The EAACI Global Atlas of Allergy – a worldwide success!

We are pleased to announce that, since the Global Atlas of Allergy was launched as an e-book during the EAACI Congress in Copenhagen and has been available as an open access e-book at http://www.eaaci.org/resources/global-atlas-of-allergy.html, it has been downloaded 7,259 times.

The response from allergy and other scientific societies worldwide, including those for general practitioners, has been very enthusiastic. The e-book version was distributed to our society’s membership and requests for translation have been received from all around the world, with the first translation in Chinese coming soon as a joint project with the Chinese Allergy Society.

A complimentary copy of the Atlas will also be distributed worldwide to allergy, pediatric, dermatology, ENT and pulmonology scientific societies, to ministries of health and other regulatory bodies, and to patient organisations and medical libraries.
A year ago, in my first Presidential message in this Newsletter, I declared my interest and intention to make EAACI a more extrovert Academy, ‘Reaching out to Society’.

One year later, I am happy to say that the first steps in that direction have been taken, and quite successfully. We are in fact now part of the European Chronic Disease Alliance (ECDA) and, being united, we can now advocate, on an equal basis with other disciplines, for more effective public health measures. Together, we can claim that 9 out of 10 citizens in Europe die from chronic diseases, while the burden of such diseases is huge (and the contribution of allergies is high in this respect), with up to 80% of healthcare costs (more than €700 billion) spent on chronic diseases. We are also all aligned when making the point that only 3% of healthcare expenses are spent on prevention and the other 97% on treatment. Additionally, we have entered into partnership with the Alliance for Bio-medical Research in Europe and, through that partnership, supported the need for increased investment in research as well as more streamlined procedures for EU research grants. As a result, the EU decided to include a Scientific Panel for Health in the ‘Horizon 2020’ program, which will be a science-led stakeholder platform elaborating scientific input concerning this societal challenge.

We also have a new office in Brussels, with the purpose of organising our interactions with the various EU bodies and keeping us updated regarding the developments of the EU Commission’s policies and activities. For those of our members who follow activities through the EAACI website, a new ‘EU Affairs’ section brings you important news that may be of interest, including developments about research and public health grants, new legislation affecting the environment, our patients, or those of us who are professionals in the field; if you haven’t located the ‘EU Affairs’ section yet, look at the bottom left box of our homepage.

Of course the EU is a complicated beast with many institutions and substructures. Influencing its policies is not completely straightforward, and takes time and a lot of focus and persistence. So our decision and strategy is to approach, update and convince at different levels, with tailored messages. The new EU Parliament started working in July this year and we were there, in Strasburg, during the first plenary session, participating in a meeting with the purpose of setting up an Interest Group with Members of the European Parliament that will support the causes of allergy and the needs of patients and relevant communities. The European Federation of Allergy and Airways Diseases Patients’ Associations (EFA), our valuable partner representing Patient Organisations, as well as European Biopharmaceutical Enterprises (EBE), representing industry, were also there.

The New EU Commission has just started and we are already preparing our portfolio, including a new EAACI Manifesto, to visit both Parliamentarians and Commission Officers in Brussels next month. Our message is simple: allergy is a major public health problem. Specific public health policies, increased support for research and streamlining of medical education are necessary to start tackling the problem that may otherwise overwhelm healthcare systems in the whole continent.

In addition to the political message, our public campaign is being rolled out, with the intention to become persistent and continuous: 150 million people in Europe are trapped by a disease! Our aim is to convince politicians as well as the general public that allergy is not a trivial condition and deserves far more attention. We of course realise that a few meetings and short messages will not achieve such a pattern-changing objective. Therefore an additional step is partnering with National Societies, both to deploy the campaign and expand its message in as many European languages as possible, but also to politically support each other in local or European claims. But finally, this vision cannot be accomplished without the support of each and every one of the EAACI members as well as anybody else realising the impact that allergy has on our society, the need to face it, and the potential to solve it. I am certain that together we can succeed!

Nikos Papadopoulos
EAACI President
Dear Reader,

The main topic of this last 2014 issue deals with improving and spreading ‘allergy awareness’. It is now common knowledge that some 150 million Europeans are, to a greater or lesser extent, affected by allergic diseases. In some countries, over 50% of adolescents have allergic respiratory symptoms, whilst the number of severe and potentially life-threatening allergic reactions induced by different triggers is also on the rise.

Nevertheless, allergy is still perceived as a trivial disease and not as the chronic condition that it is, with its consequent impairment of patients’ quality of life and increased burden of social costs.

The EAACI 2013–2015 strategic programme includes “systematic and coordinated high-level lobbying at the EU level, a presence in Brussels, a comprehensive strategy in collaboration with various stakeholders, with the aim of placing allergy higher on the EU agenda in the research, medical education and public health domains”. One year after starting Nikos Papadopoulos’ presidency, many steps have already been accomplished.

At the end of last year, with the support of the Academy, 178 Members of the European Parliament signed a ‘Written Declaration’ recognising the burden of allergic diseases as one of the major public health issues of the 21st Century. At the same time, EAACI organised three days of skin prick tests for allergies in the European Parliament in Brussels, with a large turnout; the results were that about 50% of the participants tested positive, some of whom had quite severe respiratory symptoms.

Thanks to the efforts of the President and others, including Patient Organisations, EAACI is now part of the European Chronic Disease Alliance and has also joined forces with the Alliance for Biomedical Research in Europe, with the aim of asking for more effective public health actions as well as greater research investments.

EAACI’s new office in Brussels is set to help the Academy follow the EU Commission’s activities, to meet and lobby EU members who are supporting the allergy awareness issue, as well as presenting the EAACI portfolio to the new EU Parliament.

In parallel with this systematic lobbying at the EU level, it is essential to provide clear scientific information on all allergic diseases, their diagnosis and treatment, to the general population, patients and their families, to healthcare professionals and policy makers. To fulfill this purpose, the EAACI Allergy Awareness Campaign was launched at Congress and in the streets of Copenhagen last year, introducing the concept that allergic people are ‘trapped by their disease’. The campaign will continue in 2015, including at the Barcelona Congress, and will be boosted in four stages designed to underline the various aspects of allergy, including asthma, food allergy and anaphylaxis, rhinitis, allergen specific immunotherapy, and skin allergy. Many activities (such as the dissemination of promotional material, online material, press releases and interviews) have been organised in association with the National Societies, Patient Organisations, and the Primary Care and Pharmaceutical Group of the European Union.

I would like to take this opportunity to urge all the European Allergy and Clinical Immunology Societies to strongly support and be an active part of this campaign. It is only through widespread and unrelenting cooperation among all involved that these important objectives for our patients and for our specialty will ever be achieved.

M. Beatrice Bilò
Newsletter Editor
President’s Desk

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Tell us about yourself, please
I would describe myself as an active, passionate and very curious person. I always try to keep a good balance between creativity and rationality which could probably explain why I studied Political-Communication at University. I’m Canadian and I grew up in a green suburb of Montreal in the francophone province of Québec. Back in Canada, I worked for more than six years in politics and in TV advertising. I came to Switzerland five years ago. I first lived in Geneva where I did my Masters in International Cooperation. Two and a half years later, I moved to Zürich, starting as Communications-Marketing Manager for one business unit of a multinational. Finally, three months ago, I happily joined EAACI’s team.

