Allergy today is a global public health concern of pandemic proportions and it requires immediate action. The European Academy of Allergy and Clinical Immunology called on all worldwide leaders to develop a “Global Atlas of Allergic Rhinitis and Chronic Rhinosinusitis”.

The “Atlas” will have 152 chapters written by 180 top opinion leaders! The purpose of the “Atlas” is to:

- increase awareness on the global epidemic of AR and CRS, reinforce the role of early diagnosis and treatment, education and prevention in a structured management strategy and to empower people to overcome these diseases effectively
- provide guidance on how to overcome barriers ahead such as poverty, poor education and infrastructure, low public health priority due to the importance of other illnesses and the lack of good worldwide valid data on morbidity and mortality from allergic diseases
- promote successful public policy measures and research projects to tackle these two conditions and increase the notability in the global political agenda of AR and CRS as major public health problems
- expand the existing programs/tools and explore innovative solutions for developing a comprehensive global strategy

This project is a continuation of the success of the “Global Atlas of Asthma” published by the EAACI in 2013 and the “Global Atlas of Allergy” published in 2014. Both Atlases were distributed worldwide and received a very positive feedback from our members, medical students and professional organisations from all over the World. They are available open-access on the EAACI website and are currently translated into several languages.

Cezmi Akdis
Peter Hellings
Ioana Agache

The Global Atlas of Allergic Rhinitis and Chronic Rhinosinusitis will be launched in Barcelona during the 2015 EAACI Annual Congress.
Shaping EAACI

Many philosophies speak of cycles – not surprisingly, since some of our most basic experiences (take day and night, for example) are the result of a star’s (a planet’s, or a satellite’s) cycle. But life events are also frequently experienced – and expressed – as cycles.

The key feature of a cycle is that, both in its temporal and its spatial aspects, it returns, every time, and it is completed, fully and in an ideal way. In fact, from an observer’s perspective, the cycle closes when the end meets the start. Consequently, the circle, the intimate snapshot of a cycle, is considered by many to be the ideal shape, representing eternal harmony.

Well, I’m sorry, but I kind of disagree. Although not as ‘pure’ as the circle, my ideal shape, and my perception of life-event evolution, is the spiral. The spiral is in fact a shape much more frequently found in nature than a circle. It still holds a connotation of perfection, or almost perfection, but is just a level down from the circle: it is heroic, rather than godly. The spiral is a circle which has not yet assimilated the idea of time. Or has refused to. This has been the way I have experienced EAACI (and, if I may, I suggest you do too!). It was not clear at the beginning – at some moments it felt like a straight line, at some others like a circle – but now (as I share with you my semi-structured thoughts from this ‘corner’ for the last time) I am certain it has been a spiral. Of course, some of my friends would remind me of moments that appeared as butterfly curves or even zigzags, but these are personal and not to be disclosed; in fact, they are almost completely forgotten.

I can tell you that repeating the moves over the years, riding the spiral with zen-like precision, Congress after Congress, Task Force after Task Force, one Allergy School after another, brings all sorts of fun, as well as surprises in every corner (but then again, there are no corners in a spiral; I will have to work my metaphors better next time…).

Of all these years, the latest spiral turn, i.e. my time serving the Academy as President for the last two years, has been the greatest honour. Hopefully, EAACI is now a bit more recognizable and also more open to the outside world. I have tried to add some hidden passion and plenty of variety to the Academy’s attitudes: after all, dealing with allergy is the ideal stimulus to understanding the importance of diversity. My hope is that openness and diversity will continue, expand and fight for the truth, and that they eventually become some of the keys to understanding and curing allergy. ●

Nikos Papadopoulos
EAACI President
Dear Reader,

The main topic of this second 2015 issue of the Newsletter is the Annual Congress in Barcelona.

The exciting theme of the Congress is “Allergy: new answers to old questions” in which many different appealing sessions, often interdisciplinary, will take place to ensure the best science for you. They are sure to evoke many interesting discussions with experts from around the world, both inside as well as outside the conference rooms.

As announced by the Organising Committee, the “Mediterranean therapy” offered by Barcelona 2015 will provide all the latest news on basic and clinical research studies as well as practical activities. Among the latter, the Clinical Village (the Allergy Bazaar in Copenhagen) will give all attendees a great “hands on” experience, giving them an immersion in the diagnostic and therapeutic procedures currently used in clinical practice.

Almost 1700 abstracts were submitted and transformed into oral abstract, poster discussion and thematic poster sessions, and many travel grants will be awarded to young people. The extent to which the scientific education and training of junior members is important for the Academy is also demonstrated by the annual clinical and research fellowships dedicated to young physicians. The 2015 winners’ pictures are included in this issue of the Newsletter. The Barcelona meeting will also be the occasion for launching the Global Atlas of Rhinitis and Chronic Rhinosinusitis, the third volume in the EAACI atlas series (after the Global Atlas of Asthma and the Global Atlas of Allergy) and another essential reference source for members of the Academy and other professional organisations.

At the Barcelona Congress, the first National Allergy Societies (NAS) Forum and Business Meeting will take place, with the main aim of reinforcing the ongoing collaboration between the Academy and NASs on many different levels, in order to improve the clinical and therapeutic management of allergic patients, promote research networks and strengthen the speciality around Europe, and to join forces to lobby at the EU level. The recently established European Parliament Interest Group on Allergy and Asthma is evidence of the growing importance of these issues. In this context, and with the purpose of discussing how to face and solve the allergy epidemic in Europe, another meeting will take place with EU stakeholders and the EAACI leadership.

Finally, to increase public awareness of allergic diseases, two other initiatives will take place in Barcelona. The first is the “Anaphylaxis Training Station”, aimed at catching the attention of pedestrians in the city and helping people to understand what an anaphylactic reaction is, how to recognise it and what to do if it happens, directly in the streets. The second initiative is a fun run (or simply a walk) around Barcelona, the slogan of which will be “Beat Allergy”. Meanwhile, the EAACI Awareness Campaign, launched during Congress and in the streets of Copenhagen last year, continues with great success following its different waves addressing various aspects of allergy, such as asthma, food allergy and anaphylaxis, rhinitis and allergen specific immunotherapy, and skin allergy. The aim of all this activity is to raise awareness about allergic diseases and their individual and social impacts.

