

President's Report



Dear ASCIA members,

I wish to congratulate the organizing committee of the 2003 Annual Scientific Meeting of ASCIA:

Dr Michael Sutherland, Associate Professor
Jo Douglass, Professor
Robyn O'Hehir, Associate Professor
Mimi Tang and Associate Professor Frank Thien. They assembled

an excellent scientific program and for the first time the meeting was held in conjunction with the Diagnostic Immunology Discussion Group (DIDG), organized by Ms Anne Balloch and MS Wendy Pollack. This group has contributed so much to immunopathology in this country.

This tradition of excellence in education for ASCIA members will be continuing at our Annual Scientific Meetings in 2004 in Queensland and in 2005 in New Zealand. Preliminary information about these meetings is available in this newsletter. I strongly encourage you to participate in these meetings.

Gratitude must be expressed to the members of the ASCIA Executive, Area representatives, committees, working parties and our Executive Officer, who all contribute a great deal to ASCIA. Their activities and achievements over the past year are documented in this newsletter. Many of these activities are of significant importance to the new Strategic Plan for 2003 – 2006, which is also outlined in this newsletter. To ensure continuity in the operation of these groups, terms of reference have been devised.

As the activities of ASCIA and its associations with government and other organisations (both national – see page 2; and international – see pages 23-24) continue to develop at a swift pace, it has become clearly apparent from the last Annual General Meeting that we must allow more time for discussion of important matters

amongst the membership. In an attempt to address this, in future there will be two hours allocated to each Annual General Meeting of ASCIA. Also, in 2004 we will trial having the 2nd face to face Council meeting for the year 1 – 2 months prior to the AGM, instead of immediately prior to the ASM and AGM. This should allow for more discussion of issues and time to distribute a summary of Council issues for comments amongst members. I trust that these two amendments will improve communication amongst the membership in the future.

I would also like take this opportunity to welcome all new members of ASCIA to our society. As you will see from this newsletter, which serves as a summary of the past year, ASCIA continues to develop as a strong, productive and dynamic organization.

Best wishes for the festive season and New Year.

Dr David Gillis

ASCIA President

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■ ASCIA Interactions with the Commonwealth Government

DR DAVID GILLIS

Over the past year there have been many constructive interactions between ASCIA, Commonwealth government departments and related organisations, including the:

- Pharmaceutical Benefits Advisory Committee (PBAC), resulting in Pharmaceutical Benefits Scheme (PBS) listing of EpiPen.
- Pharmaceutical Benefits Advisory Committee (PBAC) regarding the Pharmaceutical Benefits Scheme (PBS) listing of TNF inhibitors, resulting in the inclusion of “clinical immunologists specializing in the treatment of rheumatoid arthritis” in the authority wording.
- National Prescribing Service (NPS) regarding publishing guidelines for prescription of EpiPen.
- National Asthma Reference Group (NARG), resulting in the inclusion of an ASCIA representative on the NARG committee.
- Therapeutic Goods Administration (TGA) regarding registration of allergen extracts for immunotherapy, which we hope will result in a positive outcome next year.
- Therapeutic Goods Administration (TGA) regarding nasal steroids in children.
- Department of Health and Ageing (DoHA) – the project which commenced last year on asthma and allergy will result in the production of educational literature on asthma and allergens early next year.

As with previous ASCIA Presidents, I believe it has been important to personally meet with relevant Commonwealth government organisations on a regular (annual) basis, to provide ASCIA with important contacts and a high profile. This was achieved with a visit to Canberra early this year and will be followed up by another visit early next year.

Thank you to all ASCIA members involved in these interactions with government and other relevant organisations. The expertise, dedication and professionalism of the members of our relatively small society has always been, and continues to be a great strength of ASCIA.

■ PBS Listing of EpiPen

DR DAVID GILLIS

EpiPen® is PBS listed as of 1 November 2003. It is an authority-required listing as follows:

ADRENALINE, Auto-Injector, 300 µg & 150 µg, EpiPen® & EpiPen Jr®

Initial supply for anticipated emergency treatment of acute allergic reactions with anaphylaxis in a patient who has been assessed to be at significant risk of anaphylaxis by, or in consultation with, a clinical immunologist or allergist. The name of the specialist consulted must be provided at the time of application for initial supply.

For the purposes of authority prescribing, the PBAC have defined clinical immunologist or allergist as an ASCIA member with fellowship of the RACP.

EpiPen prescription guidelines (see pages 14-15 or www.allergy.org.au/anaphylaxis/index.htm) may be useful in assisting to identify appropriate patients for EpiPen prescription. Also available on this webpage is information prepared (in conjunction with ASCIA) by the National Prescribing Service (NPS) on EpiPen for the NPS Rational Assessment of Drugs and Research (RADAR) program.

It is important to note that after the initial authority prescription, continuing supply does not require assessment by a clinical immunologist or allergist. The wording states:

Continuing supply for anticipated emergency treatment of acute allergic reactions with anaphylaxis, where the patient has previously been issued with an authority prescription for this drug.

NOTE: The auto-injector should be provided in the framework of a comprehensive anaphylaxis prevention program and an emergency action plan including training in recognition of the symptoms of anaphylaxis and the use of the auto-injector device. (www.allergy.org.au).

Authorities for increased maximum quantities, up to a maximum of 2, may be authorised for children aged less

than 17 years where 2 auto-injectors are necessary to ensure one is on hand at all times. No repeats will be issued. No increased maximum quantities will be authorised for patients aged 17 years or older.

Maximum quantity: 1

Repeats: nil

Since this was a late PBS listing it does not appear in the 1 November PBS book and is only available on the Australian Government Dept of Health and Ageing's PBS website (www.health.gov.au/pbs) until the additions can be included in the next printed version.

THE PBS LISTING OF EPIPEN IS A GREAT ACHIEVEMENT

- The price of EpiPen is reduced so that it is now affordable for all patients.
- This listing allows direct authority prescribing of initial EpiPens by clinical immunologists and allergists (ASCIA members with FRACP) and continuing supply can be prescribed by GPs and other doctors.
- This listing is a great achievement for ASCIA and Dr Rob Loblay should be congratulated.

ISSUES REGARDING AUTHORITY PRESCRIBING

- The wording “or in consultation with” was included by the PBAC for equity reasons, as limiting initiation of treatment to clinical immunologists or allergists could result in delays in obtaining EpiPen supplies by some patients, particularly those living in rural or remote areas. Consequently, the PBAC used the words “in consultation with” to allow patients who do not have easy access to an clinical immunologist or an allergist to obtain EpiPen supplies through their GPs who would **consult with** a clinical immunologists or allergist. However, the wording of the current listing **does not mandate** that clinical immunologists or allergists must agree to be consulted.

- The legal and workload implications of the wording “or in consultation with” have been of concern to ASCIA members and as a result, legal advice was obtained and sent by post to all ASCIA members in the 1st week of November. The advice should be considered in your approach to providing opinions to other doctors regarding initial authority prescription of EpiPens without seeing the patient.
- This legal advice does **NOT** apply to providing direct authority initial prescriptions (when you see the patient).
- Whatever your decision, **it is important to keep a written record of any requests for authority prescriptions**. This information may be useful in future discussions with the PBAC as they have agreed to review the listing.

■ A New Strategic Plan for ASCIA

DR DAVID GILLIS

It is timely to reflect on the achievements of ASCIA over the past four years and the Strategic Plan for ASCIA for the next four years.

You may recall at the 2002 Annual General Meeting of ASCIA, it was suggested that ASCIA devise a strategic plan, to guide its operations and expenditure over the next few years.

Council has taken this suggestion on board and considerable time has been spent in developing a new strategic plan, to follow on from the plan which was developed for ASCIA in 1999.

The implementation of the 1999 plan has helped ASCIA to develop its role as a leading authority in allergy, asthma and immune diseases, particularly in the area of public education.

This has largely been achieved by revising the:

- ASCIA visual identity (logo, consistent brochures, handbook and website design)
- educational materials and information for the media
- ASCIA Secretariat into the role of Executive Officer.

■ A New Strategic Plan for ASCIA (continued)

A new strategic plan (for the next four years) is now required, to continue to build on what has already been achieved and address some other key issues which have been identified.