What are your responsibilities as Marketing & Communications Manager?
As Marketing & Communications Manager my responsibilities are quite diverse and require continuous collaboration with EAACI colleagues, as well as with different agencies and suppliers. I would divide my tasks into four main pillars:
• Public Relations: ensuring that EAACI and its events, publications and papers get covered by the media in order to reach the general population as well as specialists.
• Promotion and Advertisement: collaborating with a broad network of partners to promote EAACI events.
• Campaigns and Publications: coordinating new projects, e.g. the Awareness Campaign, the printing and distribution of the Global Atlas of Allergy, etc.
• Corporate Identity: making sure that EAACI’s corporate identity and design is coherent and consistent in all communications.
In addition, I support the Vice-President Communications and Membership and the Headquarters Executive Director on EU Affairs, on ad hoc projects or simply when it is needed.

What do you find most rewarding about your job?
EAACI offers a very rich working environment as I’m interacting on a daily basis with people from all around the world, with different professional and cultural backgrounds. Working in such a multicultural environment is very stimulating from a professional and personal perspective. Another aspect of my job that I really appreciate is the amazing team spirit at Headquarters. During the past three months, all my colleagues have been very supportive and helpful. Knowing that I can count on my colleagues whenever I need their support, and vice-versa, is so valuable and it makes work less stressful and much more enjoyable.

And the challenges?
As a newcomer, my first challenge is to learn as much as possible about the organisation and the field of allergy, in order to be able to manage, as soon as possible, all my responsibilities in the most effective way. By the end of the year, I will have a better understanding of the organisation and EAACI’s communications and marketing activities, and will be ready to tackle any challenges.

EAACI is going green!
Over the past decade, environmental issues such as climate change and global warming have become more and more evident in our daily lives. EAACI is planning to reduce its carbon footprint by:
• Introducing E-Posters and electronic knowledge-sharing at EAACI events
• Offering members the option to opt out of the print versions of Allergy and Pediatric Allergy and Immunology journals
• Sourcing recycled paper for programmes and promotional material
• Distributing eco-friendly badges and bags at all EAACI events
• And much more

Environmental stewardship and preservation of natural resources is becoming a priority and a strategic initiative for EAACI. Join us now!

Contact: info@eaaci.org or visit www.eaaci.org for more information
EAACI wishes a happy retirement to Professor Werner Pichler

Professor Werner Pichler retired earlier this year from his clinical and teaching appointment at the University Hospital of Bern. Werner is well known outside the Swiss and Tyrolean (his region of origin) borders, and we would like to take a moment to look back briefly at his exemplary career, which has been a model for many of us.

Werner has achieved many outstanding contributions in the field of research, education and care in the field of allergy and also clinical immunology. He was Professor and Head of the Allergy and Clinical Immunology Department of the University of Bern. His long-standing and highly-recognised research focus on drug hypersensitivity has led to major achievements. New insights into mechanisms of drug hypersensitivities, the “p-i concept” as new example for T cell stimulation and standardisation of diagnostic tools such as lymphocytic proliferation assays for drugs were all realised by him. His textbook, “Clinical Immunology” is a standard in the field, and he has also successfully trained and supported dozens of MD and PhD students.

Werner has been very active in various scientific societies. He was President of the Swiss Allergy and Immunology Society (SSAI), and served on the EAACI ExCom as a dedicated promoter of our broad specialty, and initiated the very successful EAACI knowledge test. He is also the founder of the SSAI’s annual CME, which takes place each January in Grindelwald and which has become very popular due to its outstanding quality, practical approach and the socially attractive nature of this get-together in the Bernese Alps.

To many of us European allergists, Werner has not only been a fellow scientist and clinician, but a good friend and mentor. He has marked us by his high degree of intelligence, but also by his kind touch of humour. We wish Werner a very relaxing but surely also active retirement.

Philippe Eigenmann
University Hospital of Geneva, Switzerland

Peter Schmid-Grendelmeier
EAACI Exam Committee Chair

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EAACI EVENTS

December 2014
12 – 13 December – European Consortium on Application of Flow Cytometry in Allergy (Euro-BAT), Munich, Germany

February 2015
1 February – Applications open for the EAACI/UEMS Knowledge Examination in Allergology and Clinical Immunology
5 – 8 February – 13th EAACI Immunology Winter School on Basic Immunology Research in Allergy and Clinical Immunology, Les Arcs, France
13 – 14 February – EAACI Executive Committee and Scientific Programme Committee Meeting

March 2015
5 – 7 March – EAACI Allergy School on Early diagnosis and treatment of common allergic disorders in infancy and childhood, Taormina, Italy

April 2015
1 April – Applications close for the EAACI/UEMS Knowledge Examination in Allergology and Clinical Immunology
16 – 18 April – EAACI Allergy School on Molecular and Laboratory Asthma - A course for the practicing clinician, Istanbul, Turkey

May 2015
EAACI Newsletter

June 2015
5 June – EAACI Executive Committee Meeting, EAACI Congress 2015, Barcelona Spain
6 June – EAACI/UEMS Knowledge Examination in Allergology and Clinical Immunology, EAACI Congress 2015, Barcelona, Spain

6 June – EAACI Scientific Programme Committee Meeting, EAACI Congress 2015, Barcelona Spain
6 – 10 June – EAACI Congress 2015, Barcelona, Spain

August 2015
EAACI Newsletter

October 2015
19 – 21 November 2015 – 6th International Symposium on Molecular Allergology (ISMA 2015), Lisbon, Portugal

November 2015
19 – 21 November 2015 – 6th International Symposium on Molecular Allergology (ISMA 2015), Lisbon, Portugal

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.
The JMA Mentorship Programme

Preparing this piece for the newsletter, I searched for my first fellowship application to go abroad and do a period of specialised clinical training in pediatric allergy – an application for an EAACI-GA2LEN Fellowship, part of the GA2LEN Exchange Program for Clinicians. Reading my application, I could feel my own enthusiasm and my unlimited expectations! That fellowship was a door to so many exciting and unique opportunities!

Being a Junior Member & Affiliate (JMA) with a passion for allergy and clinical immunology, there is so much you wish to know and experience. Spending some time abroad or having an open communication channel with key contacts in your chosen clinical and/or research field can be a very enriching experience and an extremely valuable opportunity. We all have senior clinicians and scientists that we admire. We study their books, read their papers but often do not even hope to have a one-to-one discussion with them, or the opportunity to ask that burning question.

How do you choose your mentor? How can you be sure he or she is available to meet you? The need to facilitate the first contact and to promote fruitful scientific interactions between JMA (mentees) and EAACI members already established in their careers (mentors) formed the basis for the JMA Mentorship Programme (JMA MP) which was launched during the EAACI Congress in Istanbul in 2011. The JMA MP aims to improve the professional skills of JMAs and to promote their career development through networking with experienced EAACI professionals, and to create a platform for JMAs to communicate with senior EAACI members. The process has an annual cycle, consisting of a call for mentors in February, a call for mentees in March, followed by a review of mentees’ applications, and the matching of mentees and mentors according to their interests and expressed preferences. At the EAACI Congress in June, a face-to-face meeting between mentees and mentors is organised in the form of a “Mentorship Programme cocktail/information event” where all participants in the MP are invited to attend. The MP starts for mentors and mentees at this point and, over time, may develop into a formal collaboration or provide other opportunities.