Clearly, all you want to know about allergies can be found in Barcelona. Don’t miss the opportunity to be there!

I very much look forward to meeting you all at the 2015 EAACI Congress.

M. Beatrice Bilò
Newsletter Editor
President’s Desk

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First meeting of the European Parliament Interest Group on Allergy and Asthma

The first meeting of the European Parliament Interest Group on Allergy and Asthma took place on Wednesday 25 March 2015, organised by EAACI in association with the European Federation of Allergy and Airways Diseases Patients’ Associations (EFA).

Under the leadership of MEP Sirpa Pietikäinen (Finland), the Interest Group on Allergy and Asthma aims to give a clearer policy response to address allergy and asthma at an EU level. The Interest Group will serve to share expertise and help align interests to trigger EU policy actions on allergy and asthma health. Members of the Group will provide a strong and unified contribution to EU policies on chronic diseases, air pollution, environmental health and research, as well as other areas.

The Interest Group’s Secretariat is run by EAACI in partnership with the EFA, and both organisations are working closely to voice the needs of people living with allergy and asthma in Europe.

The launch was co-hosted by Sirpa Pietikäinen and her fellow MEP Nessa Childers (Ireland). Participants included keynote speakers from EAACI, EFA, European researchers, representatives from EU institutions and WHO, as well as key EU health stakeholders and industry representatives.

Sirpa Pietikäinen opened the meeting, sharing her enthusiasm about the establishment of the Group, noting that it is an important step towards ensuring quality care for the allergy patients in Europe, and that it will help move towards the establishment of national and EU-wide strategies to tackle the root causes of allergies, fostering allergy research and improving prevention and care.

Nikos Papadopoulos, EAACI President, presented the latest data on allergy and asthma in the EU, highlighting key features of this contemporary epidemic and calling for collaborative actions to address unmet need in allergies and for inclusion in relevant EU policies. He was followed by Breda Flood, EFA President, who provided an inspiring speech on the patient’s perspective in Europe, explaining that allergic patients are often neglected by healthcare systems. She warmly welcomed the establishment of the Group which will help ensure the needs of people living with allergy and asthma are included in EU policies.

Tari Haahtela from Helsinki University spoke about the Finnish Allergy Programme (2008–2018). After just six years, this national programme is already a public health success with a reduction in allergy prevalence, improved tolerance to allergens, uptake of allergy diagnostics, reduced work-related allergies, reduction of severe allergic attacks and a decrease in costs caused by allergies. The Finnish programme should be seen as an example of best practice for allergy prevention, management and care at the EU level.

The event ended with a panel moderated by Antonella Muraro (EAACI) and Susanna Palkonen (EFA). Additional panelists included Roberto Bertollini (WHO Europe), Karim Berkouk (DG Research) and André Zuber (DG Environment). The Panel’s main discussions and outcomes were:

• Allergies and asthma are cross-cutting in terms of EU policies, touching on chronic diseases, chemicals, food, tobacco, air quality and environment, public health, and research. Many policy frameworks are already in place at EU level and need to be better implemented nationally to the benefit of allergy and asthma patients;
• The European Commission has funded research projects around allergy and asthma in the past and intends to do so again in Horizon 2020 (H2020), which should provide many opportunities for allergy research to be funded. Environmental health is indeed part of the priorities of H2020;
• The current discussion for an EU clean air policy package together with the EU plan to set up a comprehensive framework to tackle chronic diseases should help address some of the unmet needs in allergy today.

Sirpa Pietikäinen closed the meeting, reiterating her support for the Interest Group, stating that such a group is of great public health value and will be instrumental in moving allergy and asthma higher on the EU policy agenda. The next meeting of the Interest Group will take place in late Spring, during the peak allergy season and when the EU clean air policy package will be being actively debated within the EU institutions.

Nikos Papadopoulos
EAACI President

Antonella Muraro
EAACI Secretary General and President-Elect
Spanish Society of Allergy and Clinical Immunology (SEAIC) news

Founded in 1948, SEAIC is one of the oldest scientific societies in Spain and today has over 1,200 members, of which approximately 70% are physicians officially certified in allergy, with nurses, biologists and other allied health professionals making up the other 30%.

During 2014 (and ending in March 2015), Alergologica 2014, a nationwide epidemiological survey, was carried out, with 320 investigators recruiting more than 3,000 patients who had visited allergy clinics for the first time. This is the third edition of this important study, the previous ones carried out in 1992 and 2005. This survey gathered data on the main reason for consultation, the number and type of diagnoses finally reached, the time elapsed from the first visit to final diagnosis, diagnostic tests and procedures used for each kind of disease, and therapeutic recommendations implemented. Besides providing abundant cross-sectional information about the profiles of allergic patients in Spain, comparisons with Alergologica 1992 and Alergologica 2005 allow us to see how allergic diseases have varied through these years: for example, we observed an important rise in the percentage of allergic rhinitis as the first reason for consultation, and a two-fold increase in the percentage of patients seeking advice for food allergy.

Alergologica 2014 also included two annexed projects: The Allergy Map and The National Pharmacy Survey. The first of these will provide information about human resources, equipment, and type of diagnostic and therapeutic procedures available at 192 participating allergy units, as well as their scientific, investigational and teaching outputs. In the second, more than 500 community pharmacies all over the country participated with the aims of detecting the impact of allergic diseases at the pharmacy level, knowing the level of pharmaceutical care given to allergic patients, the degree of interaction between pharmacists and physicians working in both primary and specialised settings, and detecting current and future needs in allergy education. We hope that all this information will be available later this year, and we are very grateful to FAES pharmaceuticals for their financial support of this study, through an unrestricted grant.

