAACI Masterclass, on Primary Immunodeficiencies, is planned for Spring 2017.

One of EAACI’s main goals is to reach out to Primary Care physicians, making the diagnosis and treatment of allergic diseases and the collaboration between first, second and third line medical care as efficient as possible. The upcoming **Postgraduate Course for Primary Care doctors** on the first day of the EAACI Congress 2016 in Vienna follows a highly innovative and interactive format which will enhance the learning experience by its novel approach. The course will use clinical case scenarios which have been jointly developed by teams of General Practitioners (GPs) led by Dermot Ryan (UK) and Manfred Maier (Austria) and by specialists in allergology. These case scenarios are designed to reproduce real situations in a virtual and safe medical setting. Ultimately, this allows teaching and developing a diagnostic and therapeutic pathway in a relaxed environment. The course will be offered in both English and German.

On the Postgraduate Course, GPs and specialists will work together in groups of two at laptop workstations, going through challenging cases, mirroring the diagnostic process, including following diagnostic paths which turn out not to be relevant but which may still need to be considered. A full discussion afterwards with the panel and facilitators will be particularly interactive and allow an intense exchange between participants and the faculty. Participants will remain anonymous, creating a relaxed atmosphere, making sure that decision processes can be discussed comfortably, in a personal way and with high relevance to daily work with patients.

The Postgraduate Course will run as a half-day course on Saturday 11 June, in German (in the morning) and in English (in the afternoon).

In addition to the above and as part of the Presidential plan, a new programme of talent development will be launched at the Annual Congress, with the aim of developing our membership’s leadership skills. The first course, ‘The evolution of leadership in the 21st Century: How it applies to you’, will take place on Saturday 5 June 2016 from 14.00-17.30 and will be devoted to members of EAACI internal boards. The overall objective of this course is to propose an evolved approach to leadership of self and others. Traits such as empathy, expressiveness, cooperation and selflessness represent the new, collaborative leadership model and are key to creating more effective leaders and organisational strategies in the 21st Century.

We very much hope to meet our members’ expectations and needs with EAACI’s evolving educational landscape. Your feedback is extremely valuable and we encourage all our members to become active in one of the many Interest Groups, Sections or Task Forces, or simply to contact us with your input at any time (education@eaaci.org).

Peter Schmid-Grendelmeier
EAACI Vice-President Education and Speciality
The 35th EAACI Congress in Vienna, 11–15 June 2016, is set to be the major allergy event of the year. The Congress theme – Waltzing with allergens – embraces the needs of all allergists and related specialists from around the world and will reflect how scientific achievements and clinical experience complement each other. The final scientific program for this highlight of 2016 is taking shape. A total of 6 plenary sessions, 54 symposia, 9 interactive workshops and 11 postgraduate courses are already complete. The so-called Hot Topic Symposia and the Year in Review sessions will be finalised in March. But there is more to come: more than 1400 abstracts from 74 countries worldwide have been submitted so far. Each abstract will be evaluated by at least 3 independent reviewers. Using the scores received, the Scientific Programme Committee will then have the tough task of building the oral presentation, poster discussion and regular poster presentation sessions.

On Saturday morning and afternoon you can choose to attend one of 11 postgraduate courses. The clinical village organised by Zsolt Szépfalusi will be open on Saturday and you will have the chance to meet allergologists and their teams who will share their expertise and perform hands-on demonstrations at 15 different booths covering topics including skin testing, lung function measurement, rhinomanometry, medical history taking, food challenges, specific IgE measurement (including component diagnostics), insect venom and drug allergy, anaphylaxis management, allergy prevention, and allergen-specific immunotherapy. In addition, you will be introduced to a pollen count service and the Vienna challenge chamber. Finally, you will be led through “the jungle of allergens”.

The first plenary session on Sunday morning is entitled “25 years of recombinant allergens: pitfalls and benefits”, and will discuss the advantages and limitations of recombinant allergens. Two plenary sessions each will be held on Monday and Tuesday mornings, covering several aspects of allergen-specific immunotherapy as well as the role of neutrophils and epithelial barrier dysfunction in allergic disorders. The final plenary session on Wednesday will “wrap up immunotherapy” and discuss AIT in food allergy, desensitisation versus tolerance, and novel biomarkers. If you join these popular and informative sessions you will be the special guest of world leaders in the field, including Heimo Breiteneder, Stefan Vieths, Marek Jutel, Onur Boyman, Jonathan Corren, Thomas Bieber, Antonella Muraro, Gunter Sturm, Jean Bousquet, Hamida Hammad, Donna Davies, Natalija Novak, Kirsten Beyer, Wayne Shreffler and Mohamed Shamji.