The number of new mentee–mentor pairs has increased over the past three years. In the 2014 round, 110 senior EAACI members volunteered to mentor a JMA, including several from previous years, and 43 mentee–mentor pairs entered the program. Financial support for mentees to visit their mentor’s workplace (the MP Awards) has become available since 2012 with one call for applications per year. Travel grants to attend the EAACI Congress and EAACI Focused Meetings are also available for mentees. In a recent survey, the overall feedback was positive and the JMA MP will continue.

To all those who have worked to get the MP off the ground, the JMA Working Group cannot thank you enough. In particular, we would like to thank Enrico Heffler and Chrysanthi Skevaki (past JMA Chairs), Milena Sokolowska and Serena O’Neil (past MP Coordinators), Pascal Demoly (EAACI Vice-President for Education & Specialty) and Viviane Knerr (Education, Specialty and Science Manager at EAACI HQ).

For further information about the JMA MP, visit the “Juniors” area of eaaci.org and follow us on social media. You can also contact us via mp.jma.eaaci@gmail.com. Good luck!

Alexandra Santos
JMA Chair

Ethics Committee: News from 2014 Congress

At the EAACI Congress in Copenhagen, the Ethics Committee organised a session on “Ethics in Research”. The speakers were Sarah Edwards (Senior Lecturer on Research, Ethics and Governance, UK), Christine Rolland (European Federation of Allergy and Airways Diseases Patient’s Association, France) and Hans-Uwe Simon (Editor of Allergy, Switzerland).

The presentations focused on ethical aspects of clinical trials, patients’ views and the editing of research papers. Sarah Edwards underlined that (based on the Helsinki Declaration) scientific and ethical standards should govern human research to protect the individual as well as the public. Christine Rolland’s session discussed new rules making clinical trials more transparent; the involvement of patient organisations in European research projects were considered an important way to protect patient rights even if the features of collective autonomy (participation of patients and/or citizens) are still under discussion. Finally, Hans-Uwe Simon stressed that each medical journal needs a definition of conflict of interest, of transparency in editorial work and independence from outside financial support. Transparent regulations, the inclusion of an ethics review, good practice and the implementation of the new EAACI Ethics Code were all advocated.

To end, here are just a few points to help you think about the crucial questions raised:
1. Which patient organisations or citizen representatives should be involved in review boards?
2. Should clinical trials have European or national regulation?
3. What are the relevant conflicts of interest in editing and publishing?
4. Should the guideline authors have direct involvement with the pharmaceutical industry?

José Rosado Pinto and Andrea Dörries
EAACI Ethics Committee Members
EAACI is a member society of the Federation of Clinical Immunology Societies (FOCIS). As a federation, FOCIS represents over 65,000 clinical and preclinical researchers working in different areas in which immunology plays a pathophysiological role. FOCIS exists to improve human health through immunology by fostering interdisciplinary approaches to both understand and treat immune-base diseases. With allergy, other diseases such as immune deficiencies, autoimmunity, cancer, infectious diseases and transplantation are all at the focus of FOCIS.

FOCIS is a valuable organisation for EAACI members with an interest in clinical and translational immunology. It offers unique platforms, most notably their annual meetings, which are key meetings in translational immunology to give you a competitive edge in your career. Leading clinicians and researchers deliver the latest breakthroughs across immune-mediated diseases. Focusing on molecular pathways and their implications in human disease provides a unique opportunity for innovative thinking and for the application of ideas from disease pathologies, to help uncover novel solutions to challenges in the diseases you study. FOCIS 2015 will be held from 24–27 July 2015, at the Hilton San Diego Bayfront in San Diego, California, USA.

FOCIS is also active in education at different levels, with world-renowned speakers. Their education program (live and online) consists of:

- an advanced course in basic and clinical immunology, covering major topics in cellular and molecular immunology including innate immunity, B cells, T cells and dendritic cells;
- basic immunology in medicine, reviewing selected topics in basic immunology with emphasis on recent advances and issues relevant to pathogenesis and treatment of immune-mediated diseases; and
- interventional immunology, which familiarises practicing physicians with the scientific basis of novel immune therapies, their clinical applications and possible side-effects and limitations.

EAACI members can apply for FOCIS individual membership at a reduced rate of only $50. This membership provides exclusive access to *Translational Immunology Update*, a bimonthly e-publication that aggregates the latest articles and clinical trials in translational immunology from leaders in the field. In addition, members receive free abstract submission, reduced registration rates, eligibility to receive annual meeting travel awards and have access to online educational courses.

If you want to learn more about FOCIS and the benefits of FOCIS individual membership, please visit: [www.focisnet.org](http://www.focisnet.org).

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**The 15th Allergopharma Award, 2015 in the value of Euro 10,000**

The Award was initiated by Allergopharma in 2000 in collaboration with the European Academy of Allergy and Clinical Immunology (EAACI). It is intended that the Award should recognize the scientific achievements of young scientists working in the field of allergy and encourage their further engagement in the field.

Therefore the Award is open to members of the EAACI, and in particular Junior Members, who have conducted their research in a European centre. Applications for the Award should consist of a full research paper published in an international peer reviewed journal in 2012/2014, a cover letter detailing the extent of the applicant’s contribution to the research, and a curriculum vitae including a full list of the applicant’s publications. The received applications will be reviewed by an ad hoc commission nominated by the EAACI Executive Committee and Allergopharma. The winner of the fifteenth Award will be presented during the EAACI Congress in Barcelona 2015.

To be eligible for the award, applications should be submitted electronically before 31st of December 2014 to both the EAACI Headquarters (Email: info@eaaci.org) and the head of R&D at Allergopharma, Dr. Steen Klysner (Email: roswitha.kleemann@allergopharma.com). The research paper, curriculum vitae and cover letter should be included as three separate attachments.

Alternatively, postal applications can be sent to EAACI Headquarters, Hagenholzstrasse 111, 3rd Floor, 8050 Zurich, Switzerland (Tel.: +41 44 205 55 33)

Allergopharma GmbH & Co. KG is committed to furthering excellence in allergy diagnosis and specific immunotherapy through investment in scientific research.
The European Cooperation in Science and Technology (COST) Action “Improving Allergy Risk Assessment Strategy for new food proteins” (ImpARAS), proposed, written and promoted by Kitty Verhoeckx from TNO (Applied Scientific investigation), The Netherlands, has been approved by the European COST Office.

The main objective of the Action is to build an interdisciplinary European network of scientists with a broad range of expertise (protein technology, gastro-intestinal physiology, toxicology, biochemistry, immunology, food production and processing, allergy, risk assessment, etc.) to discuss, with an outside-the-box view, new ideas and more predictive models and approaches to improve the current allergenicity risk assessment strategy. This will facilitate international collaboration in the development of more predictive tools to assess allergenicity.

More than 90 scientists from 21 countries have already expressed their interest in the Action, which will have its launch meeting on 8 December 2014. ImpARAS will be financed by the European Union and will run for four years.