At the end of January 2015, SEAIC organised the 11th CYNA (Controversies and Novelties in Allergy) meeting, supported by GSK. This meeting brought together about 400 Spanish allergists who had an opportunity to debate with outstanding national and international scientists about hot topics. Antonella Muraro and Margitta Worm shared their experience and scientific data on anaphylaxis; Alfredo Lucendo and Javier Molina-Infante provided latest insights, and diagnostic and therapeutic approaches to eosinophilic esophagitis; Domingo Barber and Gabriela Sentí brought their sound knowledge on response markers to immunotherapy and new routes for administering immunotherapy, respectively; Jan Lotvall and Michael Edwards gave very interesting lectures on endotypes in severe asthma and on insights and potential therapeutic implications of the dysfunction of the innate immune system in asthma; finally, Alberto Papi closed the meeting with a remarkable lecture on real life studies versus controlled studies in asthma.

We are proud to be hosting the next EAACI meeting in Barcelona, hoping that the number of delegates attending the Congress will again hit record numbers. Vicky Cardona and Tomas Chivato are working hard as coordinators of the Local Organising Committee to offer you an outstanding scientific journey in June. Last, but not least, in October, we will be holding our International Symposium on United Airway Disease, the scientific program of which has been planned by the Presidents of our rhinoconjunctivitis and asthma working groups, Ana Navarro and Julio Delgado, respectively; we look forward to welcoming you to the Symposium in Seville.

Pedro Ojeda
SEAIC Communications Director

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EAACI EVENTS

**May 2015**
- Launch of the third wave of the Allergy Awareness Campaign – Allergic Rhinitis and Allergen Immunotherapy
- EAACI Newsletter

**June 2015**
- 6 – 10 June – EAACI Congress 2015, Barcelona, Spain
- 5 June – EAACI Executive Committee Meeting
- 6 June – 8th EAACI/UEMS Examination in Allergology and Clinical Immunology
- 6 June – EAACI Scientific Programme Committee Meeting

**August 2015**
- 27 – 29 August – IGAD (Interest Group Allergy Diagnosis) Allergy School e-Pad, Moscow, Russia
- EAACI Newsletter

**September 2015**
- 24 – 26 September – Food Allergy Training Course, El Escorial, Spain

**October 2015**
- 15 – 17 October – EAACI Pediatric Allergy and Asthma Meeting (PAAM), Berlin, Germany

**November 2015**
- 19 – 21 November – International Symposium on Molecular Allergology (ISMA), Lisbon, Portugal
- 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.
The Ethics Committee Interactive Session will take place in Barcelona on Sunday, 7 June 2015 at 13.30–15.00. The session will take the form of a workshop chaired by Glenis Scadding and Otto Spranger, from the European Federation of Allergy and Airways Diseases Patients’ Associations (EFA). The general topic will be “Ethics: How to practice allergology in Europe today” and a number of case studies will be addressed, including:

- Andrew, 13 years old, will not participate in his class’s overseas trip organised by his school. He is food allergic to legumes (peanut, soy and lentils) and was admitted to an emergency unit last month after an anaphylactic shock as a result of eating a meat-ball with hidden soy. He and his parents worry about what he can eat: imagine what could happen abroad? Is this a fair situation?

- Irina is a junior allergist trained in Romania who finalised her allergy training in France. She is now a colleague of ours, in a private French practice. That’s great for us and for her too. But such a situation is not without raising questions: does her home country need her? or maybe it does not?

- I am not sure that my next program research will be accepted by the Ethics Committee in my university’s research unit. However, it doesn’t matter, as I can carry it out with my Chinese colleagues in their allergy unit anyway. What do you think about such a decision?

Interactivity will be the key objective of the session and voting devices will be available. The meeting will focus on transparency, professional development, and the patient as a partner. In addition the mobility of professionals and of patients will be discussed, as well as research and European patient rights, high quality health care for all European citizens (especially in allergy) and the quality of allergy training all over Europe. We are fortunate to have Enrique Terol, Policy officer DG SANCO, D2 Healthcare systems, who will give input on the patient’s rights to cross border healthcare (right to information, quality, patient safety, reimbursement etc.). He will also be involved in an additional “Hot topic session” about the European Reference Network.

The matters raised are relevant to all of us so please find time to come and discuss them, ask questions and make your point of view known. Everyone is welcome and we look forward to seeing you there.

Glenis Scadding
EAACI Ethics Committee Member

You have probably visited the EAACI website looking for specific information about our Congress, or a Focused Meeting or Allergy School, but the site has a lot of information and resources you are possibly not aware of. Position Papers developed by Task Forces allow you to learn about the latest evidence-based recommendations on specific topics. If you missed a presentation at one of our meetings, or even if you attended but would like to see it again, why not try our webcast area? Selected presentations can be found there and you can watch them at home at your convenience; for example, watch presentations from the last Congress in Copenhagen 2014, or from recent Focused Meetings, including DHM, ISAF or SERIN.

You can access the website from your mobile phone or tablet; why not give the site a try while you are waiting for your flight or traveling by train?

Angel Mazon and Olympia Tsilochristou
EAACI Web Editors

www.eaaci.org
Fellowship Winners 2015

CLINICAL FELLOWSHIPS

MEDIUM TERM
- Breynaert Christine
- Soumya MS
- Manea Irena
- Pogorelov Dmitrii
- Djuric-Filipovic Ivana

SHORT TERM
- Galenko Liudmila
- Losappio Laura
- Liauw Felix
- Vilà-Nadal Gemma
- Ben-Fadhel Najah
- Saulite Ieva

RESEARCH FELLOWSHIPS

LONG TERM
- Overbeek Saskia
- Seys Sven
- Krstic Maja
- Wu Yeuk Hung

MEDIUM TERM
- Chesne Julie
- Cantillo Marcado José Fernando
- Prediletto Edoardo
- Sircar Gaurab

SHORT TERM
- Steveling Esther Helen
- Rafei-Shamsabadi David
- Narozna Beata
The EAACI Allergy Awareness Campaign – continuing to make waves

The EAACI Allergy Awareness Campaign aims to build recognition of allergic diseases as a major health concern, generate engagement and encourage action.

More and more partners are joining the campaign. The feedback provided by our collaborators proves that the campaign message has reached its target and that the community of people who care for a better management of allergic diseases is growing everyday.