The Year in Review sessions will provide a chance to catch up with the latest developments in different fields. Learning Lounges on a broad range of aspects in clinical practice and basic research will allow close interaction and discussion with the respective experts. Lively debates are expected in the Pro/Con sessions and the interactive workshops - this new workshop format was introduced at the Congress in Barcelona and was a great success. Company sponsored satellite symposia will inform about the latest developments, achievements and products in industry. Finally, don’t miss the Business Meetings of the various EAACI Sections and Interest Groups which are open for everybody and will combine business meeting agenda with excellent, topic-related lectures by renowned experts in the respective fields.

I want to thank all members of the Scientific Programme Committee and in particular the Scientific Programme Coordinator, Edward Knol, for their inspiration, great commitment, hard work and continuous positive support which has made such a fantastic programme possible and available at www.professionalabstracts.com/eaaci2016/planner/

So, do join us in June 2016! We are very much looking forward to waltzing with you!

Barbara Bohle
EAACI 2016 Congress Chair
The 6th International Symposium on Molecular Allergology (ISMA), held from 19–21 November 2015, was a great success. Wonderful weather and all the splendours of the city of Lisbon delighted over 350 participants from 37 countries. The scientific programme included the presentation of 91 abstracts and 9 scientific sessions with 27 members of the faculty, covering a wide spectrum of molecular allergology. The venue, Fundação Champalimaud, situated near the Tagus River in historic Belém, a district combining tradition and modernity, was instrumental to the meeting’s success.

Doctors and biologists enjoyed lively debates of the growing universe of allergenic molecules made available for diagnosis. ISMA 2015’s mission, to bridge the gap between science and clinical practice, was clearly accomplished and helped those present to travel from symptoms to molecules and back again.

In a special lecture, Markus Ollert (Luxembourg) introduced a great project—now almost completed—of a molecular allergology book, produced by a specifically dedicated Task Force. Six experts had a lively debate on the pros and cons of a molecular approach to allergy diagnosis, discussing in particular whether a singleplex or a multiplex approach should be used. Special attention was given to clinical cases and to the use of component resolved diagnosis (CRD) in the management of allergic patients in daily clinical practice. Many interesting lectures addressed the structural and functional biology of allergen diagnosis, developments on diagnostic methods, the implications of molecular sensitisation profiles in epidemiological and intervention studies, and innovative molecular approaches in allergen immunotherapy. Poster sessions were also well attended, providing presenters with a useful stage, and ten travel grants were assigned to worthy Junior Members.

We wish to thank all the participants, members of the local organising committee, the SPAIC (Portuguese Society of Allergology and Clinical Immunology) and to all our friends in EAACI HQ in Zurich for their highly professional support. Last but not least, we wish all the very best to the Chair and organisers of the 7th ISMA planned for 2017 in Luxembourg.

Luis Delgado
ISMA 2015 Co-Chair
Paolo Matricardi
ISMA 2015 Co-Chair
EAACI Allergy Diagnosis Interest Group Secretary
EAACI Winter School 2016

The 14th EAACI Winter School on Basic Immunology Research in Allergy and Clinical Immunology, organised by the EAACI Immunology Section, took place in Pocol, Cortina d’Ampezzo (Italy) from 4–7 February 2016. The EAACI Immunology Section Board met at the conference hotel one day before the Winter School in order to update the Section’s innovative strategy for the coming years and to plan future exciting Section initiatives and activities.

Once we had all gathered in the beautiful and snowy Italian Alps, we enjoyed an exciting and varied scientific program comprised of 6 keynote lectures by guest speakers, with 20 short talks and 42 poster presentations by conference attendees from over 20 different countries. Both the faculty and the attendees were very active in promoting scientific discussion and providing interesting feedback, contributing to the high scientific standards that have become a hallmark of the EAACI Immunology Winter School.

EAACI President Antonella Muraro opened the School with an inspiring talk on the importance of Junior Members to the continuing and future success of EAACI, while Peter Openshaw kicked off the scientific program with a state-of-the-art lecture on the varied pulmonary immune responses to respiratory viruses, setting the tone for the following presentations. Lectures which followed included those on dendritic cells and macrophages (Allan Mowat), epithelial T-cells interactions in the inflamed mucosa (Kevin Maloy), IgE immune responses to carbohydrates (Thomas Platts-Mills), myeloid suppressor cells (Tilo Biedermann) and mechanisms of immunodeficiency (Carlo Agostini).