OBJECTIVES

The objectives of the plan are to:

- develop the profile of the discipline and further enhance the position of ASCIA as a leading authority in allergy, asthma and immune diseases, particularly to:
 - medical students, graduates & trainees
 - other health professionals, including GPs and nurses
 - governments and regulatory authorities
 - the media and public
- utilise (expend and/or invest) the funds earned from ICACI 2000 in the most beneficial way for the discipline and ASCIA members.

KEY STRATEGIES

The key strategies of the new strategic plan are to:

- Improve our profile with basic trainees, medical students and graduates to increase recruitment of new trainees
- Increase our profile throughout Australia and New Zealand with GPs, medical specialists, nurses and other relevant medical or scientific organisations
- Enhance our profile with and understanding of relevant commonwealth and state government departments and processes
- Continue to build our profile with the media and public
- Utilise the many facets and expertise within the discipline
- Be more proactive versus reactive to emerging issues.

PROPOSED ACTIVITIES

The activities proposed to achieve these objectives and strategies include:

- Produce and distribute a new ASCIA brochure profiling Clinical Immunology and Allergy training to approximately 500 Physician trainees each year to assist in recruitment of advanced trainees (this has now been done for 2003).

- Produce and distribute a new ASCIA brochure profiling Clinical Immunology and Allergy to medical students, graduates and GPs.
- Form special interest groups / working parties within ASCIA to:
 - produce position papers (publish in print and on website)
 - produce educational materials (brochures and website)
 - provide support for educational seminars / workshops for GPs (initially by working with groups that already provide continuing professional development [CPD] awarded courses)
 - provide support for educational seminars / workshops for nurses (initially by working with groups that already provide CPD awarded courses)
 - produce guidelines for clinical trials.
- Foster links to relevant Commonwealth and State government depts (eg DoHA, TGA, Qld Hlth) and government related groups (eg NARG) through regular contact and involvement.
- Hold public / media symposia at future ASCIA ASMs
- Support ASCIA symposia at other professional meetings (eg ASI, RACP)
- Continue to develop the ASCIA website and education materials.

USE OF ICACI 2000 FUNDS

One of the objectives of the new strategic plan is to utilise (expend and/or invest) the funds earned from ICACI 2000 in the most beneficial way for the discipline and ASCIA members.

Funds generated from the ICACI 2000 meeting present a unique opportunity for ASCIA to consider long term strategies and where it should direct resources in the future. It is important that the funds are used in the most beneficial way for the discipline and ASCIA members.

The following guidelines should be considered in deciding how these funds are spent. The funds could be:

- used in the next few years on one or more specific projects;
- retained as a lump sum from which the interest on the money is used on specific projects;

- be accumulated in an interest bearing deposit or other investments over an extended period of time; or
- a combination of the above.

Consideration should be given to those projects which:

- have defined aims and are likely to fulfill stated aims
- are aligned with the strategic aims of ASCIA
- involve areas where ASCIA has a special interest
- involve a broad range of interests of ASCIA members
- involve ASCIA members from all regions
- are unlikely to be funded initially without at least some funding from ASCIA
- where there are no other obvious sources of full funding
- if successful and ongoing, have a chance of generating funding from other sources (eg from governments or foundations).

Submissions for projects should be sent to the ASCIA Executive Officer. They will be considered in an ongoing basis, in light of the above guidelines, by Council.



■ Treasurer's Report

The proceeds from ICACI 2000 have been consolidated with the term deposits held previously by ASCIA. These have been invested in one term deposit with the National Australia Bank

(NAB). Over the past year this investment has earned ASCIA just over \$50,000 in interest. To date the only commitment for these funds is the partial funding of the paediatric allergy/immunology chair at the Westmead Children's Hospital, which will be a total ASCIA contribution of \$250,000 over five years.

At the most recent ASCIA Council meeting it was decided that the funds currently in the term deposit should be invested so there is availability for this commitment as well as those that may arise in the future. Therefore we are currently seeking advice and information on returns.

Four institutions have been approached for advice and the two that have been chosen from these (based on the quality of their first proposal) are being consulted.

Regarding future proposals for these funds, the guidelines were tabled at the AGM and are also included in this newsletter (page 5).

I am also pleased to report that an audited financial report for the year ended 30 June 2003 was tabled and accepted at the 2004 ASCIA AGM.

The finances of ASCIA are much more complex than previously (before GST) and I would like to thank Jill Smith and our accountants for their assistance in ensuring this report was finalised in time for this AGM.

At the recent Council meeting it was proposed that the annual subscription fee for Associate members of ASCIA be raised to meet ever increasing postage costs, which are currently being subsidized by the subscription fees of full ASCIA members. The increase from \$71.50 to \$88.00 (including GST) was accepted at the AGM and will be implemented with the next membership renewal notice. The annual fee of \$220.00 for Full members will be maintained.

It is proposed that a motion be put at next year's AGM to have more than one category (with different fees) of Associate membership, including one for general practitioners. Notice of this will be given prior to the meeting.

This proposed change should assist in keeping the annual membership fee at the lowest possible rate for all members, including nurses and laboratory personnel.

It should also produce a more equitable sharing of the expenses for maintaining the infrastructure of the society.

We are also looking at the feasibility of enabling ASCIA members to gain full internet access to major allergy and immunology journals and textbooks as a membership benefit. It is proposed that ASCIA would pay an annual fee to the journal publishers and this would not be passed on to our members. Once further information is available we will inform all members about this.

Together we can build on the achievements of the society over the past few years and endeavour to provide all members with good value for their membership fee.

Dr Stephen Adelstein
ASCIA Honorary Treasurer

■ About the ASCIA Newsletter

SUBMISSION OF MATERIAL

To reduce transcription errors it is preferable that material be submitted electronically, as attachments in WORD format, to education@allergy.org.au and these will be forwarded to the newsletter editor.

DISCLAIMER

Comments published within the Newsletter do not necessarily reflect the opinion of ASCIA.

■ Executive Officer's Report



JILL SMITH

The past year has been another productive one for ASCIA and I am pleased to report on some of the highlights.

STRATEGIC PLAN REVIEW

Earlier this year I reviewed the implementation of the 1999 plan, and it was apparent that over the past four years ASCIA has actually achieved more than was anticipated in that plan. I am extremely grateful for the support of ASCIA members in implementing that plan, and in particular the ASCIA Presidents during those years; Professor Ron Walls, Dr Roger Garsia and Dr David Gillis; and their respective Executive and Council members. As stated on page 3 of this newsletter, it is timely to formulate a new Strategic Plan for ASCIA for the next four years, and I look forward to my role in helping to implement the plan.

One of the strategies of the 1999 plan was to help develop the role of ASCIA as a leading authority in allergy, asthma and immune diseases, by raising the profile of the organization. This has largely been achieved with the public and media by the revamped ASCIA website, which is continuously being updated and now includes a considerable range of educational materials and regular media releases.

As outlined in the President's report, the profile of ASCIA has also been raised significantly with government departments and related organisations, as a result of some very positive interactions. ASCIA is now contacted more often for advice regarding therapeutics and diagnostics pertaining to allergy, asthma and immune diseases. It has been a real privilege to provide support for members involved with these groups as well as all the ASCIA committee and working party members.

An important strategy of the 1999 plan was also to improve communications. It is hoped that the monthly ASCIA e-newsletter (ASCIA NEWS UPDATE), which commenced in March this year, is useful in providing members with up to date information about the activities that occur throughout the year. The remainder of this report is a summary of the content of these e-newsletters, to date.

ASCIA EDUCATION RESOURCES (AER)

Twelve new AER articles have been published this year (to date) on the ASCIA website:

- Milk allergy – patient & health professional versions (this article is an updated version of "Adverse reactions to milk")
- Allergen avoidance – this article is an updated version of "Practical advice for Hayfever and allergy sufferers"
- Allergy tests
- Adverse reactions to alternative medicines
- Allergic and toxic reactions to seafood
- Allergic reactions to aspirin and pain killers
- Nasal Polyps
- Orofacial granulomatosis
- Food Intolerance
- Anaphylaxis
- Alcohol allergy

The patient and health professional brochures on **Milk allergy** are also now available as printed brochures. Many of the other brochures will be reprinted in early 2004.

Patient and health professional brochures on **Asthma and Allergy** will also be available early next year, as a result of the project between ASCIA and the Commonwealth Department of Health and Ageing which we completed last year.