A rewarding second wave

As reported in the last issue of the Newsletter, the campaign’s second wave, focusing on food allergy and anaphylaxis, was launched at the beginning of March 2015. An online campaign with animated/video banners ran simultaneously in 5 countries (Italy, France, Spain, United Kingdom and Germany) for a total of 8 weeks. According to the preliminary report (after 6 weeks of campaign), the online campaign reached more than 10 million views.

The online campaign was supported by the dissemination of promotional materials within EAACI’s network. Once again, we had an excellent collaboration with the Pharmaceutical Group of the European Union (PGEU) which allowed us to reach community pharmacists in Bosnia-Herzegovina, Croatia, Estonia, France, Italy, Ukraine, Slovenia, Spain and Turkey. The second wave received the support of National Allergy Societies in France, Germany, Italy and Spain. EFA and FARES are two important patients’ organisations which also joined the campaign and promoted it within their vast networks.

Action brings confidence and courage: we launch the campaign third wave

The third wave, to be launched in mid May, focuses on Allergic Rhinitis (AR) and Allergen Immunotherapy (AIT). As a novelty, we have created an educational webinar on AR and a new campaign video on AIT which will be available online at www.bewareofallergy.com and www.eaaci.org, and of course on our social media. The campaign website will be updated with new content and resources, a press release will be published and all promotional material will be distributed using the EAACI network, which proved extremely helpful in the previous two campaign waves.

Don’t forget that you too can support the campaign and help EAACI to reach as broad an audience as possible by downloading the promotional material and distributing it across your network, by sharing EAACI campaign posts on social media, or by mentioning the campaign website (www.bewareofallergy.com) in your communications.

Ioana Agache
EAACI Vice-President
Communications and Membership

Claudie Lacharité
EAACI Marketing and Communications Manager
Scientific Program Committee Report

The Scientific Program Committee (SPC) is comprised of representatives from EAACI’s different Sections and Interest Groups, and is involved in preparing the scientific content for each annual EAACI Congress. The SPC is currently active in two different areas: finalizing the 2015 Annual Congress in Barcelona (6–10 June 2015) and laying out plans for the 2016 Annual Congress to be held in Vienna (11–15 June 2016).

The SPC met in Vienna on 12–13 February 2015 to construct the major topics and symposia for next year’s Congress. The SPC with representatives from the local organizing committee (LOC), worked hard on the almost 100 proposals that had been submitted by the EAACI membership. It was a demanding job selecting the best proposals, combining session proposals, or proposing new sessions and speakers for areas of interest that were not covered. The results of the meeting indicate that the 2016 Annual Congress will be another very interesting event.

On 27–28 February, the SPC met in Barcelona for its marathon meeting together with representatives of the Barcelona LOC. During that meeting, the distribution of the almost 1700 submitted abstracts was made into oral abstract, poster discussion and thematic poster sessions. Moreover, 100 travel grants were awarded and the chairs for the large number of sessions, ranging from plenary sessions to thematic poster walks were selected. Because of the preparation made by all participants before this meeting, this was an intense but otherwise smooth process, and the stage is now set for a fantastic meeting in Barcelona in June.

Looking back at my first year as SPC coordinator, it is very nice to see that the excellent preparations made by SPC members, as well as by EAACI headquarters and the KIT Group have created a productive, smooth and open atmosphere in which it is a great pleasure to do the hard work of SPC coordinator. ●

Edward Knol
SPC Coordinator

Finalizing the prescription for your Mediterranean Therapy

The moment we have been waiting for has almost arrived: the EAACI Annual Congress in June 2015. Once again we will meet, this time in Barcelona. It is an ideal chance to update your knowledge of allergy: meeting experts from around the world, inside and outside the conference rooms, will provide you with great opportunities for interaction.

The Scientific Committee has worked very hard to design a very attractive scientific program. The topics of the plenary sessions will be: optimising asthma control; changing the natural history of allergy; allergy as a systemic disease; activation of effector cells; novel regulatory mechanisms in allergic diseases; infections and allergy; innate danger signals triggering allergies; and new treatment modalities in allergen immunotherapy. But this is just a little taster: as with tapas, you will have to be there to enjoy the rest of the menu!

The Congress aims to give a state of the art overview of current knowledge of allergic and immune diseases, with regard to their epidemiology, underlying mechanisms, novel treatments and clinical implications. On top of the usual sessions (such as the plenaries and symposia), a number of innovations will be introduced. There will be interactive workshops, allowing two-way communication between speakers and attendees. A number of symposia will include ‘pro and con’ debates within the session. And you must not miss the Clinical Village (the ‘Allergy Bazaar’ last year), which offers hands-on stations for multiple diagnostic and therapeutic procedures, which will be open on Saturday and Sunday only.

On behalf of all the people who have been working with scientific rigour, dedication, love and commitment for many months, we give you our very warmest welcome to the EAACI Congress 2015 in Barcelona.

See you there! ●

Victòria Cardona
Tomás Chivato
EAACI Congress 2015 Organising Committee
Chairs
Make your voice heard at the EAACI General Assembly

The EAACI General Assembly is the governing body of the Academy and meets every year during the EAACI Annual Congress. This year, the General Assembly will take place at the CCIB (Centre de Convencions Internacional de Barcelona) on Monday, 8 June 2015, from 08:00 to 09:00.

The current EAACI President, Nikos Papa-dopoulos, will be handing over the Presidency to Secretary General Antonella Muraro for the next term (2015-2017).

The Board of Officers will be present and will submit a report of all their activities since the last General Assembly. The Board of Officers will also propose a new slate of candidates for the Executive Committee for the next two years.

All EAACI members are entitled to participate and speak at the General Assembly, regardless of their voting rights (under Articles 4 and 5 of the EAACI Constitution); however, only members with voting rights (Article 4 of the Constitution) are entitled to vote at the General Assembly. The General Assembly is an opportunity to be informed about current activities and future plans, and to actively participate in the life of the Academy, and we therefore encourage your attendance at this important occasion.

First National Allergy Societies Forum

You are invited to attend the first National Allergy Societies (NAS) Forum, to be held during the EAACI Annual Congress in Barcelona on Monday, 8 June 2015, from 10.30 to 12.00. At this Forum, which will also include the first NAS Business Meeting, there will be invited NAS presentations of cooperative projects and current issues coming from local situations across Europe. This year, we have selected representatives from the Spanish, Finnish and German NAS to give presentations at the Forum and we plan to continue with representatives from other interested EAACI members at subsequent annual meetings. The EAACI leadership will also join the Forum.