Overall, very positive feedback was received from the faculty and from all attendees, who were not only stimulated by cutting edge immunological research but also got to meet new potential scientific collaborators and made new friends. Many thanks to the EAACI Headquarters team (in particular Viviane, Petra, Robert and Jeanette) for their essential contributions to the meeting and to the entire EAACI family for having placed the Winter School at the core of their Academy activities. The Board is already actively planning the next Winter School and we welcome your suggestions for speakers and activities.

Ibon Equiluz-Gracia
EAACI Immunology Section JM Representative

Jürgen Schwarze
EAACI Immunology Section Secretary

Liam O’Mahony
EAACI Immunology Section Chairperson

Allergen Immunotherapy Allergy School 2016

The EAACI Immunotherapy Interest Group, in collaboration with the Danish Society of Allergology, look forward to welcoming you to the 2016 Allergen Immunotherapy Allergy School. The School will take place on the beautiful coast north of Copenhagen, Denmark (April 7–9), in the Rungstedgaard facility neighbouring the home of the famous writer Karen Blixen, with a direct view of the coast of Sweden.

The Allergy School will focus on the education of young researchers and physicians with a specific interest in allergy as the cause of respiratory diseases and AIT. We will stimulate the scientific and social contact between established scientists and next generation specialists.

This is the fifth Allergy School on AIT following earlier activities in Germany, Finland, Spain and Greece, and the aim of the School is to give a complete insight into the exciting specialty of allergen immunotherapy. A combination of presentations, discussions, workshops on practical issues (diagnosis and treatment), hands on activities and opportunities to discuss your individual needs for knowledge and information with experienced researchers form the backbone of the three day Allergy School in Copenhagen.

Lars Jacobsen
(on behalf of the organising committee)
Co-Chair Local Organising Committee
EAACI Immunotherapy Interest Group Secretary
Drug Hypersensitivity Meeting 2016

Allergy is an increasing public health problem in developed countries. Whilst many areas of allergy are already well explored, questions still exist, especially in the area of drug hypersensitivity (DH). For example, the failure to provide a correct DH diagnosis is frequently encountered and can lead to serious outcomes in both outpatient and in hospital care. Indirect consequences as well as acute DH reactions are common concerns. Inadequate patient reporting can leave doctors uncertain of what drugs to prescribe. Alternative drugs may be more expensive and less effective than the original drug to which the patient reacted. To avoid the negative personal, social and economic impacts caused by alternative treatments it is important to establish simple tests to help clinicians choose correct medications.

The immunological mechanisms involved in adverse drug reactions (ADR) are diverse and still not fully explored, although great progress has been made recently. Drugs are haptens – small molecules which only elicit an immune response when they are bound to a larger protein carrier, forming an adduct. These substances often induce an IgE- or T cell-mediated immunological response varying from patient to patient. Our understanding of the mechanism is continuously increasing as different drugs with different chemical structures appear on the market. Therefore, it is crucial to characterise the different phenotypes of drug allergic patients.

EAACI’s annual Drug Hypersensitivity Meeting (DHM) brings light and understanding to an area that is often regarded as complicated. DH represents one of the greatest challenges in clinical allergy and needs close multidisciplinary cooperation, and the EAACI Meetings have been a great success, achieving increasing popularity over time, providing a unique occasion for clinicians, researchers and industry colleagues to work and learn together. In the light of increasing knowledge in the field, DHM 2016 (April, 21-23) will be an excellent opportunity to share and learn about major developments, novel ideas and unprecedented progress in this area. ●

Maria J. Torres
DHM 2016 Chair
EAACI Drug Allergy Interest Group Chairperson

Knut Brockow
DHM 2016 Chair
EAACI Dermatology Section Board Member

2016 JM Mentorship Programme launched

“Mentoring is a brain to pick, an ear to listen and a push in the right direction”
John C Crosby

Established in 2011, the EAACI Junior Members (JMs) Mentorship Programme (MP) aims to promote ongoing educational and professional opportunities for young scientists/physicians and to enhance JMs capacity as professionals. It provides a platform for JMs to:
• communicate with experienced EAACI professionals;
• receive answers/feedback to their questions or comments;
• obtain assistance in achieving their goals; and
• initiate possible scientific collaborations.

Over all the five rounds that have taken place since its launch, nearly 200 Mentees have been accepted and participated in the MP, while each year between 100–140 senior EAACI members have volunteered to be Mentors.