For more information, contact Kitty Verhoeckx (kitty.verhoeckx@tno.nl).
Speaker Support Programme

The dissemination and exchange of scientific and educational information is one of EAACI’s key objectives. This is achieved through a range of different EAACI activities, such as, for example, through our own meetings, Position Papers and fellowships for JMA.s.

Yet another way of sharing information within our specialty is by forming ever closer ties with EAACI National Member Societies and regional organizations, or by establishing new contacts and contributing to their respective educational activities. For this purpose, the Speaker Support Programme was created.

The programme is tailored to allow top EAACI speakers to participate in other organizers’ meetings in and beyond Europe as a member of the faculty. Each year an overall budget is voted for by the EAACI Executive Committee.

Any EAACI National Member Society, Affiliate Society or Regional Meeting organizer can apply for a speaker support grant at any time of the year. It is sufficient to address a letter to the Board of Officers for consideration and approval. Applications should ideally include a proposal for one to three speakers, one of them being a current member of the EAACI Executive Committee, who will be given the opportunity to indicate EAACI’s contribution to the meeting at the Opening Ceremony, General Assembly or another appropriate occasion during the meeting.

EAACI will cover the travel expenses for the sponsored speakers. The meeting organization is expected to cover any additional costs such as registration fees, hotel accommodation and meals for the invited speakers.

Acknowledgement of EAACI sponsorship should be made in the programme of the meeting and in any accompanying materials. It is strongly recommended that the event be CME accredited by EACCME-EBAACI, further underlining its educational quality and increasing its impact.

Pascal Demoly
EAACI Vice-President for Education & Specialty

EAACI Website: an e-learning platform

Allergology/clinical immunology is a fast advancing discipline in which professional development is much influenced by information technology. An important component of this is the increasing use of the internet for clinical, educational and research activities, which also contributes to the requirement for health practitioners to keep their knowledge up-to-date.

In agreement with modern trends, EAACI provides an extended educational platform through its official website: position papers, webcasts, bibliographic updates, case reports, “expert opinions”, newsletters, as well as access to “Allergy”, “PAI” and “CTA”, EAACI’s official journals. We are pleased to know that, according to the results of our recent online survey “Evaluation of the EAACI online Educational platform & e-learning preferences of EAACI members” nearly 80% of respondents stated they were “totally or very satisfied” with current EAACI educational resources. Furthermore, what is interesting to note is that the majority of responders were in favour of EAACI introducing novel e-learning modalities, such as allergy quizzes, podcasts and webcasted presentations of position papers. We will consider your feedback as a challenge and do our best to live up to the expectations of a very vigorous and constantly evolving Academy! Keep visiting eaaci.org!

Angel Mazon and Olympia Tsilochristou
Website Co-Editors

www.eaaci.org
EAACI Allergy Awareness Campaign launched and running!

EAACI is leading the way to raise awareness on allergic disease by engaging both its stakeholders and the wider population in general.

Allergy is a public health problem of pandemic proportions that affects more than 150 million people in Europe, where it is the most common chronic disease of childhood. According to experts, 1 out of every 3 children has an allergy and they expect the disease to affect more than 50% of all Europeans in 10 years’ time. Furthermore, up to 1 in 5 allergic people suffer a serious debilitating disease and are in fear of death from a possible asthma attack or anaphylactic shock. Allergies are commonly perceived as trivial, but they can lead to lost work days, poorer academic or work performance and restricted social interaction due the symptoms and the need to avoid certain allergens. In other words, allergy is a condition that profoundly affects people’s lifestyle and ability to work.

The concept of the campaign, “a person trapped by allergy”, aims to illustrate how allergy sufferers feel and how profound allergy impacts quality of life. An allergic person can fear common things with which we come into contact on a daily basis, such as plants, pets, insects, food or drugs, and this leads them to feel “trapped” in their condition.

The main objective of the Allergy Awareness Campaign is to inform the general public, patients and their families, healthcare professionals and policy makers about the disease, its risk factors, its economic burden on society, the importance of an early diagnosis, the prevention measures available and the appropriate treatments. By focusing on public education EAACI hopes to help patients and their families to better control their allergy and improve their quality of life, and to increase the resources allocated by society to manage the allergy epidemic. The more people supporting and taking part in this campaign, the more powerful the message will be.

The Allergy Awareness Campaign was launched during the Annual Congress 2014 in Copenhagen, Denmark, with the support of Asthma-Allergy Denmark. The launch included a high-impact street action at the iconic Christiansborg Slotsplads in Copenhagen. Perhaps some of you who attended the Congress had the chance to see the large “Allergy box” with a person “trapped” inside while you were passing through the square. You can watch a summary of the Copenhagen street action at https://www.youtube.com/watch?v=Y0TGslV2PJE.
The EAACI-WAO Task Force on the Global Classification of Hypersensitivity/Allergic Diseases is in the process of updating the representation of these conditions, influencing the ongoing International Classification of Diseases, 11th revision (ICD-11). To this end, we first conducted an EAACI-WAO community survey (published in Allergy, 2014) to support the arguments for changes in this classification system.

With the aim of actively supporting the ongoing ICD-11 revision and ensuring the optimal practice of allergology, we have been working on the construction of a classification proposal, tuned according to the crowd sourcing of our EAACI Section and Interest Group, WAO leaders/experts, SNOMED CT experts and representatives of the groups in charge of the ICD-11 revision.

Following the ICD revision timeline, the classification proposal has now been shared with the World Health Organization (WHO) and groups in charge of the revision. We are delighted to inform you that, in fact, our influence on the revision has been real since changes have been made in the online version (following our suggestions) and we have been carrying on positive exchanges with the groups regarding a detailed structure for hypersensitivity/allergic diseases.

We hope, in this way, to contribute to raising the profile of allergy worldwide.

Luciana Kase Tanno
EAACI Member

Pascal Demoly
EAACI Vice President Education & Specialty

The campaign will roll out through 2014-2015 and will highlight different aspects of allergy such as: asthma, food allergy and anaphylaxis, allergic rhinitis, allergen immunotherapy (AIT) and skin allergy. A total of four waves are planned and each wave has its specific visual/promotional material and includes a variety of activities. These include dissemination and distribution of a wave-specific flyer and poster (in conjunction with the National Societies, Patient Organisations, Primary Care societies and the Pharmaceutical Group of the European Union), press releases and interviews with local media and an online campaign with an animated banner and 30-second video spot. All the information regarding the Allergy Awareness Campaign and its promotional material is gathered and accessible via this website: www.bewareofallergy.com.

The first wave, which will focus on asthma, was unveiled at the end of October and will run until mid-December. The campaign will continue with the next three waves and additional organisations and societies will join the dissemination platform in order to spread the word further.

In addition EAACI will create an Educational Toolkit addressed to pharmacists and Primary Care staff including online training courses and quick reference guides for management of allergic diseases.

Two other main activities will also take place in 2015 reinforcing the promotion and visibility of the campaign. During the coming spring, EAACI will organise a skin prick test event at the EU Parliament to increase awareness levels of the policy makers and will hold another special “street marketing” event in Barcelona during its Annual Congress 2015 in June.