At the Business Meeting being held in conjunction with the Forum, we will discuss the decision of the EAACI ExCom to create a platform for an intensified partnership with interested National Societies. The idea is that an upgraded status will include extended information and links on the corresponding websites of the NAS and EAACI, the possibility of NAS placing booths at EAACI Allergy Congresses free of charge, the exchange of information on current guideline projects at both European and national levels, joint press releases, and the invitation of NAS delegates to EAACI workshops addressing topics with a focus on local problems in the field of allergy in Europe. Moreover, a new Council of Overseas Societies will also start working at the meeting, and we therefore invite all our international members to join us, as well as the European ones.

Finally, please visit the National Village located in the main Entrance Hall (next to the EAACI Booth), where, as always, the NAS look forward to meeting you.

Thomas Werfel
EAACI ExCom Member, Chair of the NS Committee

M. Beatrice Bilo
EAACI ExCom Member, Newsletter Editor

Ioana Agache
EAACI Vice-President Communications and Membership
App Information
The EAACI smartphone app is an innovative tool that redefines the way you visit and experience the EAACI Congress, letting you explore the exhibition and event programme on your smartphone. The app allows you to:
• browse, search and personalise the entire event programme;
• search and locate exhibitors;
• access Congress abstracts (from 6 June 2015);
• evaluate speakers and sessions;
• vote in sessions that have polls; and
• create and synchronise events with your personal calendar.
The app is updated daily and can be accessed offline to avoid roaming costs. It can be downloaded from your app store and works with iOS and Android. Search your app store for EAACI or, if you have previously downloaded the EAACI App, just select EAACI Congress 2015 network. No password necessary.
EAACI thanks Novartis for their sponsorship of the Congress App.

Programme Search Tool (iPlanner)
Our iPlanner is available online on the Congress website: www.eaaci2015.com. The iPlanner has a search function with which you can find speakers, topics, session types and much more. If you create an account you can also build your personal Congress itinerary, using the search tool to select presentations and sessions from the programme, and export it as a PDF or MS Word document, or direct to your calendar in various systems (such as MS Outlook and Apple iCalendar).

Badges
Each participant will receive a name badge on check-in at the Registration Desk. This badge should be worn at all times: please note that access to any of the Congress areas will not be possible without an official name badge. If you lose your badge, a new one can be purchased (with proof of your original registration) at the Registration Assistance Desk for EUR 60. Your badge will be scanned at the entrance to each session room for internal EAACI statistical purposes and for CME accreditation.

EAACI Booth
We invite you to visit the EAACI booth located in the Entrance Hall, where information about the Academy, membership and future events is available.

Membership Services Desk
Membership services will be part of the main EAACI booth this year. Members will be able to renew their membership using the computer stations available, and delegates who are not members will be able to join. All new members who join during the Congress can pick up a welcome pack at the EAACI booth (while stocks last).
The opening hours of the EAACI Membership Services Desk will be:
Saturday, 6 June: 08:30 – 19:00
Sunday, 7 June: 07:00 – 17:30
Monday, 8 June: 08:30 – 17:30
Tuesday, 9 June: 08:30 – 17:30
Wednesday, 10 June: 08:30 – 12:00

Poster Exhibition
Thematic posters are displayed in the poster area in the Exhibition Hall. They are divided into three poster groups: Sunday; Monday; and Tuesday. Posters will be displayed for a full day. Each day the posters are organised into thematic groups of 15–20 posters. At lunchtime, presenters are required to stand by their posters and answer questions from delegates. During this time, two moderators per thematic group will also visit and ask the presenters to briefly present their findings. Poster Discussion Sessions (PDS) will take place in four designated PDS Zones in the Exhibition Hall. E-Posters will be presented in electronic format only. Moderators will lead a discussion with the audience. Visit the Poster Help Desk for assistance.

Public Transportation within Barcelona to the CCIB
You can reach the CCIB by metro (Maresme Forum station on the Yellow Line), by bus (lines 7, 36, 41, 43 and 141) and by tram (Trambesòs Forum station). All these stops are located just a few minutes’ walk away from the CCIB. See: http://www.tmb.cat/en/home.

Where to find
Certificate of Attendance
A Certificate of Attendance is available online from Friday, 12 June 2015, at www.eaaci2015.com. To download your certificate, you will need your surname and the unique name badge code (for example: ABC123) printed on your name badge. For more details, please check the website or ask at the registration desk in the main entrance.

Continuing Medical Education (CME)
The EAACI Congress 2015 will be accredited with European CME credits (ECMEC). The Certificate of CME Credits is available online from Friday, 12 June 2015, at www.eaaci2015.com. To download your certificate, you will need your surname and the unique name badge code (for example: ABC123) printed on your name badge. Your badge will be scanned at the entrance to each session room for CME credits.
Patient Organisations Committee Activities in Barcelona

The Patient Organisations Committee – EAACI’s platform for stakeholder integration – has organised some wonderful activities during the fast-approaching Annual Congress. You can take part in a diagnostic challenge in the Congress’s Clinical Village: based on a patient’s story, you will have to make a diagnosis and explain how you came to it, before checking your assessment against the “correct” response. You can also meet us at our Booth in the National Societies Village, where we can tell you about our efforts to raise the quality of life of food allergic patients and answer your questions about how we can help you to guide allergic patients in your country.

The Patient Organisations Committee Workshop will take place on Monday 8 June.

In the morning session, which concerns different aspects and perspectives on representing patients, you will hear Magnus Wickman (speaking about impacts on the patient, the family, socio-economics and change of burden, and how you can help), Kirsten Beyer (talking about the clinician’s position and bringing experimental strategies for food allergy into the clinic) and Mary Jane Marchisotto (with an insight into how patient organisations can help both the clinician and the patient).