As a result of several requests, all AER articles on the ASCIA website are now available as both html version and Acrobat pdf files (printable versions).

The following **Topics of the month** have been released to the media this year, resulting in several articles and radio interviews:

- Anaphylaxis resources on website
- Sneezing
- EpiPen and EpiPen Jr recommended for PBS listing
- Allergen avoidance and its role in asthma management
- Milk and dairy product allergy

Asthma Update, the quarterly magazine of Asthma Australia continues to include adapted AER articles from the ASCIA website. This publication is sent out by the Asthma Foundations to approximately 17,000 people with asthma. The articles (to date) which have been featured are:

- Milk and dairy product allergy (Oct 2003)
- Hay fever treatment (Dec 2002)
- Common myths about allergy and asthma exposed (Jun 2002)
- Management of food allergy (Mar 2002).

The **Healthy Homes** booklet was published earlier this year by the Commonwealth Department of Health and Ageing. Two ASCIA members, Mimi Tang and Ray Mullins were included in the critical review group for this publication. The booklet can be viewed on the enHealth Council website <http://enhealth.nphp.gov.au> or copies can be obtained by phoning: 1800 020 103 (Ext 8654).

Several articles have appeared in newspapers and GP publications such as Medical Observer, which included a number of articles relating to the ASCIA ASM 2003 and the PBS listing of EpiPen.

ASCIA WEBSITE UPDATES

For the 2nd quarter of 2003 the ASCIA website www.allergy.org.au had an average of 7,817 unique visitors per month, 13,649 hits per day and 851 page impressions per day. This represents an increase of around seven times, compared to two and a half years ago. With additions to the website such as printable pdf versions of articles and the Anaphylaxis Action Plans for Australia and New Zealand, the number of visitors to the website should continue to increase.

The continuing increase in visitors to the ASCIA website is also in part due to the links between ASCIA and the acclaimed health websites of the Commonwealth government – **Healthinsite** <http://www.healthinsite.gov.au> and Victorian government – **Better Health Channel** <http://www.betterhealth.vic.gov.au> which are also linked to popular sites for GPs.

Over the past year, the ASCIA Anaphylaxis Working Party have developed **Anaphylaxis Action Plans** for Australia and New Zealand and EpiPen Prescription Guidelines (see pages in this newsletter. The Action Plans have now been 14-15 printed and posted to members as requested.

They are also available on the ASCIA website: <http://www.allergy.org.au/anaphylaxis/index.htm>

The ASCIA homepage was updated early this year to make the site easier to navigate for the ever increasing number of visitors.

Information under the revised headings has also been updated, including some contact details for patient groups. The patient support group webpage now includes links to:

- newsletters of Anaphylaxis Australia Inc (formerly FACTS)
- the New Zealand patient support group Allergy New Zealand.

ASCIA SPONSORSHIP

I am pleased to report that ASCIA Education Resources and the website continues to be supported by educational grants from several companies. Thank you to all the ASCIA members who have assisted in maintaining and gaining sponsors. A full list of sponsors (with links to their websites) can be found at the base of the ASCIA website homepage www.allergy.org.au

ASCIA MEMBERSHIP

The 2003 ASCIA membership handbook was completed early this year. Thank you to all members who updated their details with their annual membership fee payment. If your qualifications have changed since you first applied for ASCIA membership it is important that you inform us ASAP by emailing education@allergy.org.au. This is particularly important if you have now completed your advanced training in clinical immunology and allergy (RACP and/or RCPA) as you may now be eligible to update to Full ASCIA membership.

If you have any questions about membership or other issues please email education@allergy.org.au or write to PO Box 450 Balgowlah NSW 2093.

■ From the editor



DR SHERYL VAN NUNEN

The production of this edition of the ASCIA newsletter has been entirely painless due to Jill Smith's hard work and forethought. I am most appreciative.

■ 14th ASCIA Annual Scientific Meeting Report – Melbourne 10th-13th Oct 2003



DR MICHAEL SUTHERLAND

The 2003 ASCIA ASM was a very well attended conference. It featured scientific presentations over a broad range of topics, which included food allergy, the origins of the atopic state, autoimmunity, diagnostic testing in immunology and

immunotherapy for allergic diseases.

The scientific program was accompanied by a social program which appeared to be well enjoyed, including a welcome reception on the top floor of the Sheraton Hotel and a dinner at the Melbourne Aquarium.

This year, for the first time, the Diagnostic Immunology Discussion Group (DIDG) joined ASCIA for their 2003 meeting in Melbourne.

The DIDG group is actively involved in the promotion of national standardisation of Auto Immune testing and has a vital interest in immunology and the interface between the clinical condition and the laboratory's role in providing accurate and informative diagnostic testing.

The two parallel satellite meetings at the Yarra Valley were also well attended:

- An autoimmune workshop in association with the DIDG concentrated on diagnostic testing in immunology.
- The "Current concepts in allergen immunotherapy" meeting looked at cutting edge developments in immunotherapy.

ASCIA would like to thank all the speakers for their valued contributions to the conference and in particular the following international speakers:

- Professor Marvin J Fritzler PhD MD
Department of Biochemistry and Cell Biology,
Faculty of Medicine, University of Calgary, Calgary,
Alberta, Canada
- Associate Professor Hans Joergen Malling MD PhD
Allergy Unit, National University Hospital,
Copenhagen, Denmark
- Assistant Professor Anna Nowak-Wegrzyn MD
Mount Sinai School of Medicine, New York
- Professor Giovanni Passalacqua MD
Department of Internal Medicine, Genoa University
- Dr Anura Weerasinghe MBBS MD DCh DTM&H PhD
FRCP
Medical Research Institute, Colombo, Sri Lanka.

Thank you also to:

- Other invited speakers and chairs
- The conference organizers – ICMS
- The DIDG organizing committee (Ms Anne Balloch and Ms Wendy Pollack)
- Fellow members of the ASCIA ASM 2003 organising committee:
Associate Professor Jo Douglass
Professor Robyn O'Hehir
Associate Professor Mimi Tang
Associate Professor Frank Thien.



ASCIA 2004 Annual Scientific Meeting

■ 15th ASCIA ASM Preview – Gold Coast 8th-12th Sept 2004

The themes of the ASCIA ASM 2004 will be:

- allergic rhinitis and its impact on asthma
- atopic dermatitis
- immunomodulation in the treatment of systemic autoimmune disease
- immune responses to infectious diseases

The main meeting will be held on 8th -9th Sept 2004 at the Marriott Resort, Surfer's Paradise, followed by a Satellite meeting on 10th-12th Sept 2004 at Couran Cove Island Resort, South Stradbroke Island.

Guest speakers for the conference include:

Professor Jean-Laurent Casanova

- Professor of Paediatrics, Paediatric Immunology-Haematology Unit, Hopital Necker Enfants Malades, Paris
- Director, Laboratory of Human Genetics of Infectious Diseases, Necker-Enfants Malades Medical School, University of Paris Rene Descartes.

Professor Casanova's research interests include the immune responses to infections, especially intracellular bacteria and immunodeficiency. His pioneering works in defects in the interferon gamma and related pathways have been widely published in many of the most respected journals such as Science, NEJM and Nature Genetics.

Professor John Harper

- Professor of Dermatology, Great Ormond Hospital London, Institute of Child Health London

Professor Harper's research activities are in the genetics of atopic dermatitis and therapeutic strategies for atopic dermatitis. He is editor of the renown textbook 'Paediatric Dermatology'.

Professor Stephen Durham

- Respiratory Physician, National Heart and Lung Institute London

Professor Durham conducts clinical allergy trials and is a lead member of the WHO ARIA (allergic rhinitis and its impact on asthma) workforce.

■ 15th ASCIA ASM Preview – Gold Coast
8th-12th Sept 2004 (continued)

Further information can be obtained by contacting the conference organizers, Worldwide Conference Professionals, via the ASCIA website homepage or by email: ascia2004@wcp1.com

■ **First Announcement**
16th ASCIA ASM
Queenstown,
New Zealand 2005



DR ROHAN AMERATUNGA

Queenstown has been chosen as the venue for 2005 Annual Scientific Meeting of ASCIA.

It is intended that the meeting will be held in conjunction with the Diagnostic Immunology

Discussion Group (DIDG), as it was in Melbourne at the ASCIA ASM 2003.