Ioana Agache
EAACI Vice-President
Communications and Membership

Claudie Lacharité
Marketing & Communications Manager

Paul Conium
Marketing & Communications Specialist

If you suffer from allergies, please see your doctor to get the key that will free you from your symptoms. Did you know that asthma affects up to 20% of Europe’s population and has an annual cost of 25 billion Euros? This disease, triggered by allergens such as pet dander, house dust mites, pollen, moulds, infections, exercise and environmental factors such as tobacco smoke or air pollution, impairs patients quality of life and may even cause death. Asthma is a treatable condition and the patients can have UNRESTRICTED lives.
The biannual Skin Allergy Meeting (SAM) took place this year in Krakow (18 - 20 September 2014). On mild, sunny late-summer days, in the close vicinity of the Wawel Royal Castle in Krakow, 165 delegates from 37 countries took part in the meeting, with 16 plenary lectures, 7 Pro-Con sessions, 6 practical demonstrations, and 52 accepted free communications, including 23 accepted as oral presentations.

The main programme of the SAM started with a session on “contact dermatitis”, and did not lose its momentum throughout the following days. Pertinent topics were presented and discussed, sometimes with significant controversy, and subsequent sessions were devoted to such relevant problems of skin allergy as: “drug allergy and the skin”, “urticaria and angioedema”, “mastocytosis and anaphylaxis”, “Atopic eczema”, “food allergy and the skin”, “diagnostics in skin allergy” and “hand eczema”.

Good food for thought was delivered in Pro-Con sessions whose titles speak for themselves: “patch testing is important in children with eczema”, “skin tests are useful in the diagnosis of drug allergy”, “chronic urticaria is an allergic disease”, “all patients with mastocytosis should be equipped with adrenaline autoinjectors”, “food allergy is important in children and adults with atopic dermatitis”, “challenge is always the gold standard” and “legislation can prevent occupational hand eczema”.

The scientific level of the lectures was outstanding, as was that of the submitted abstracts. Best poster awards were assigned to Gabriel Jose Gonzalez Salazar (Spain), Elena Vishneva (Russia) and Danuta Plichta (Poland). Congratulations to the winners!

Throughout the whole meeting, participants had the opportunity to exchange experience and ideas, while tasting the legendary Polish cuisine and drinks. But all good things come to an end… only to return; see you at SAM 2016! ●

Carsten Bindslev-Jensen
Chair of Dermatology Section
Chair of SAM 2014 Local Organising Committee

Radoslaw Spiewak
Co-Chair of SAM 2014 Local Organising Committee
Food Allergy and Anaphylaxis Meeting 2014

FAAM 2014 took place in beautiful autumnal sunshine beside the glinting River Liffey in Dublin. More than 600 delegates from 50 countries attended the meeting, more than half of them visiting Ireland for the first time. The meeting was opened by Mr Jerry Buttimer, an Irish Government politician, whose self-penned speech on allergy and the challenges of adrenaline autoinjector legislation was considered, by many of the experienced EAACI Excom members present, to be the best informed such speech heard from a politician at any EAACI meeting.

Academic sessions were well attended, and the efficiently run Dublin Convention Centre (DCC) was full of conversation and lively questions during symposia and poster discussions. The deliberately selected new generation of speakers mixed with some “older hands” to great effect.

The social highlight was the dramatic entrance of the Irish dancing troupe who swarmed into the Welcome Reception to the loud beats of a lone drummer. They “river-danced” on the tables to loud applause from delegates, who were only sorry they were not allowed to join them. Next time maybe?

Highlights of the Scientific Programme included Simon Hogan’s (Cincinnati, US) enlightening discussion of mast cells’ and basophils’ relative roles in anaphylaxis, and the symposium on food allergy in the era of climate change. Tim Benton (Sheffield, UK) laid out the truly frightening challenges of food security in the next 50 years. Amena Aboah (Leiden, The Netherlands) shared her experience of changing demographics of allergy in Ghana and Indonesia, and the changing helminthic burdens that may be involved in these changes. André Knulst (Utrecht, The Netherlands) then explained how he and his colleagues in Utrecht and TNO are developing strategies to assess the allergenicity of completely new food sources: it is like “GMO all over again”, but on a much wider, truly global scale. The rather subdued delegate consensus was that EAACI needs to pay this area great attention in the next 5 years.

Informal feedback from delegates during the meeting was very positive about the Irish location, the meeting’s scientific content and perhaps especially its organisation, the latter being a particular compliment to the Dublin Convention Centre and Erasmus, one of EAACI’s new Congress partners.

The location of FAAM 2016 is not finalised yet but, wherever it is, it already has a lot to live up to after FAAM 2014 in Dublin!

Jonathan Hourihane
Montserrat Fernandez Rivas
Clare Mills
FAAM 2014 Co-chairs
EAACI Allergy School: An Insight into Allergy and Allergen Immunotherapy

One hundred participants from 27 different countries took the opportunity to improve their knowledge of immunotherapy at the recent Allergy School held on 11–13 September 2014 in Athens, Greece. The Allergy School was organised by the EAACI Interest Group on Immunotherapy, in collaboration with HSACI (the Hellenic Society of Allergology and Clinical Immunology).

The first day started with lectures on the prevalence of different allergic diseases in different countries, the strong sex-specific heritability of asthma and eczema, the mechanisms of mucosal and systemic immune response of allergen immunotherapy (AIT), and the potential comorbidities that would eventually interfere with the desired immunomodulatory effects of AIT. Other topics were the airways as the site of allergen recognition, inflammation and treatment target, facts and myths about insect venom hypersensitivity and indications for venom immunotherapy, as well as regulatory procedures for allergen extracts and products for immunotherapy.

The second day focused on the selection of the ideal patient for AIT, the short- and long-term effects of AIT, and the absolute and relative contraindications for AIT. Parallel break-out sessions on different allergy diagnostic procedures, functional assays for the prediction of outcome, and AIT procedures, were held in an interactive and hands-on manner.

On both evenings, juniors and seniors had the chance to taste typical Greek cuisine and enjoy the spectacular backdrop of Athens.

Saturday started with an illustrative lecture on how to write manuscripts, followed by a session about regulations, guidelines and quality of life. Later, attendees had the chance to learn several important facts about different AIT practice in the USA and Europe, and novel routes such as intralymphatic and epicutaneous immunotherapy. Our President (Nikos Papadopoulos) discussed the importance of allergy as a specialty, shared distinct actions which are being undertaken within different organisations in order to empower our specialty, and highlighted the importance of EAACI. All participants had the chance to show their work during engaging poster-walk sessions and the Allergy School finished with an awards ceremony for the best abstracts.

If you are thinking of attending an Allergy School in the future, you should seriously consider one dedicated to immunotherapy, as it would offer the opportunity to gain insight and knowledge of one of the most influential treatments for allergy – namely allergen immunotherapy.

Lars Jacobsen
EAACI Immunotherapy Interest Group Secretary

Dario Antolin-Amerigo
EAACI Insect Hypersensitivity Interest Group
JMA Representative

Allergy School on Molecular and Laboratory Aspects of Asthma

Dear friends and students of asthma, the forthcoming Translational Asthma Allergy School, to be held in Istanbul from 16 – 18 April 2015, will walk its way from the gene to the endogen, considering clinical phenotypes and phenotype specific treatments.

Against the background of all the textbooks, papers, conferences and guidelines, it was not easy to design a course that will appeal to clinicians and students of asthma. We decided to cover two topics instead of just one.