The afternoon sessions will highlight the management of the risk of anaphylaxis, with Susan Wasserman (sheding light on the dark area of minimising the risk of fatalities), Wesley Burks (speaking about promising treatments for increasing the quality of life of food allergic patients, specifically those at risk of anaphylaxis) and Laurie Harada (who will show how these two aspects are shaped in real life).

Additionally, Moises Calderon will discuss asthma as an aggravating factor for people who are food allergic (and what it might do when the patient is experiencing a severe allergic reaction), whilst Jim Baker will show you how to enhance patient safety in clinical trials (the cornerstone of developing strategies for a cure of food allergies).

The Patient Organisations Committee hopes all these activities will enrich your visit to the Annual Congress and we look forward to seeing you in Barcelona.

Frans Timmermans
Chair of the EAACI Patient Organisations Committee

JMA activities at EAACI 2015 in Barcelona

This year’s EAACI Congress will have a dedicated program for JMAs. I encourage you all to look carefully at the full Congress program and plan your session visits well in advance, fitting them around the JMA dedicated sessions which are not to be missed!

The JMA Programme will start with the JMA Poster Session on Saturday 6 June 2015, following the opening ceremony. There will be presentations and lively discussions around the posters covering different areas of allergy and immunology. Prizes will be awarded to the best poster for each category and will be announced during the welcome reception. On Sunday 7 June, there will be the JMA Symposium where JMAs will be presenting hot topics, such as risk factors for food allergy, the basophil activation test, the role of antigen presenting cells in allergic inflammation in the airways and the respiratory microbiota. The JMA program will continue with the always very well attended JMA Educational Session, where successful senior members of the Academy share their personal thoughts and experiences about highly relevant topics for a fruitful and successful career, such as how to make an outstanding presentation, how to establish a successful line of translational research, how to get research funding and how to avoid plagiarism.

The Case Reports Session is another highlight of the JMA programme, where different clinical cases in allergy and immunology across ages are discussed: three generous prices (of €750, €500 and €250) will be awarded for the best case reports.

Last but not least, at our Business Meeting on Tuesday 9 June, we will have the pleasure of listening to Adam Fox, Director of the Allergy Academy in London, a pioneer initiative to improve post graduate education in allergy and immunology. We will be going directly from the Business Meeting to the JMA event, which it will be an incredible and fantastic way to close the JMA presence at the EAACI Congress, which I am sure will be a huge success.

I look forward to seeing you all in Barcelona!

Alexandra Santos
EAACI JMA Chair
Subcutaneous AIT
Allergopharma – the specialist in diagnosis and therapy of allergic diseases
Beat allergy! EAACI fun run/walk

EAACI is organising a fun run during its Annual Congress in Barcelona in June. Everybody is invited to participate in this friendly, non-competitive event: Congress delegates, allergic patients, families, friends... And don’t worry if you are not a keen runner; many participants will be walking (just like myself!). The circuit will be about 6 km long for runners, whilst those walking can do 3 km. We hope it will be an enjoyable experience, taking place near the Congress Centre and the Mediterranean.

The fun run’s slogan is “Beat allergy!”, and beating allergy is just what we want to do! Both allergists and patients want to fight and win against these diseases, and that is why we will all be taking part together! The aim of the activity is to raise awareness about allergic diseases and their impact on the individual and on society.

So please save the date for Sunday 7 June, at around 19.30 hours: at that time in the evening, the temperature will be cooling, so we will not suffer from the heat, and after a long day of sitting around, your legs will certainly need a stretch. There will be time after the run to have a quick shower before going out for dinner, so you have no excuses for missing it!


Victòria Cardona
Tomás Chivato
EAACI Congress 2015 Organising Committee Chairs

Anaphylaxis Training Station

EAACI and the Spanish Society of Allergy and Clinical Immunology (SEAIC) are delighted to announce that they will be organising an Anaphylaxis Training Station in Barcelona on 6 June 2015.

This great collaboration will bring an opportunity to learn more about the risks of anaphylaxis direct to the public on the streets of Barcelona, and it will also tell them what can be done if and when an anaphylactic episode occurs.

This street marketing activity will surely attract the attention of pedestrians who will be invited to enter a “classroom” setting, which will include desks, chairs, a blackboard, children’s play area, and an interactive corner teaching people how to use an auto-injector, amongst other things. Doctor-to-patient and patient-to-patient sessions will allow interaction both with experts and with patients who live with the burden of this disease every day. The anaphylaxis “school” concept will allow for teaching and informing, as well as rewarding knowledge acquired while visiting the tent.

This activity is a continuation of the Food Allergy and Anaphylaxis Campaign and the Allergy Awareness Campaign, both initiated by EAACI. The concept of being “trapped by allergy” will be part of the street marketing event. Posters and promotion cards from the Allergy Awareness Campaign will be distributed to visitors, as well as a pocket guide on how to manage anaphylaxis.

EAACI and SEAIC would like to take this opportunity to thank AEPNAA and Imunitas Vera (Spanish patients’ organisations) and ALK and MEDA (the local sponsors) for their support and contributions.

Ioana Agache
EAACI Vice-President Communications and Membership

Pedro Ojeda
SEAIC Communications Director

Claudie Lacharite
EAACI Marketing and Communications Manager

Solving the allergy epidemic in Europe together

The EAACI leadership will be seizing the opportunity during the Annual Congress in Barcelona to invite high-level EU stakeholders to discuss how the allergy epidemic in Europe can be solved. The lunch meeting will take place on Monday, 6 June from 12:00 to 13:30, with representatives from the European Commission and its executive agencies, the European Parliament, European Medicines Agency, EU Patient groups, industry, key EU health stakeholders, and the EAACI leadership.

The main objective of the meeting is to raise awareness of the burden of allergic diseases in Europe and emphasise the need for EU actions and prioritisation. In addition, EAACI will strengthen its collaboration with key EU decision-makers and stakeholder groups. The meeting will help to identify priorities for action and start to coordinate a possible roadmap of activities.

To achieve these relevant steps, the meeting will start with presentations of the different perspectives from the European Parliament, the European Commission, the pharmaceutical industry and the patient community. The presentations will be followed by a round table and panel discussion, where actions will be prioritised and the possible roadmap laid out for successful collaboration to solve the allergy epidemic in Europe.