The meeting will be held from 1-5 September 2005 and further details will be available on the ASCIA website, once available.

■ **Reports from ASCIA**
Representatives,
Committees and
Working Parties

QUEENSLAND



DR JANE PEAKE

This year we have continued to have our monthly clinical meetings to discuss difficult, informative and challenging cases. I believe that everyone who has attended has found these meetings interesting and informative.

Other activities of the Queensland branch have largely centred on conference planning with the aim of making ASCIA 2004 at the Gold Coast the best ASCIA ASM yet!

Shortly after we return from the ASCIA ASM 2003 we are planning a meeting with the dermatologists to learn techniques of digital photography. If this goes well, we may well organise a similar session for the satellite meeting for ASCIA 2004.

A major concern for Queensland members continues to be the severe shortage of clinical immunologists and allergists and the fact that there is no public service available for children and limited services for adults. Once the new state Health Minister appointment has been confirmed then we will plan to approach them about this issue.

With the new resources being allocated for anaphylaxis treatment, this may present an opportunity for ASCIA to emphasise the lack of service in Queensland compared to other Australian states.

NEW SOUTH WALES



DR SEAN RIMINTON

ASCIA NSW has had another very successful Clinical Grand Rounds – this year at Concord Hospital.

There were seven excellent presentations ranging through the topics of molecular medicine, drug

allergy, HIV immune reconstitution, lupus manifestations, sarcoidosis, and primary immunodeficiency.

A delegation from Canberra was very welcome.

This year's winner, Dr Ming-Wei Lin, presented detailed cellular and molecular analysis of a case of adult onset immunoglobulin deficiency presenting with recurrent pneumonia. Once again the evening was sponsored by Essex Pharma.

VICTORIA

DR MICHAEL SUTHERLAND

Efforts this year have been concentrated largely on planning of the Annual Scientific meeting. A brief report on this meeting is included on page 8 of this newsletter.

We have also had two successful dinner meetings which have been well attended.

WESTERN AUSTRALIA

DR PETER HOLLINGSWORTH

In WA we have held meetings associated with other societies. Topics have included food allergy and ant allergy. The latter has been due to the temporary presence of Dr Simon Brown who has done a lot of work on the emergency treatment of jumper ant allergy.

The Institute for Child Health Research continues to move forward with Professor Pat Holt, Professor Wayne Thomas and Associate Professor Susan Prescott performing acclaimed research under the leadership of Professor Fiona Stanley.

The Asthma and Allergy Research Institute (AARI) also continues to grow stronger. This institute draws funding for research and trials and has established a dedicated clinical trials unit. It is anticipated that an academic allergy post will be established here within the next five years.

SOUTH AUSTRALIA

DR WILLIAM SMITH

The South Australian group have held monthly evening meetings this year, which have attracted sponsorship from pharmaceutical companies, in the form of post-meeting dinners.

Topics have included aminopenicillin allergy, probiotics in atopic eczema, an update on ANCA, local nasal allergy (introducing the term "entopy"), immunodeficiency (the world's oldest case of Bruton's), food allergy and anaphylaxis in children, and paraproteinaemia.

The meetings have been well attended by ASCIA members and associates. There has also been a separate well-organised series of bimonthly meetings for allergy nurses in South Australia, with evening lectures given by ASCIA members on subjects such as anaphylaxis, food allergy and eczema. These have also attracted pharmaceutical company support.

Dr Karen Morwood, the clinical immunology and immunopathology trainee at the RAH and IMVS will be moving back to Brisbane, and we have a new trainee in immunopathology, Dr Hissaria from India. Dr Anthony Smith, in clinical immunology training at FMC, is doing a PhD under the supervision of Professor Tom Gordon.

■ ANAPHYLAXIS WORKING PARTY

DR MIKE GOLD, DR ROB LOBLAY

Since this working party was established a year ago, the members have worked very hard to produce a consistent Anaphylaxis Action Plan for use throughout Australia and New Zealand. This has mainly been achieved through teleconferences and email. The format and contents was based on analyzing over ten plans that have been in use throughout Australia.

Four versions of the plan are available to print off the ASCIA website. These can be accessed via: <http://www.allergy.org.au/anaphylaxis/index.htm> and two of these are also now available in print. The patient specific poster (see page 13) includes a space for a photo and is intended to be displayed in schools, kindergartens or childcare centres. The generic version is intended as a poster for clubs, restaurants and other public places. The only difference between the Australian and New Zealand versions of both plans are the ambulance telephone numbers.

The other major project for the working party has been to formulate consensus EpiPen Prescription Guidelines. These guidelines are reproduced on pages 14-15 of this newsletter and also on the ASCIA website.

Although the prescription guidelines were drafted independently of the recommendation by the PBAC for PBS listing of EpiPen, the document will be useful in assisting to identify which patients are appropriate candidates for EpiPen prescription.

The working party have also provided feedback on information provided by CSL to other doctors and assisted the National Prescribing Service (NPS) in producing information on EpiPen for the NPS Rational Assessment of Drugs and Research (RADAR) program.

Future projects proposed by the working party include:

- Development of appropriate education resources
- Monitoring of PBS prescribing and issues that arise (a questionnaire will be sent in early 2004 to all ASCIA members concerning this)
- Development of an Anaphylaxis Register

Thank you from Mike Gold (SA) and Rob Loblay (NSW) to all members of the working party (listed in alphabetical order):

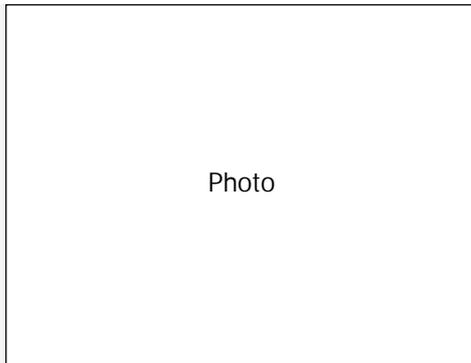
Dr Karl Baumgart	(NSW)
Dr Simon Brown	(WA)
Prof Andrew Kemp	(NSW)
Dr Richard Loh	(WA)
Ms Danielle Mitrou	(VIC)
A/Prof Ray Mullins	(ACT)
Dr Jane Peake	(QLD)
Dr John Ruhno	(NSW)
Dr Jan Sinclair	(NZ)
Dr William Smith	(SA)
Dr Graham Solley	(QLD)
Dr Velencia Soutter	(NSW)
A/Prof Mimi Tang	(VIC)
Dr Victoria Taylor	(TAS)
A/Prof John Ziegler	(NSW)

Should other ASCIA members be interested in joining this group please email education@allergy.org.au to register your interest.

Action plan for Anaphylaxis

Name: _____

Date of birth: _____



Known severe allergies: _____

Parent/carer name(s) _____

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by:

Dr. _____

Signed _____

Date _____

How to give EpiPen® or EpiPen® Jr



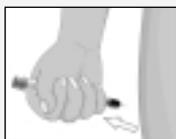
1. Form fist around EpiPen® and pull off grey cap.



2. Place black end against outer mid-thigh.



3. Push down **HARD** until a click is heard or felt and hold in place for 10 seconds.



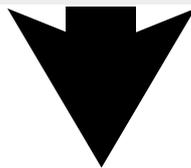
4. Remove EpiPen® and be careful not to touch the needle. Massage the injection site for 10 seconds.

MILD TO MODERATE ALLERGIC REACTION

- swelling of lips, face, eyes
- hives or welts
- abdominal pain, vomiting

ACTION

- stay with child and call for help
- give medications (if prescribed)
- locate EpiPen® or EpiPen® Jr
- contact parent/carer



**watch for signs
of Anaphylaxis**

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- difficulty/noisy breathing
- swelling of tongue
- swelling/tightness in throat
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- loss of consciousness and/or collapse
- pale and floppy (young children)

ACTION

1 Give EpiPen® or EpiPen® Jr

2 Call ambulance. Telephone 000

3 Contact parent/carer

If in doubt, give EpiPen® or EpiPen® Jr

Additional Instructions _____

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ascia

australasian society of clinical immunology and allergy inc.

www.allergy.org.au

GUIDELINES FOR EPIPEN® PRESCRIPTION

1. RECOMMENDED

History of anaphylaxis* (if patient is considered to be at continuing risk)

2. MAY BE RECOMMENDED

History of a generalised* allergic reaction with one or more of the following factors:

- **Asthma**
 - concurrent or past history
- **Age**
 - Adolescents and young adults have a greater risk of fatal food anaphylaxis. The majority of recorded fatal reactions to foods (~90%) occur in children over the age of 5 years.
 - Adults have a greater risk of fatal stinging insect anaphylaxis than children.
- **Specific allergic triggers**
 - **Nut allergy (to peanuts or other nuts)**
Most deaths from food anaphylaxis occur from nuts. Generalised allergic reactions can be triggered by exposure to trace or small amounts of nuts, which can be difficult to avoid. Subsequent allergic reactions to nuts may be unpredictable.
 - **Stinging insect allergy (Bees, wasps, Jumper ants)** in adults
- **Co-morbid conditions**
 - Ischaemic heart disease
- **Limited access to emergency medical care**
 - In remote locations early administration of adrenaline may not be possible unless an EpiPen is available.