Asthma is a heterogenic disorder. The end-result is based on genetic disposition and environmental influence. Thus, in an era where molecular genetics is finding its way more and more into clinics, we have decided to cover the basics of molecular genetics in asthma that many clinicians only look at from a distance. We believe that, after attending this course, clinicians will have a friendlier attitude towards papers on molecular genetics in asthma.

Another asthma focus has been on phenotypes, endotypes and phenotype-specific asthma treatment. Objective measures, including biomarkers, physiology and imaging techniques will become increasingly more popular not only in research but also in the clinic. We therefore hope and believe that discussing the advantages and disadvantages of many of these methods will prove to be extremely useful to attendees in their clinical life.

One further major goal that we hope to achieve on the course is a perfect mix of participants, with valuable interactions between students and experienced scientists.

On a final note, we will do our best to make this course an unforgettable social experience in the enchanting surroundings of Istanbul and look forward to welcoming you there.

Leif Bjermer
EAACI Asthma Section Chair

Ömer Kalayci
EAACI Asthma Section Secretary
EAACI 2015 Congress: A Mediterranean Therapy!

As you can imagine, the wheels are already turning to organise the next EAACI Congress, which will be held in Barcelona, in June 2015. Many different meetings are taking place to ensure the best product for you. The programme is basically finalised and invitations to speakers are being sent out. So far, almost everybody has accepted, so we will be gathering a large group here in Barcelona, made up of the very best of the worldwide allergy community. Scientific excellence will be the major ingredient of our prescription for you; but take care: some of the drugs are only in pre-clinical phase!

The prescription is a combination therapy which will include large doses of practical activities. Of these, we must highlight the Clinical Village (previously known as the Allergy Bazaar), which all attendees are invited to visit for a “hands on” experience. The Clinical Village will only take place on Saturday and Sunday, so be sure you don’t miss this essential part of your treatment, which will be an immersion in the diagnostic and therapeutic techniques currently used in clinical practice. The Clinical Village will have great synergy with the post-graduate courses being offered, so be sure to register in time to achieve maximal effectiveness.

The third active medicine offered will be a few milligrams of food and fun. For this, you should attend the Opening Ceremony and Welcome Reception. Our dieticians recommend a typical Mediterranean menu, such as tapas, with a little bit of muscle relaxation (moving to latin beats on the dance floor). If you add to that an endless supply of saline serum (we will be situated right next to the Mediterranean) and ultraviolet light (this is sunny Barcelona, after all), then your therapeutic programme will be complete.

Of course, to avoid an overdose, a Closing Ceremony has also been planned. We are a little afraid that, although it will finalise your Mediterranean Therapy, it will also leave you wanting more so, in order to avoid a deprivation syndrome, why not extend your visit to Barcelona, after the successful completion of your visit to the EAACI Congress? Whatever you choose, we look forward to seeing you here.

Victoria Cardona and Tomás Chivato
EAACI 2015 Organising Committee Chairs
Patient Organisations Committee Activities

After the EAACI Annual Congress in Copenhagen, where the Patient Organisations Committee (POC) Workshop was facilitated by Novartis, our members went home to celebrate a well-deserved holiday.

Some of us were also busy arranging a high level meeting in Brussels. Our members from EFA organised an EU meeting on 24 September 2014 to highlight the complexity and importance of the implementation of the Food Information Regulation, specifically in the area of non-prepacked foods. The theme of the two hour meeting was “Eating safely: round-table on European best practices on allergens labelling”. Although I could not attend myself (being at the International Food Allergy & Anaphylaxis Alliance meeting near Washington, USA), iFAAA-EU members attended to participate in the discussions.

At the EAACI Food Allergy and Anaphylaxis Meeting in Dublin, the POC was also actively present, holding a symposium on the Saturday morning and, as a continuation of the iFAAA USA meeting concerning the development of strategic plans, some members of the POC also met to prepare for the 2015 EAACI Annual Congress in Barcelona. (As most POC members are also members of the iFAAA, there is close collaboration between the two PO platforms). We also discussed how to intensify the global interaction of patient organisations and develop a strategic plan for the sustainability of the POC, including actions to be developed to ensure the access and availability of epinephrine in countries where people are at risk of anaphylaxis and do not have access to this life-saving medication – this last point being one of the main focus areas for iFAAA members (as well as for the POC).

Clearly, we also need to involve clinicians in this activity and if you feel that you are committed to safeguarding patients at risk of anaphylaxis, please contact the POC by e-mail: f.timmermans@anaphylaxis.eu.

Frans Timmermans
EAACI Patient Organisations Committee Chair

JMA on Social Media

The Junior Member and Affiliates (JMAs) constitute the largest section of EAACI with members from across all other EAACI Sections and Interest Groups. JMAs are therefore closely involved in the various initiatives of the Academy.

To keep up-to-date with new and ongoing JMA activities you can check the “Juniors” area of EAACI’s website (www.eaaci.org), which has had approximately 12,500 visits in the last year (4.23% more views and 13% longer visits than the year before).

You can also follow the JMA Working Group on social media. Almost 500 members have joined us so far on Facebook: search for “EAACI Junior Members & Affiliates (JMA)” to become part of this network. Information about job and career opportunities, Congresses, Allergy Schools and publications of particular interest to JMAs are posted almost daily, together with photos and interesting links. On Facebook you can also find pages related to collaborations between the JMA Working Group and EAACI journals, including Pediatric Allergy and Immunology (with over 340 likes), Clinical and Translational Allergy (reaching 200 likes) and the newly created page for JMA–Allergy collaboration. Since the start of the year, we are also on Twitter, as “@EAACI_JMA” with 363 tweets and 176 followers, and on LinkedIn as a group called “EAACI Junior Members & Affiliates (JMA)” with over 100 members.

Join us today to get real-time notifications and to share your own updates!

Alexandra Santos
EAACI JMA Chair
UPCOMING EVENTS

FOCUSED MEETINGS

European Consortium on Application of Flow Cytometry in Allergy (EuroBAT 2014)
12 - 13 December 2014
Munich, Germany
www.eaaci-eurobat.org

Symposium on Experimental Rhinology and Immunology of the Nose (SERIN 2015)
19 - 21 March 2015
Stockholm, Sweden
www.eaaci-serin.org

Pediatric Allergy and Asthma Meeting (PAAM 2015)
15 - 17 October 2015
Berlin, Germany
www.eaaci-paam.org

International Symposium on Molecular Allergology (ISMA 2015)
19 - 21 November 2015
Lisbon, Portugal
www.eaaciisma.org

EAACI CONGRESS 2015

EAACI Congress 2015
6 - 10 June 2015
Barcelona, Spain
www.eaaci2015.com

ALLERGY SCHOOLS

13th Winter School on Basic Research in Allergy and Clinical Immunology
5 - 8 February 2015
Les Arcs 1800, France

Allergy School on Early Diagnosis and Treatment of Common Allergic Disorders in Infancy and Childhood
5 - 7 March 2015
Taormina, Sicily, Italy

Allergy School on Molecular and Laboratory Asthma - A Course for the Practicing Clinician
16 - 18 April 2015
Istanbul, Turkey

For more information visit www.eaaci.org or contact events@eaaci.org
Management of ocular allergy