Nikos Papadopoulos
EAACI President

Antonella Muraro
EAACI Secretary General and President Elect
UPCOMING EVENTS

### EAACI CONGRESS 2015

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

### FOCUSED MEETINGS

- **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.eaaci-isma.org

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

### ALLERGY SCHOOLS

- **e-PAD: EAACI Practical Allergy Diagnosis**
  - 27 - 29 August 2015
  - Moscow, Russia

- **Food Allergy Training Course**
  - 24 - 26 September 2015
  - El Escorial, Spain

For more information visit www.eaaci.org or contact events@eaaci.org
Keynote speakers and approximately 250 specialists in the field of rhinology from all over the world met from 19-21 March 2015 at the 10th Symposium on Experimental Rhinology and Immunology of the Nose (SERIN) in Stockholm, Sweden. On the first day of the meeting, Claus Bachert (Belgium), Lars-Ölaf Cardell (Sweden) and Cemal Cingi (Turkey), the SERIN 2015 Chairs, welcomed delegates and introduced the first speaker, S.G.O. Johansson, who gave an outstanding lecture summarizing the key role of IgE in allergic diseases. A plenary session was held on the contribution of genetics, epigenetics and proteomics in the diagnosis and management of upper airway diseases.

Peter Hellings opened the second day with a lecture on nasal hyperreactivity, presenting data on clinical methods used in diagnosis as well as the available treatment options, with a specific focus on capsaicin. Martin Wagenmann presented efficacy data on the use of monoclonal antibodies in chronic rhinosinusitis with nasal polyps (CRSwNP), concluding that these innovative treatment options are promising and can prove valuable in controlling this highly-recurrent and debilitating disease.

During the third day of SERIN 2015, one of the two “round table” events held was on the relatively new and less well recognised entity called “Local Allergic Rhinitis” (LAR); Mohamed Shamji gave evidence of local IgE in allergic rhinitis and discussed methods of collecting nasal fluids and measuring sIgE. He elaborated on the advantages and disadvantages of using the ISAC and ImmunoCAP system, and concluded that current methods need to be further evaluated and should only be used for research purposes. Paloma Campo presented data on the existence of LAR and the corresponding studies that she, together with Carmen Rondon, have been conducting in recent years in their department in Spain. Wytske Fokkens and Philippe Gevaert both added that their preliminary studies do not confirm the high prevalence of LAR in Amsterdam and Ghent. All the speakers pointed out the need for large multi-centered studies across Europe on LAR. Claus Bachert closed the symposium with a lecture on S. aureus superantigens and their role as disease modifiers in CRSwNP by inducing Th2 cytokines.

Forty-five abstracts were selected for oral and poster presentation, and all contributed to making SERIN an important and successful scientific meeting. Five abstracts were awarded prizes during the closing ceremony.

Further information on the abstracts, the abstract prize and travel grant winners, as well as photos and webcasts from the meeting, can be found on www.eaaci.org.

Olympia Tsilochristou
Laura Lausappio
JMA WG Representatives
Dear JMA,

May is here and work has begun on another year of the EAACI Mentorship Program (MP). Mentors have been invited, and it is now time for JMA to apply for the opportunity to be a Mentee and to collaborate and learn from a senior EAACI member working in your field of interest who you admire.

The MP is a unique opportunity to improve your professional skills and promote your career development. Watch out for the call for mentees which will be arriving by email. You will then need to send a motivation letter, your CV and a list of preferred mentors in order to apply. Mentors and mentees will be matched later in May and there will be an opportunity to meet face-to-face at the EAACI Congress in Barcelona at a dedicated event on Sunday 7 June 2015, around lunchtime. That meeting could be the start of a long-term collaboration and of numerous opportunities for your career.

Don’t miss your chance to apply for the EAACI MP: it may well be a career-changing opportunity!

Alexandra Santos
EAACI JMA Chair
The WAO Henning Løwenstein Research Award 2015

Call for applicants

The WAO Henning Løwenstein Research Award is a biennial award given to a young scientist who has shown excellence within the field of allergy.

The winner will receive €20,000* and will be offered a travel grant to attend the Symposium of Specific Allergy, SOSA, in Rome, Italy, 19-21 November, 2015.

Scientists are invited to apply for the WAO Henning Løwenstein Research Award 2015.

Application guidelines

- Applications must be concise, max. 2 pages including essential references, and should describe previous and current research activities.
- The applicant’s precise role in these activities must be clearly stated.
- The applicant’s curriculum vitae must also be enclosed, max. 2 pages.
- Applicants should be early in their academic career, within 10 years of their PhD (or equivalent degree), and should not be considered an established scientist, ie head of department, professor, etc.

Please forward the application labelled “The WAO Henning Løwenstein Research Award 2015” to:

ALK A/S, Bege Allé 6-8, DK-2970 Hørsholm, Denmark, or preferentially by e-mail to: WAOHLAward@alk.net

An International Scientific Board will evaluate the applications:

Rob C. Aalberse (NL), Patrick G. Holt (AU), Henning Løwenstein (DK), Ruby Powankar (JP), Harald Renz (DE), Lanny J. Rosenwasser (US), Mario Sánchez-Borges (VE) & Nanshan Zhong (CN).