These factors should be considered when deciding whether an EpiPen is prescribed, as they are known risk factors for more severe or fatal reactions.

3. NOT NORMALLY RECOMMENDED

- **Asthma**
 - in patients with asthma without anaphylaxis or generalised allergic reactions
- **Elevated specific IgE only (positive RAST and/or skin test) without a history of clinical reactions**
 - Positive test results alone do not necessarily mean there is allergic disease. These patients may be referred to an allergy specialist for assessment of their risk of allergy and anaphylaxis. This may include further investigations such as challenge testing.
- **Family (rather than personal) history of anaphylaxis or allergy**
 - Whilst the risk for allergic disease is inherited, anaphylaxis is not inherited.
- **Local reactions to insect stings in adults and children**
- **Generalised skin rash (only) to bee or wasp stings in children**
 - Prospective follow-up studies of subsequent bee stings in children presenting with local reactions or generalised skin rash (only) show that these children are at a very low risk of experiencing anaphylaxis with subsequent stings.
- **Resolved food allergy**

EPIPEN JR vs EPIPEN PRESCRIPTION**

- EpiPen Jr and EpiPen are not usually recommended for children less than 10kg
- EpiPen Jr recommended for children between 10 and 20kg
- EpiPen recommended for adults and children over 20kg

* Refer to definitions on page 15

** These are based on expert opinion which is at variance with the approved product information

IMPORTANT: An EpiPen should only be prescribed within the context of a comprehensive ANAPHYLAXIS MANAGEMENT PLAN (see page 15).

Anaphylaxis Management Plan

An EpiPen should only be prescribed within the context of a comprehensive anaphylaxis management plan that includes the following;

■ REFERRAL TO AN ALLERGY SPECIALIST

■ IDENTIFICATION OF THE ANAPHYLACTIC TRIGGER(S)

This should include a comprehensive history, clinical examination, appropriate use and interpretation of allergy testing.

■ EDUCATION ON THE AVOIDANCE OF TRIGGER(S)

This is particularly important with food anaphylaxis.

■ PROVISION OF AN ANAPHYLAXIS ACTION PLAN

This should document the following;

- Name of child/adult
- Allergic triggers
- Carer contact details
- Symptoms and signs indicating when to use the EpiPen
- Instructions on how to use the EpiPen.

Anaphylaxis action plans for EpiPen use can also be located at www.allergy.org.au

■ APPROPRIATE FOLLOW-UP

Review by an allergy specialist should occur to;

- Ascertain if the correct trigger(s) have been identified
- Determine whether the allergy persists
- Provide re-education on EpiPen use
- Renew action plan
- Ensure the EpiPen has not expired.

Definitions

1 ANAPHYLAXIS

Anaphylaxis is a rapidly evolving generalised multi-system allergic reaction characterized by one or more symptoms or signs of respiratory and/or cardiovascular involvement and involvement of other systems such as the skin and/or the gastrointestinal tract. Symptoms/signs of respiratory/cardiovascular involvement are:

Respiratory:

- Difficulty/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Difficulty talking and/or hoarse voice
- Wheeze or persistent cough

Cardiovascular:

- Loss of consciousness
- Collapse
- Pale and floppy (in young children)
- Hypotension

2 GENERALISED ALLERGIC REACTION

A generalised allergic reaction is characterized by one or more symptoms or signs of skin and/or gastrointestinal tract involvement without respiratory and/or cardiovascular involvement.

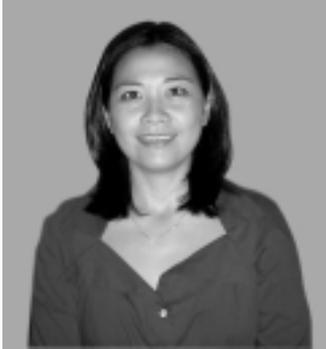
Skin:

- Generalised pruritis
- Urticaria / Angioedema
- Erythema

Gastrointestinal:

- Abdominal pain
- Vomiting
- Loose stools

■ PAEDIATRIC IMMUNOLOGY



ASSOCIATE PROFESSOR
MIMI TANG

In paediatrics, prevention of allergy is a topic which still needs to be addressed.

I have liaised with Associate Professor Susan Prescott regarding this and she has agreed to work on

this topic with the ASCIA Paediatric Interest Group.

This group has not formally met apart from at the ASM but has been involved in reviewing documents via email for the ASCIA Anaphylaxis Working Party and the ASCIA education committee.

This year I have again been actively involved as the ASCIA representative on the National Asthma Council and more recently on the National Asthma Reference Group (NARG). Both are important groups for ASCIA to liaise with.

In particular, NARG has a role in determining which asthma related projects shall be allocated resources from the government funds set aside for the national health priority areas initiative. It is anticipated that projects for funding will be reviewed by NARG early next year.

It is therefore important that ASCIA and its members consider submitting their projects relating to asthma to NARG for consideration.

■ CLINICAL & LABORATORY PRACTICES COMMITTEE (CLPC)

DR WILLIAM SMITH

The CLPC of ASCIA is a body assigned responsibility in certain projects and questions related to the practice of clinical and laboratory immunology and allergy.

Not all issues addressed to ASCIA are dealt with by this committee; some larger projects will be assigned to a working party or special interest group, either through or independently of the CLPC, and some issues of a limited nature or requiring a timely response will be dealt with by Executive directly or through a letter from the President.

Currently the designated members of the CLPC are William Smith and Richard Steele.

Issues addressed this year include:

1. Multiple chemical sensitivity; a reply to a request from the National Centre for Classification in Health for an opinion on whether "multiple chemical sensitivity" should be classified as a disease entity in the ICD-10-AM (International classification of diseases, Australian modification). We received advice from Rob Loblay and John Weiner on this issue, and recommended against classification.
2. Skin prick testing; A dragging issue for many years has been the place of skin prick testing in clinical practice by allergy specialists and other practitioners. There have been concerns regarding the overuse of this test from the HIC; these came to a head when an ASCIA member was challenged regarding the number of tests and the way that the test was being conducted. The CLPC has formed an ad hoc group to prepare a position paper and guidelines on this issue.

3. The CLPC has had a passing or glancing role in a number of other issues that have been addressed to ASCIA in the past year, including a submission for S3 rating for mometasone in children (dealt with by Mimi Tang), registration of Alustal extracts by Richard Thomson Pty Ltd in Australia, and the implications of PBS listing for the EpiPen (dealt with primarily by Rob Loblay, Mike Gold and the Anaphylaxis WP). The use of IgG testing for food intolerance has arisen in two contexts, firstly the TGA application by York Laboratories for a food IgE ELISA kit (dealt with by Rob Loblay and John Weiner) and secondly the offer of this test by a major commercial pathology laboratory (dealt with by David Gillis).

In the course of the skin prick test project, it became apparent that there might be a need for definitions of documents prepared by our committees. I suggest the following classification:

1. Position paper/position statement: A general statement that reflects the attitude or expert opinion of ASCIA on a particular issue. It may be relatively brief, general and deal with specific contentious questions. Not necessarily referenced or comprehensive.
2. Guidelines (Practice Parameters in the US): Detailed and comprehensive instructions on a particular procedure, condition, set of tests, diagnosis or management of a condition, with references and levels of evidence. Generic to the extent that it can be adapted for use by practitioners in different locations and settings.
3. Protocols: Highly detailed and prescriptive instructions on a procedure, which will often be specific to a location or clinic and enable the procedure to be carried out in the same way by different staff.