Monika Jedrzejczak-Czechowicz, from Poland, underlined that ocular allergy is a frequent condition which is currently usually treated by allergists, ENT doctors and general practitioners. Despite the fact that most patients do not need to see an ophthalmologist, there are several indications to refer the patient, including vernal keratoconjunctivitis (VKC) and atopic keratoconjunctivitis (AKC). With regard to medical history, the patient should be referred in cases of very intense pruritus, pain, photophobia, blurred vision or other visual disturbance, grittiness, burning or foreign body sensation. During the physical examination, signs that should raise this indication include trantas dots, giant papillae and, at the cornea, the presence of scarring or neovascularization. Also for differential diagnosis we might want to ask for an ophthalmologist’s opinion, since there are a few conditions that may mimic the clinical features of hypersensitivity disorders of the ocular surface, including tear film dysfunction, subacute and chronic infections, some autoimmune and inflammatory conditions, blepharitis, dry eye, and irritative, nonallergic conjunctivitis that might resemble ocular allergy. Jedrzejczak-Czechowicz concluded her talk explaining that the range of diagnostic methods is wide for ophthalmologists; while the allergist can evaluate serum IgE levels, perform skin prick tests or patch tests and, in some cases, measure IgE in tears, the ophthalmologist has a slit lamp, the possibility of performing cytology as well as the Schirmer test, etc.

Jean Luc Faquert, from France, began by highlighting that the conjunctival provocation test (CPT) is a simple and safe method under used by allergists. This procedure is indicated when there is a need to confirm an allergen as being responsible for ocular pathology, in doubtful cases (such as discrepancy between medical history and allergen sensitisation, polysensitisation, follow-up of immunotherapy, or drug improvement), and as a surrogate of IgE mediated mucosal sensitisation/tolerance, namely cases of occupational exposures or food allergy. Contraindications might be temporary (such as allergen exposure period, intake of drug suspected to interact with the result, any other ocular disease or surgery in the last 3/6 months, the wearing of contact lenses, and pregnancy/lactation) leading to the postponing of CPT, or definitive (e.g. uncontrolled diseases and particularly asthma, severe systemic diseases, or allergy to any of the drugs used as a CPT control). There is certainly no indication for CPT when an ocular surface disease has no allergic involvement. With regard to prerequisites for CPT, it is important to bear in mind informing the patient about the procedure and collect clinically relevant background information; a signed consent is mandatory. Drugs that should be discontinued prior to CPT include both local (antihistamines (2 days), mast cells stabilisers (2 days), NSAIDs (1 week), steroids (1 to 4 weeks) and ciclosporin (1 month) and systemic drugs (antihistamines (1 week), steroids (2 weeks), and antileukotrienes). According to Faquert, a medical structure able to deal with an acute reaction (including hives or asthma exacerbation) is obligatory, with the following drugs available: local and systemic antihistamines, local and systemic steroids, bronchodilators and epinephrine. There is still some controversy about whether an observation by an ophthalmologist should occur before starting CPT.

For CPT, lyophilised extracts should be used, diluted with physiological serum to obtain several lower concentration solutions. Reconstituted extracts are valid for 6 hours and should be kept at room temperature. Instillations of solutions (20 microl. drop with micropipette) with progressive higher concentrations should occur every 30 minutes, at the infero-external quadrant of the bulbar conjunctiva of the right eye – the left eye should work as a control. Quotation of symptoms must be 15 minutes after instillation, using a positivity criteria table. Complementary positivity criteria include tear histamine and tryptase, cell counts, conjunctival impression cytology, etc. In the presence of a positive CPT, local antihistamines must be applied to the patient, and monitoring on site must be for at least 2 hours. CPT is generally a safe procedure and most of the time the reaction is strictly local, such as local regional oedema and possibly rhinitis. Extra-ocular symptoms are rare and only one case of anaesthesia has been reported. In any case, it is mandatory that CPT is only performed in centres able to cope with possible side-effects. Late reactions are possible and, therefore, after discharge, the patient should have a systemic antiH1 prescription and should be monitored for at least 24 hours at home. Faquert concluded that unmet needs in this field include scales to collect clinical signs, indications of CPT in extra-ocular allergy, available extracts and better data on safety.

Andrea Leonardi, from Italy, explained that ocular allergy is a major ocular surface disorder affecting millions of people which is frequently not properly managed, leading to ocular discomfort and inflammation which interferes with patients’ quality of life. According to ARIA classification, it is considered severe when two or more of the following items are present: vision disturbance; impairment of daily activities; leisure and/or sport; impairment of school or work; or troublesome symptoms.

Seasonal and perennial allergic conjunctivitis should be treated by avoidance of clinically relevant allergens, pharmacological treatment (first choice goes for topical anti-histamines, mast cell stabilisers or double action agents; systemic antihistamines if there is another allergic condition present; topical corticosteroids and vasoconstrictors should be avoided), and immunotherapy might also be considered when specific sensitisation is the main cause of symptoms. For ocular allergy, corticosteroids should not be used in acute, perennial and seasonal allergic conjunctivitis (they do not suppress itching, have the risk of serious complications and are actually not needed since the treatment with antihistamines and/or mast cell stabilisers is usually effective), but they are quite useful in VKC and AKC, and contact blepharo-conjunctivitis (their use should be judicious for events related to intense cell infiltration and tissue damage, and together with antihistamines/mast cell stabilisers).

Leonardi then discussed the pharmacological treatment of VKC and AKC. The first choice is topical antihistamines, mast cell stabilisers or double action agents; topical corticosteroids can be used as a short pulsed therapy when the cornea is involved, and topical calcineurin inhibitors used in patients followed in specialised centres, off label in the EU; systemic anti-allergic drugs should be used when another allergic condition is
associated with the ocular symptoms. Non-pharmacological management of VKC includes avoidance of specific and non-specific triggers, avoidance of the hottest hours and adverse environments, including dust mite control, planning vacations carefully, wearing polarised sun glasses, washing hands and face, the use of cold patches, lubricants, as well as parent education and psychological support. For VKC, from March to October a mast cell stabiliser (such as Iodoxamine/NAAGA 4 to 6 times a day, plus a topical anti-histamine (levocabastine/olopatadine/ketotifen 2-4 times a day, plus systemic new generation antihistamine, plus pulsed topical corticosteroids 3-6 times a day for 3-5 days) should be used. If an ulcer is present the treatment should be aggressive because there may be scars for life: topical corticosteroids should be increased to 6 times a day, plus ointment at night, and also a short term of oral corticosteroids might be considered; lubricants are beneficial; plaques should be removed; patching the eye, wearing contact lenses, amniotic membrane and corticosteroids injection are not indicated.

Topical calcineurin inhibitors, although off label in the EU for VKC and AKC, might be considered in cases of cortico-resistant or cortico-dependent patients; their beneficial effects are well established, with positive results in objective and subjective findings. There is a significant improvement in cellular and molecular markers of disease severity; however, there may be some bothersome adverse effects.

For eyelid eczema treatment in AKC, moisturising, steroid and tacrolimus ointments must be used, possibly with systemic immunosuppressors, resulting in both symptom relief and cosmetic improvement.