Deadline for applications: 30 June 2015

* If the winner is from a country where local legislation or ethical regulation prevents the lawful transfer of monetary awards from the pharmaceutical industry to healthcare professionals, and in the case that the selected winner is a healthcare professional, the check is substituted by a travel grant or an educational grant of corresponding value. The grant is managed by ALK A/S and specified payment can only be given in the form of tickets or refund of tickets for a scientific or educational purpose, which is in agreement with the ethical regulation in that country. Accepted purposes could be transportation to a scientific congress or educational event, registration fees, educational charges or accommodation. ALK will ensure that each purpose is in agreement with the regulation in that particular country, i.e. avoiding for example business class travels and 5-star hotels.
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 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 59 mg as lactose monohydrate. Table: 3. Round, light salmon coloured tablets. Therapeutic indications: Symptomatic treatment of allergic rhinitis and urticarias in adults and adolescents (over 12 years of age). Posology 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: Rupatadine 10 mg Tablets is not recommended for use in children below age 12. 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 (e.g. itraconazole, ketoconazole, voriconazole, posaconazole, HIV protease inhibitors, clarithromycin, nefazodone) should be avoided and co-medication with moderate CYP3A4 inhibitors (e.g. erythromycin, clindamycin, diltiazem) should be used with caution. The concomitant administration of rupatadine 20 mg and ketocanazole or erythromycin increases the systemic 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. Caution should be taken when rupatadine is co-administered with other drugs that interact with the QT interval or with grapefruit juice: 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 metabolized 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 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: Pregnancy: 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/foetal 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/withdraw from rupatadine therapy taking into account the benefit of breastfeeding for the child and the benefit of the 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: Rupatadine 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 observed in clinical trials 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: Pharyngitis, Rhinitis. **Immune system disorders**: Rare: Hypersensitivity reactions (including anaphylactic reactions, angioedema and urticarias)**, Metabolism and nutrition disorders: Uncommon: Increased appetite. **Nervous system disorders**: Common: Somnolence, Headache, Dizziness, Uncommon: Disturbance in attention, Cardiac disorders: Rare: tachycardia and palpitations. **Respiratory, thoracic, and mediastinal disorders**: Uncommon: Epistaxis, Nasal dryness, Cough, Dry throat, Oropharyngeal pain. **Gastrointestinal disorders**: Common: Dry mouth. **Common: Nausea, Abdominal pain upper, Diarrhoea, Dyspepsia, Vomiting, Abdominal pain, Constipation. **Skin and subcutaneous tissue disorders**: Uncommon: Rash, Maculopapular, connective tissue, and bone disorders: Uncommon: Back pain, Arthritis, Myalgia. **General Disorders and administration site condition**: Common: Fatigue, Asthenia, Uncommon: Thirst, Malaise, Pyrexia. Irritability, Investigations: Uncommon: Blood creatine phosphokinase increased, Alanine aminotransferase increased, Aspartate aminotransferase increased, Liver function test abnormal, Weight increased. **Tachycardia and palpitations and hypersensitivity reactions (including anaphylactic reactions, angioedema and urticaria)** 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. Carri Reial, 51-57. Polígono Industrial Riera de Caldes 08184 Palau-solità i Plegamans – Barcelona-Spain. Phone: +34 932 471511

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The Microbiome

The human microbiome is a microbial community, which can be described as the sum of all microbial life living in or on specific sites of the human body. Recent advances in sequencing techniques have facilitated more in-depth analysis of the microbiomes of the gut, skin, genito-urinary tract and the lung, revealing a microbial super organ residing symbiotically with host mucosal surfaces. It is becoming better appreciated that the composition and activity of the microbiome has significant metabolic, nutritional and immunological effects on the host. The microbiome evolves within a host from birth, constantly being fine-tuned to maintain a homeostatic balance with the host’s immune system. This evolution is influenced by host factors, such as the adaptive and innate immune responses, external factors such as diet, medication and toxin exposure, and illness.

The gastrointestinal tract has the greatest number and diversity of microbes, with approximately 100 trillion microbes residing in the gut (10 times the total number of human cells in the entire body), while the collective genomes of the gut microbiome contain approximately 100 times more genes than the human genome. These microbes are highly adapted to survive within complex community structures, requiring nutrients from other microbes and/or host processes, which complicate growth as single bacterial strains. Interestingly, using sequencing approaches, over 1,000 different bacterial species have been identified within the gut microbiome. However, a specific individual’s microbiome typically contains only 200–400 different species, leading to enormous inter-individual variability in microbiome composition. This variability is even more pronounced when patients with diseases, such as inflammatory bowel disease, are compared to healthy individuals, supporting the concept that an imbalance of certain microbes (i.e. dysbiosis) within the microbiome may contribute to aberrant inflammatory and metabolic responses. Similarly, alterations in the microbiome of the lung have been associated with lung-associated disorders such as asthma and chronic obstructive pulmonary diseases. However, cause and effect relationships still remain largely unproven in humans.

Why do we have such complicated bacterial communities residing in and on body surfaces? The microbes themselves profit from the warm, nutrient-rich environment, which is usually considered a stable ecosystem. Humans, in turn, benefit from an increased digestive capacity and an enhanced ability to harvest nutrients from foods. In addition, the microbiome limits nutrient resources and the physical space available to pathogens. Perhaps most importantly, the microbiome supports the development of epithelial barrier function and integrity, while promoting potent tolerance and protective immune mechanisms within mucosal tissues. Intriguingly, metabolites derived from microbial fermentation of nutrients within the gut not only contribute to host energy intake, but also significantly influence host immunological responses (e.g. short-chain fatty acids and histamine). Appropriate cellular and molecular networks involve innate pattern recognition receptor activation, T and B cell polarization and expansion, secretion of a wide range of effector and regulatory cytokines and host metabolites. Ultimately, this dialogue between the microbiome, immune cells and tissue cells within the gut results in the establishment of optimal digestive capabilities, gut motility, immune tolerance to foods and certain microbial antigens, and protection against pathogens.

Many questions still remain regarding the importance of the microbiome to human health and the potential therapeutic value for deliberately modifying it. For example, altered dietary patterns do result in microbiome composition and metabolite changes: do these changes lead to an increased risk of inflammatory diseases in genetically susceptible individuals, and are these changes reversible? Human microbiome studies to date have largely focused on bacteria, generally neglecting the non-bacterial components such as viruses and fungi; clearly viral and fungal analysis need to be incorporated with existing bacterial-specific studies. Current approaches used in the therapeutic manipulation of the microbiome include antibiotics, probiotics, prebiotics or synbiotics, and treatments such as FMT procedure has driven significant research efforts designed to develop a new class of therapeutics with mechanism-based synthetic microbiota communities being designed, in vitro, to target disease-specific microbial compositional and functional imbalances. Lastly, studies examining the molecular basis for microbiome-host interactions are identifying new molecules and receptors critical for the regulation of host inflammatory responses and these are being developed as novel new drugs. Will any of these new approaches be successful? Stay tuned for further updates.

Liam O’Mahony
EAACI Immunology Section Secretary