Skin prick testing working party:

The group comprises William Smith, Bob Heddle, Michael Sutherland, Ron Walls and Karl Baumgart.

Previous work on allergy testing produced for the DOHA brochure is acknowledged and will be incorporated into the guidelines.

It is planned that the group will produce the following documents:

- ASCIA position paper on the role of skin prick testing in allergy diagnosis, and its appropriate conduct and use.
- Guidelines for skin prick testing
 - separate guidelines for GPs and specialists
 - suggested allergen lists for Australia and local areas
- Patient information sheet, ASCIA brochure (already an info sheet on allergy testing).
- Doctor information sheet.
- Education material for ASCIA members training other doctors, nurses, technicians.
- Draft patient consent form.

■ RCPA & MEDICAL SCHEDULES



DR KARL BAUMGART

The first two RCPA Pathology Update meetings at Darling Harbour have been very successful. This format will continue in 2004 and Dr Richard Steele has been groomed as the convenor of these meetings. Consensus forums, quality sessions

and new areas of testing are all highlighted in these meetings. The meeting has been successful in attracting a substantial number of scientists and next year will provide scope for trainees as well as others to present posters. Unlike the update sessions for other disciplines, the Pathology ASM continues to leave certain areas for the Immunopathology Training meeting which continues at Westmead and is still organised by Dr David Fulcher.

We have had a series of meetings in respect to the pathology tables in the Medicare Benefits Schedule. Some of these for ANCA and coeliac testing have been useful. In general any changes need to remain cost-neutral and new changes for coeliac testing have become effective in November 2003. It is possible further changes will occur to these descriptors!

Recently published guidelines reflect increased confidence in the predictive values of the endomysial antibody (IgA-EMA) and tissue transglutaminase (IgA-tTG) assays performed as single tests (Pathology 2003; 35: 285-304). However, many clinicians have longstanding habits of requesting that will prove problematic for laboratories.

The Schedule subcommittee will look at clinical item numbers as well this forthcoming year, in particular at the possibility of items for desensitisation and challenges.

■ PRIMARY IMMUNODEFICIENCY



PROFESSOR WARWICK BRITTON

Progress on development of PID Register

There has been considerable progress on the development of the Primary Immune deficiency (PID) Register because of the hard work of Dr Sean Riminton and the staff of the Institute of International Health. Sean introduced the web-based form of the PID Register to the members of ASCIA at the scientific meeting on 10 October.

The website can now be viewed via the ASCIA website or directly at www.immunodeficiency.org.au.

The form of the Register largely follows that planned by the PID Committee Working Group which met in Sydney last year. It has, however, been developed with the input from the staff at the Institute of International Health. We have validated and transferred the information from the first 500 patients on the PID Register electronically to the new Register. Information from the paediatric patients registered as incident cases in the APSU Primary Immunodeficiency study has also been transferred. Patients who were subsequently enrolled on a separate registration form (approximately 130) will now be added once it is available in its web format. In all, the Register will contain information from about 750-800 patients before new registrations occur.

The Register and its privacy provisions were given ethical approval from the Central Sydney Health Service Ethics Review Committee (Protocol No. X01-0231). Following the helpful suggestions from Dr Robert Loblay we then contacted 12 ethics committees around Australia in the

centres which provided the largest number of patients for the original ASCIA Register. These committees were asked to comment on the proposal which has its formal approval from CSAHS Ethics Committee in Sydney. No problems emerged. Each new patient will provide written informed consent to have their information included in the Register, using consent forms and patient information sheets that can be printed directly from the website. This has obviously provided more certainty for ethical approval.

Funding of the Registrar

Following negotiations, CSL Bioplasma have agreed to fund the Register at \$15,000 per annum with the intention of recurrent funding for up to five years. This will provide sufficient funds for the establishment of the Register, the maintenance contract with the International Institute of Health (IIH) and some funds to promote the Register, but not sufficient to provide staff to maintainence.

Following discussions with the Institute of International Health and the ASCIA Executive, it was agreed to pay for the small increase in cost above that originally estimated in the Memorandum of Understanding. This will be covered by the sponsorship from CSL. The ASCIA PID Committee expects to receive quotes and invoices for a range of relatively small modifications as the program is implemented. An example includes extending the list of Users beyond the 200 envisaged in the MOU with the IIH.

Promotion of the Register

Sean Riminton presented the Register at the ASCIA scientific meeting. A brochure on "How to Use the Register" is available to ASCIA members. Each Investigator will require a user name and password, and Sean has organised for approximately 200 usernames and passwords to be generated in advance for those doctors who have Registered patients previously as well as all full members of ASCIA. People will then be able to access the Register and change the password if required.

Any questions concerning the Register can be sent to ascia.pid@email.cs.nsw.gov.au.

ASCIA members and particularly Council members are asked to familiarise themselves with the web-site, and to

promote this important ASCIA activity to other members and colleagues. The success of this project depends on a high level of input activity from ASCIA members.

Management of the Register

As indicated in separate correspondence, a small group is required to have approved user status for the maintenance of the Register. It is recommended that this be initially the sub-group of the PID Committee, Dr Sean Riminton, Prof Warwick Britton and Ms Kristine Maddock, Administrative Assistant, Department of Clinical Immunology, RPAH. It is proposed that the membership of the PID committee be reviewed. The Committee will meet at the time of the ASCIA meeting each year and by telephone conversation at least once a year.

The major function of the Committee will be to disseminate knowledge about the program widely to members of ASCIA and other doctors who may be managing patients with immunodeficiency, including paediatricians, respiratory physicians and haematologists. The aim will be to have summary reports of registered data available for all approved users which may be used under the terms set out in the Approved User Agreement. It is also planned for members of the PID committee to visit each of the major Centres of management of immunodeficiency in the different States over 2004 to spread the news of the Register.

The next step will be to include our colleagues from New Zealand in the Register; however, this may require separate ethical approval in New Zealand.

The Register has attracted considerable interest from the European Society for Immunodeficiency (ESID) and we plan to report at international meetings.

Acknowledgements

We thank the staff of the Institute of International Health. In particular, Ms Kathy Jayne and her team for the large amount of work they have done to bring the Register to this stage. We thank Rob Loblay and Lesley Townsend for important help with the Ethics consultation process. We thank Dr Elizabeth Elliot and the Australian Paediatric Surveillance Unit for their cooperation. We thank CSL Bioplasma for their unrestricted grant in support of the Register and to the members of the PID working group in providing its framework. Finally, credit should go to Sean Riminton for the enormous effort he has put into converting the idea of a web-based Register into reality.

NEWSLETTER

DR SHERYL VAN NUNEN

To keep members updated on a more regular basis the monthly e-newsletters "ASCIA News Update" are sent out by our Executive Officer, Jill Smith. The printed newsletter is intended to act as a summary of the past year's e-newsletters and the most recent ASCIA Council and Annual General meetings. Please refer to page 6 of this newsletter for details on how to send articles for publishing in the newsletter.

EDUCATION

ASSOCIATE PROFESSOR RAY MULLINS



I would like to thank those involved in this committee (John Ruhno, Pete Smith, Carolyn Hawkins, Jo Douglass, Glenn Reeves, Richard Loh, Tracey Stranger, Janet Rimmer, William Smith, Maryanne Empson), who have spent long hours reviewing and editing articles for the web site, and having input into various press releases throughout the year. Special thanks must go to Jill Smith, who has cheerfully transformed complicated medical

prose into understandable text, and taken the initiative in promoting ASCIA as a resource for patients and the media in Australia. The list of articles continues to grow, and I would encourage all members to consider drafting additional articles and submitting them to the committee for review. After all, the diversity of ASCIA members and their interests is the Society's greatest resource.

Issues surrounding complementary and alternative medicine continue to fester, prompting release of an article on adverse reactions earlier this year and an additional article on alternative testing. Many members have had recent input into a discussion paper by the Food Safety Authority of Australia and New Zealand (FSANZ), concerning the addition of additives into food, including herbal medications. I would like to thank Linda Hodge for bringing this to our attention, as well as the issue of "Boost Juices" (see <http://www.boostjuice.com.au/>).