Several case reports were presented, exemplifying these conditions and treatments. It became clear that we do have effective drugs for the treatment of allergic conjunctivitis, but not for the optimal treatment of VKC and AKC. Patients often tend to treat themselves, which is a major problem as it might result in several complications. Another important issue relies on the fact that physicians are more inclined to prescribe treatments that target the nose rather than the eye. During treatment of ocular allergic conditions, doctors should be dynamic and adapt as the conditions change, always keeping in mind the possible side-effects.

Mariana Couto
Hospital & Instituto CUF Porto, Allergy Unit; Portugal
Allergens and other environmental factors related to asthma

Jeroen Buters (Germany) presented new data about pollens as carriers of allergens. It is clear that the amounts of pollen differ in different regions and countries, and also that the same pollens have different levels of allergens all over Europe. All natural sources vary in allergen release: 20-fold for grasses, 12-fold for olive, 10-fold for birch and 100-fold for cats. Allergen potency may depend on the ripening of pollen, whilst in many pollens (such as birch pollen) the biological fraction stays in the fraction of particles greater than 10 micrometres (PM10). Therefore molecular aerobiology can give answers to health relevant questions.

But allergen exposure possibly does not play a major role in the primary causation of allergic diseases. Assuming that most people are exposed to allergens, protective and adjuvant exposures determining the individual's susceptibility to develop allergies and asthma may be more important. During his presentation, Jeroen Douwes (New Zealand) discussed that microbial exposure seems to be a risk factor for asthma in some cases whilst it is a protective factor for asthma in others. These effects may be dependent on dose, timing and asthma phenotype. The role of co-exposures was also highlighted by the speaker. But there is limited evidence suggesting relevant interactions between allergen, protective and adjuvant exposures.

“The hygiene hypothesis does not explain everything. There is still a question: are we living in a world too clean or too dirty?” Ecological parallelism between asthma increase and indoor and outdoor air pollution evolution suggests a possible link. Isabella Annesi-Maesano (France) presented data showing that outdoor levels of air pollutants exacerbate asthma in those who already have the condition and are associated with asthma incidence but not neatly with asthma prevalence at the population level. Indoor levels of air pollutants are related to asthma prevalence or symptoms too. Mechanistic evidence from toxicological studies together with recent information on genes that predispose towards the development of asthma suggests that the link between air pollution and asthma is biologically plausible.

Indre Butiene
Klaipeda University, Lithuania

Allergy on the rise

Despite the high quantity of epidemiological data, we are still not able to explain the prevalence of asthma and why that prevalence is increasing. Richard Beasley (New Zealand) presented an overview of asthma based on updated GINA guidelines. He highlighted the actions required to reduce the global incidence and burden of asthma, such as recognising asthma as an important cause of morbidity, economic costs and mortality worldwide, measuring and monitoring the prevalence of asthma, identifying and addressing the economic and political factors that improve accessibility. The necessity to integrate asthma guidelines worldwide, promote cost-effective management, ensure optimal treatment and research causation and, most particularly, investigate pharmacological and non-pharmacological interventions to reduce the prevalence of asthma, have been identified as the most important actions.

In recent years not very much has happened to explain whether the natural course of allergy can be changed. Strategies for the prevention of allergic sensitisation and their effectiveness were analysed and discussed during the presentation by Peter Burney (United Kingdom). Neither the avoidance nor the seeking out of allergens has been effective. Data are not sufficient to prove that diet has an impact on the development of allergic diseases. Active or passive smoking has no correlation with allergy, but do influence the prevalence of wheezing and bronchial hyperreactivity, especially in children.

The quickly declining biodiversity may also be a contributing factor to the rapidly increasing prevalence of allergies. Ilkka Hanski (Finland) presented data showing that the diversity of species of plants was significantly higher in the yards and gardens of healthy children, compared to atopic children. Composition of skin microbiota is affected by land use around the home too. It was found that the greater the diversity of gammaproteobacteria on the skin, the smaller the probability of allergic sensitisation. But more research is needed to analyse the effects of landuse and climate change on environmental microbiota.

Indre Butiene
Klaipeda University, Lithuania

Follow EAACI

Indre Butiene
Klaipeda University, Lithuania
Climate change and allergies: time to act now!

The evidence is overwhelming; climate change endangers human health. Solutions exist and we need to act decisively to change this trajectory,” said Margaret Chan, WHO Director-General at the WHO Climate and Health Conference held in Geneva at the end of August. A large number of initiatives have been set up worldwide to stress the dramatic importance of current and expected changes of climate and their effects on all the aspects of human life. The last report of the Fifth Assessment Report of the Intergovernmental Panel on Climate Change (IPCC), confirmed that warming of the climate system is “unequivocal” and mainly caused by the 40% increase in the atmospheric concentration of concentration of carbon dioxide (CO₂) since pre-industrial times, primarily from fossil fuel emissions and secondarily from net land use change emissions.

Current evidence is consistent in clearly showing the human influence on the climate system, even though the effects of climate change on human health is not well quantified yet. In fact, there has been increased heat-related mortality and decreased cold-related mortality in some regions as a result of warming and a general increase of the effects of climate-related extremes, such as heat waves, droughts, floods, cyclones and wildfires, which reveal the significant vulnerability and exposure of many human systems to current climate variability.

The strongest evidence on the health impact of climate change is found in the case of allergic diseases. Climate change may increase production and dispersion of airborne allergens such as dust, ragweed, pollen and moulds known to be associated with hay fever, asthma and eczema, which cause substantial health and economic burdens worldwide. Increases in temperature, CO₂ and precipitation concomitant to climate change tend to favour the proliferation of plant species that produce allergenic pollen.

Temperature changes will extend the distribution of allergenic plant varieties over time, whilst climate change will allow certain allergen-producing plant species to move into new areas, and climate-related temperature changes are expected to increase the potency of airborne pollen allergens. Exposure to more potent concentrations of pollen and mould will make current non-sufferers more likely to develop allergic symptoms.

Higher levels of CO₂ in the atmosphere as a consequence of climate changes act as a fertilizer for plant growth and thus of pollen production. Increased precipitation will cause some plants to grow faster, bloom earlier and produce more pollen.

Increased precipitations and floods will favour indoor dampness and mould proliferation, in addition, the long-range transport of wind-blown dust, carrying pollens and moulds during extreme events, will expose people to allergens they had not previously contacted.

As a consequence of all these phenomena, an increase in the number of allergic patients is expected.

As it is highly probable that adaptation (i.e. the process of adjustment to actual or expected climate and its effects) and mitigation (i.e. intervention to reduce the sources or enhance the sinks of greenhouse gases) choices in the short term will affect the risks of climate change throughout the 21st Century: it is time to act now! Allergy doctors and experts must be at the front of this action by understanding the underlying mechanisms and their consequences, by promoting preventive and therapeutic actions, and by alerting governments and stakeholders to the need to reduce the production of greenhouses gases.

Isabella Annesi-Maesano
Aerobiology and Pollution IG Chair

Lorenzo Cecchi
Aerobiology and Pollution IG Board Member

Gennaro D’Amato
University of Naples, Italy

References


EAACI Research and Clinical Fellowships are aimed at spreading the medical specialty of allergy and clinical immunology throughout Europe

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The Lancet (2014). Edito-
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European Academy of Allergy and Clinical Immunology
6 – 10 June 2015
Barcelona, Spain

Abstract Submission Deadline: 15 January 2015

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