The partnership between each Mentor and his/her Mentee is mainly conducted online for a period of two years. However, the MP also provides funding opportunities, via the annual MP Awards, which are intended to support the most active Mentees to visit their Mentor and have an opportunity to discuss further in person.

It is now my great pleasure to announce the launch of the 2016 round of the JM MPI. EAACI Seniors have already indicated their availability and good intentions to mentor, and the Mentor list has now been distributed to all EAACI JMs via email. So, Juniors: don’t miss this great opportunity to find an experienced Senior who will happily be “an ear to listen to you and push you in the right direction”. The Mentor who could help you become more self-aware and take control of your own development and career direction is waiting for you. Visit the Juniors’ webpages at eaaci.org to learn how to apply to become a Mentee! ●

Olympia Tsilochristou
EAACI JM Chairperson
UPCOMING EVENTS

EAACI CONGRESS 2016
EAACI Congress 2016
11 – 15 June 2016
Vienna, Austria
www.eaaci2016.org

FOCUSED MEETINGS
Drug Hypersensitivity Meeting (DHM 2016)
21 – 23 April 2016
Malaga, Spain
www.eaaci-dhm.org

ALLERGY SCHOOLS
Allergy and Allergen Immunotherapy
7 – 9 April 2016
Copenhagen Rungstedgaard, Denmark
www.eaaci.org/allergy-schools

Food Allergy and Anaphylaxis Meeting (FAAM 2016)
13 – 15 October 2016
Rome, Italy
www.eaaci-faam.org

Drug Allergy in Children
22 – 24 September 2016
Belgrade, Serbia
www.eaaci.org/allergy-schools

International Severe Asthma Forum (ISAF 2016)
17 – 19 November 2016
Manchester, United Kingdom
www.eaaci-isaf.org

MASTER CLASS
Translational Immunology
October 2016
Zurich, Switzerland
www.eaaci.org/master-classes

Symposium on Experimental Rhinology and Immunology of the Nose (SERIN 2017)
30 March – 1 April 2017
Düsseldorf, Germany
www.eaaci-serin.org

For more information visit www.eaaci.org
or contact events@eaaci.org
Childhood asthma: Can it be prevented?

Deep understanding of asthma pathogenesis constitutes a prerequisite for the establishment of prevention and treatment strategies. Allergic sensitisation, environmental exposures to allergens and microbes, as well as the contribution of host genetic material and the gene–environment interplay are important parameters in the equation.

Despite what was previously thought about the role of allergic sensitisation, recent studies demonstrate that atopy is not a single phenotype linked to asthma and that the theory of ‘atopic march’ has to be revised [1]. There are different risk groups stratified by atopic characteristics in large population longitudinal studies. Component resolved diagnostics along with cluster analysis provide satisfactory prediction rates of asthma and rhinitis [2]. Nevertheless, we need more birth cohort studies to translate research data into clinical practice. For that purpose, there is a platform in the UK for uniform storage and interaction of UK birth cohort studies’ data (STELAR Asthma e-LAB) [3].

Environmental factors including exposure to allergens and microbes, especially early in life, have a detrimental role in allergies and asthma incidence. Results from cohort studies such as the Wisconsin Infants Cohort and the URECA study [4] show that farm and not urban exposures protect against allergy and asthma development. In more detail, it has been demonstrated [5] that indoor allergen exposure at the age of 1 year old is inversely associated with recurrent wheeze at the age of 3 years, as well as that reduced bacterial richness is a risk factor for atopy and atopic wheeze. Specific taxa of bacteria when in abundance, mainly bacteroides and firmicutes, seem to protect against allergy. In addition, to host microbiota, respiratory viruses seem to have distinctive roles in asthma pathogenesis. Respiratory Syncytial Virus (RSV), despite the presence or not of atopy, is associated with later asthma development (though maybe not asthma persisting throughout life) whereas rhinovirus (RV) wheezing in the first 3 years of life is strongly associated with persistent wheeze later in life, especially in atopic individuals [6].

External factors, including allergen and microbiome influences, differentially contribute to the final asthmatic or non-asthmatic phenotype in close link with the underlying genetic background. Genome Wide Association Studies (GWAS) highlight genes that contribute to asthma incidence [7]. However, heritability of asthma alone accounts for less than 50% of patients and gene–environment interactions have to be taken into account. For example, by focusing on genes that show how we respond to respiratory viruses such as RV, Bonnelykke K et al. (2014) demonstrated that CDHR3 is a susceptible locus for early childhood asthma with severe exacerbations [8].