These retail outlets add supplemental vitamins and medicinal herbs (normally regulated as medicines by the TGA) to fruit juice at the point of sale by "consumer request", although in reality, they are actually promoted at the point of sale. According to their web site above, substances like Echinacea (which is associated with adverse reactions like asthma, anaphylaxis, hepatitis and erythema nodosum), Ginseng (multiple, including drug interactions with warfarin, phenelzine and alcohol), Ginkgo (interaction with anticoagulants etc), Guarana (stroke, epilepsy, myoglobinaemia) are added in various combinations. These are accompanied by non-drug names like "Energiser BOOST", "Immuni BOOST", "Brain/Stress or Relief BOOST". This practice appears to be neither regulated by the TGA nor FSANZ. ASCIA has made representations to the TGA and FSANZ about these issues, with input from David Gillis, Robert Heddle, Paul Gatenby, Jo Douglass, Connie Katelaris, Andrew Kemp, Linda Hodge, Robert Loblay and myself. Members interested in reading copies of the final submission should email Jill Smith or myself.

The proposed "teaching slide" program has not come to fruition as yet, although remains on the agenda and a priority for the coming year. Pete Smith ran an interesting session on teaching at this year's ASCIA meeting, which was well attended by members. And don't forget... that friendly tap on the shoulder after an excellent presentation inviting you to write an article for doctors and patients is a compliment, not a burden!

■ JSAC – IMMUNOLOGY & ALLERGY

DR DAVID FULCHER



Basic trainee brochure

The issue of attracting advanced trainees to the discipline continues to be important for the future of allergy and clinical immunology and ASCIA. We have now developed a new brochure to assist in attracting new trainees. This has been mailed to all

RACP basic trainees in 2003 and it has also been distributed at meetings. I will be liaising with Jill Smith each November to advise who has completed their advanced training. They will subsequently be mailed information on ASCIA including a membership form. Currently there are 14 advanced trainees (8 towards FRACP/FRCPA; 6 towards FRACP).

Project

All trainees are required to prepare and submit a scientific project by the end of their second year in training. To encourage them to meet the deadline, ASCIA has agreed to award a \$500 prize for the best project received by the due date, to be awarded at the ASM.

Training site accreditation

We have been busy performing training site accreditation inspections of Immunology Units throughout the country, performed by various Training Site Accreditation Committee (TSAC) members under the auspices of JSAC. These visits have been very useful, both for the hospital inspected, but also for the team doing the inspection, especially in the interchange of ideas on how to optimise training. Last year we inspected the Alfred Hospital, Royal Adelaide Hospital and Royal Melbourne Hospital, and this year, Westmead, Canberra Hospital, Princess Margaret and Fremantle Hospitals. Although it has been usual for the RACP and RCPA to perform separate inspections in the past, we have recently been able to harmonise these inspections to achieve both aims simultaneously.

Advanced trainee representative

Another RACP initiative is to have an advanced trainee representative on JSAC; this year we are pleased to welcome Dr Karen Morwood into this position, an initiative that has been very useful.

Curriculum development

The AMC has requested both the RACP and the RCPA to formalise their training program and to generate a curriculum. This enormous process is underway under the supervision of Dr Dominic Mallon (chair, JSAC), who will liaise with Dr Stephen Adelstein (Chief Examiner, RCPA) to harmonise the curriculum development processes of the RACP and RCPA. A working party has been formed consisting of Dr Fulcher (CAT), Assoc Prof Tang (Paediatric Representative), Dr Morwood (Trainee Representative), Dr Adelstein and Dr Mallon.

Early applications for advanced training

Although the TSAC inspections have helped, occasionally trainees find themselves in a training job which fails to meet core training requirements. We are therefore encouraging early applications for advanced training. Hence from this year, trainees will be encouraged to submit applications by 1 November of the year prior to the training year so that perceived problems can be rectified.

Finally, it is important to always be aware of attracting basic physician trainees into our discipline. The brochure has certainly helped, and has generated many enquiries, but getting involved in basic physician training, providing lectures and maintaining a strong presence in training hospitals are all probably far more important in achieving this end.

■ COMPUTER

DR GLENN REEVES

Updating to the ASCIA website occurs on a weekly basis and the service we obtain from Medeserv is currently excellent. The ASCIA web site usage statistics show that since the 1st quarter of 2001 to the 2nd quarter of 2003 the number of visitors to the ASCIA website has increased substantially, as follows:

Quarter 1, 2001

1209 unique visitors per month
135 page impressions per day
2108 hits per day

Quarter 2, 2003

7817 unique visitors per month
851 page impressions per day
13649 hits per day

We expect that this increase will continue, with the constant updating of resources and member discussion groups on the website.

To obtain a password for the ASCIA website you need to apply online
http://www.allergy.org.au/register/ascia_reg.cfm

■ GP LIAISON REPRESENTATIVE

DR VICTORIA TAYLOR

It has been a very productive year with finalization (and availability on the ASCIA website) of the Anaphylaxis action plan. This has been introduced into many schools and worksites.

The PBS approval for EpiPen will also make a great difference to the access of the EpiPen to people with anaphylaxis.

Over the past year there has been an obvious increase in public awareness of food allergy and intolerance, mainly via lectures, books, TV, newspapers and magazines. The same increased influence does not seem to be occurring within the general practitioner circle. A series of lectures that were given in Launceston this year is an example of ways in which education could be increased to GPs and the general population. Other opportunities for ASCIA involvement include programs such as "Start them right" from the Family, Child and Youth Health Service.

■ ASI PRESIDENT

PROFESSOR CHRIS PARISH

The 2004 ASI meeting will be held in Adelaide from December 12-17, 2004. It will be a joint meeting with the 8th International Human Leukocyte Differentiation Workshop (HLDA8).

Further information may be obtained from Su Heinzl, the ASI South Australian Councilor, (susanne.heinzl@adelaide.edu.au).

We look forward to the participation of ASCIA members in this meeting.

■ ASSOCIATE REPRESENTATIVE



MS RENEE DE LEUIL

This year has seen continued discussion regarding the formalising of allergy/immunology nurse education. Although the plans remain in the very early stages of discussion, there has been in principle support

from the Council of ASCIA for a national Nurses' Allergy course to be established. Seed funding will depend upon acceptance of proposals.

I look forward to ASCIA ASM 2004 where an associate member session will be incorporated into the program, myself and other associate members will be in contact with Jane Peake to arrange this.

It is encouraging to see the increasing presence of associate members at the ASM this year. I encourage medical members to look towards other specialties where the involvement and contribution of nurses and other allied health staff is widely accepted, respected and encouraged.

I would like to thank Jill Smith and my fellow associate members for their support during the year.

■ WAO Update

ASSOCIATE PROF CONNIE KATELARIS

As I have recently returned from the World Allergy Organisation (WAO) Congress in Vancouver I thought the following items from the WAO Board Meeting may be of interest to ASCIA members:

- The ACI International journal is now to be called the WAO Journal. We have good representation of Australian authors in this journal and as I am on the editorial board I am always on the lookout for those who wish to contribute. At the time of printing this newsletter, ASCIA is investigating the option of subscribing to the online WAO journal for all ASCIA members.
- The next WAO congresses will be held every 2 years – the next congresses will be:
Munich June 2005
Bangkok 2007
Buenos Aires 2009.
- The new president of WAO is Professor Carlos Baena Cagnani from Argentina and Professor Allen Kaplan becomes Past President. Professor Gunnar Johansson who was President for the ICACI 2000 in Sydney is now retired from the WAO Board after 18 years of service.
- We have formed a new group in the Asia Pacific, to be known as the Asian Aeroallergen Association and hope to be affiliated with APAACI and WAO. It will be a network of those doing pollen and mould counts throughout our region. We intend to set standards for uniform performance of counts and to train and set up those in countries where no data exists.
- At the recent WAO Congress in Vancouver, Professor Pat Holt was awarded a very prestigious honour for scientific excellence, the scientific achievement award of the World Allergy Organisation. Congratulations!



PROFESSOR PAT HOLT

Editor's note:
The WAO website
www.worldallergy.org
contains useful information
and you can register to
receive their regular
e-newsletters at no charge.

■ FOCIS Update

ASCIA is now an affiliate member of the Federation of Clinical Immunology Societies (FOCIS). As such, ASCIA will join a distinguished list of societies throughout the world working together to expand the horizons of Clinical Immunology.