Intervention strategies have to take into account the aforementioned findings. At a personal level, there are many opportunities for improvement of diet and standards of living, in such a way that people become closer to their natural environment and live less in a ‘sterile-like’ urban habitat. At a community level, there is more to be done, such as policies for fewer caesarian sections, more breastfeeding and wise perinatal care, less antibiotic use (or misuse), more green spaces in our everyday environments, strict policies for natural food preparation and distribution, and so on. Nevertheless, there is much work that also has to be done to achieve precise preventive and therapeutic measures against allergy and asthma. More recently, researchers have focused on the microbial-mucosal unit in connection with gene–environment interactions [9]. Although the provocation of bacterial exposure is difficult in clinical practice (especially for young children), animal experiments have already shown that oral administration of bacterial extracts prevents bronchial hyperreactivity [10].

Paraskevi Maggina
Athens, Greece

References
Drug allergy is a matter of great concern, both for outpatient care and in hospital settings. Issues relating to incorrect patient reporting and loss of sensitivity over time (between a reaction and its study) can lead to the unnecessary avoidance of certain drugs and sub-optimal treatment. Although drug allergy is a worldwide problem, the drugs involved in the reactions differ from country to country and this probably depends on the pattern of consumption. Non-steroidal anti-inflammatory drugs (NSAIDs) are the drugs most frequently involved in allergic reactions, with ibuprofen the most often reported. Beta-lactam (BL) antibiotics are also frequent inductors and the culprits vary, with penicillin V most often involved in Northern Europe, amoxicillin and clavulanic acid in southern Europe, and cephalosporins in some other countries such as Italy. In the last decade, some countries have also experienced an increase in the percentage of reactions induced by radio contrast media and some fluoroquinolones, such as moxifloxacin. There is also a great concern about the reactions induced by biological or chemotherapy drugs.

The mechanisms involved in drug allergy are not clearly understood, the responses classically being IgE and T cell mediated. With regard to mechanisms, there has recently been great interest in the study of genetic prediction of drug hypersensitivity, with most studies being performed using a gene-candidate design and a majority not being replicated. Most studies on immediate BL reactions have found an association with genes that were previously identified as predictors of atopy, increased IgE production and inflammation, at least in Europe, China and the US. Hypersensitivity reactions to aspirin and NSAIDs are most often due to mechanisms related to their effect on arachidonic acid metabolism and leukotriene release. In contrast, the studies on delayed T cell mediated reactions have identified HLA genotypes as master risk predictors of hypersensitivity, providing hope for the prevention of at least some of them.

The classification of drug allergic reactions is not as clear as expected and many questions have recently arisen. How are immediate or non-immediate reactions classified? How do we classify accelerated reactions? Is it better to classify them by the clinical picture or the timing between drug intake and development of symptoms? All these questions are now being considered by members of the Interest Group (IG) on Drug Allergy, by a specific Task Force (on Harmonisation and Dissemination of Drug Hypersensitivity Classification). It is important to point out that how patients are classified is critical not only for diagnosis but also for treatment.

The diagnosis of drug allergy is complex, time-consuming, expensive and potentially risky, being primarily based on a detailed clinical history and in vivo procedures, such as skin testing and drug provocation tests. However, the effectiveness of the in vitro methods currently available for diagnosis has not been clearly defined, and the basophil activation test using flow cytometry is emerging as a promising tool for diagnosing IgE mediated reactions. Once diagnosis is complete it is important to properly document it in a way that can be understood throughout Europe. The IG on Drug Allergy is finishing an important project called the “Drug Allergy Passport” in which a patient “passport” document has been developed including relevant data and diagnosis of the patient’s reaction. This document, translated into different languages, will be useful not only for patients but also for doctors.

Allergic reactions to drugs are often reported in children, although later on most of them are not confirmed as truly allergic and their illnesses more frequently being related to an infectious disease. In this group of patients, it is really important to perform an accurate diagnosis, so as not to label children as allergic for the whole of their life. In the last year, the approach to diagnosing drug allergy in early life has changed, being mainly based on drug provocation tests.

Finally, an important number of publications have appeared in the last decade indicating that desensitisation is a useful procedure to manage patients with drug allergy, especially when there is no alternative drug available, as happens with biological agents and chemotherapy.

Maria J Torres
EAACI Drug Allergy Interest Group Chairperson
Patrizia Bonadonna
EAACI Drug Allergy Interest Group Secretary
Middle registration fee deadline: 5 May 2016