ASCIA will also receive recognition at the annual FOCIS Meeting, to be held next year in Montreal from July 18th to the 23rd, 2004. This meeting pairs FOCIS with the International Congress of Immunology, which should prove to be an even larger success than previous meetings, drawing an expected 12,000 attendees.

ASCIA will be listed on FOCIS materials, including the program book. ASCIA members will also receive a discount on registration.

■ New ASCIA Members

Since the last ASCIA newsletter was published (Dec '02) we welcome the following 19 new Associate members (listed in alphabetical order) to ASCIA.

Dr Simon Brown BMedSci MBBS DA FACEM
Emergency Physician and Senior Clinical Lecturer
Royal Hobart Hospital and School of Medicine,
University of Tasmania.

Ms Pauline Brown RGOM BHScNsg
Clinical Immunology Nurse Specialist,
Starship Children's Hospital – Auckland, NZ

Dr Brian Coppin MBChB DA MRCP(UK) FRACP
Consultant Paediatrician
Flinders Medical Centre, SA

Dr Theo de Malmanche MBChB
Immunology Registrar
Hunter Immunology Unit, NSW

Dr Frank Elsworth MBBS FRACS
ENT Surgeon, Mona Vale Hospital, NSW

Dr Grace Gong MBBS DipChidHlth
Immunology / Immunopathology Registrar
Princess Margaret Hospital for Children WA
Fremantle Hospital WA

Dr Harvey Graham MBBS DCH FRACP MPH&JM
St John of God Hospital Bunbury
Bunbury Regional Hospital, WA

Dr Aruna Kodituwakku MBBS
Int'l Postgrad Reseach scholar
University of Adelaide, SA

Dr Margaret Kummerow MBBS
Registrar, Allergy & Immunology
Women's & Children's Hospital, SA
Senior Registrar – Flinders Medical Centre, SA

Dr Daman Langguth MBChB
Immunology Registrar
Royal Perth Hospital, WA

Dr Ming-Wei Lin MBBS
Immunology Advanced Trainee
Concord Hospital NSW

Dr Karen Morwood MBBS
Immunology Registrar
Royal Adelaide Hospital, SA

Dr Richard Nolan MBBS
Training Registrar, Clinical Immunology & Allergy
Royal Perth Hospital, WA
Sir Charles Gairdner Hospital, WA

Ms Sacha Palmer BN
Clinical Nurse Consultant
Women's & Children's Hospital, SA

Ms Wendy Pollock BAppSci
Scientist in charge, Immunology Lab,
Gribbles Pathology, VIC

Dr Patrick Quinn MBBS FRACP(paeds)
Fellow in Paediatric Medicine
University Dept of Paediatrics
Women's & Children's Hospital, SA

Dr Katrina Randall BSc(Hons1) MBBS(Hons1)
Immunology Registrar
Royal Prince Alfred Hospital, NSW

Dr Christine Ziegler BMBS
Paediatric Registrar
Advanced trainee in general paediatrics and
Immunology/Allergy
Women's & Children's Hospital SA

Dr Celia Zubrinich MBBS (Hons1)
Registrar, Asthma, Allergy & Clinical Immunology,
Alfred Hospital, VIC

■ New NSW Anaphylaxis guidelines for schools

With the rising prevalence of anaphylaxis in childhood there has been a surge in the need to effectively support children at risk of anaphylaxis and their families. In response, the NSW Department of Education and Training and the NSW Health Department have jointly developed Anaphylaxis-guidelines for schools.

The intention of the guidelines is to present a step-by-step guide to providing a supportive environment for a student at risk of anaphylaxis who is enrolled at school. The document places obligations upon the parent and the school. It is the parent's responsibility to provide accurate medical information from their doctor as well as any necessary medication.

To support implementation of the guidelines NSW Health has funded three allergy nurse educators for a period of two years to assist with EpiPen training of school staff volunteers. These positions will be located in the allergy units at Royal Prince Alfred Hospital, Sydney Children's Hospital Randwick and Westmead Children's Hospital. Other facilities such as pre-schools, day care centres etc. will also be eligible to apply for assistance. A flat fee of \$100 will be charged for this service.

The Guidelines are available from NSW Department of Education and Training (www.det.nsw.edu.au). An Information Bulletin on the NSW Health web site (<http://www.health.nsw.gov.au>, see Publications and Reports) will also provide details of application for EpiPen training by schools, preschools etc. The allergy nurse educator contact details will be posted in a supplementary Information Bulletin early next year.

It is readily acknowledged that effective implementation of these guidelines is dependent upon good medical information from a student's allergy specialist or GP. Every effort has been made to consider how the crucial input of medical information on a child at risk of anaphylaxis can be collected in an efficient and effective way. Should you wish to provide constructive comment on the Guidelines or other comments, please send your remarks to Dr Susan Benjamin sbenj@doh.health.gov.au.

■ Historical

HONOUR ROLL

PAST PRESIDENTS OF ASCIA

1991-1992	Professor Tony Basten
1993-1994	Professor Dan Czarny
1995-1996	Associate Prof Connie Katelaris
1997-1998	Dr Robert Heddle
1999-2000	Professor Ron Walls
2001-2002	Dr Roger Garsia

FACT: Did you know that the EpiPen device started life as an anti-nerve gas antidote dispenser!

■ Hysterical

What do you call a mushroom that goes into a bar and buys drinks for everyone all night long?

Fungi to be around!



Patient: Doctor, I think I swallowed a pillow.

Doctor: How do you feel?

Patient: A little down in the mouth.



■ Conference Diary 2003

22-24 January 2004 Milan, Italy

2ND SYMPOSIUM ALLERGY AND ECZEMA ALLEGRIA
IN COOPERATION WITH THE ACAAI

www.allegriallergia.org

16-19 February 2004 Bangkok, Thailand

4TH WORLD ASTHMA MEETING (ATS, ERS,
ACCP,AAAAI, GINA, IUATLD, APSR)

wam@bangkokrai.com

19-23 March 2004 San Francisco, CA, USA

60TH AAAAAI ANNUAL MEETING

<http://www.aaaai.org>

19-24 March 2004 Darling Harbour, Sydney

TSANZ & ANZSRS ASM

<http://www.thoracic.org.au/asm2004.html>

31 March - 2 April 2004 Canberra, ACT

22ND TRANSPLANTATION SOCIETY OF AUSTRALIA
& NZ ASM

tsanz@racp.edu.au

5-8 May 2004 Bern, Switzerland

DRUG HYPERSENSITIVITY MEETING

www.drughypersensitivity.ch

21-26 May 2004 Orlando, Florida

100TH INTERNATIONAL CONFERENCE
AMERICAN THORACIC SOCIETY (ATS)

www.thoracic.org

23-26 May 2004 Cairns, Queensland

47TH AUSTRALIAN RHEUMATOLOGY ASSN ASM

kevin@wickhams.com.au

9-12 June 2004 Berlin, Germany

ANNUAL EUROPEAN CONG RHEUMATOLOGY

www.eular.org

12-16 June 2004 Amsterdam, Netherlands

XXIII EAACI CONGRESS

<http://www.congrex.com/eaaci2004/>

18-23 July 2004 Montreal, Canada

12TH INT'L CONGRESS OF IMMUNOLOGY
& 4TH ANNUAL CONFERENCE OF FOCIS

<http://www.immuno2004.org/>

31 Aug-4 Sept 2004 Canberra, ACT

16TH ANNUAL ASHM CONFERENCE
AUSTRALIAN SOCIETY FOR HIV MEDICINE

conferenceinfo@ashm.org.au

4-8 September 2004 Glasgow, Scotland

14TH ANNUAL CONGRESS
EUROPEAN RESPIRATORY SOCIETY (ERS)

www.ersnet.org

8-12 September 2004 Gold Coast, Queensland

15TH ASCIA ANNUAL SCIENTIFIC MEETING

ascia2004@wcp1.com

4-7 October 2004 Tokyo, Japan

6TH ASIA PACIFIC CONGRESS
ALLERGOLOGY AND CLINICAL IMMUNOLOGY &
8TH WEST PACIFIC ALLERGY SYMPOSIUM

<http://www.ics-inc.co.jp/apcaci-wpas2004/>

16-21 Oct, 2004 San Antonio, Texas

68TH AMERICAN COLLEGE OF RHEUM ASM

<http://www.rheumatology.org/education/meetings>

12-17 November 2004 Boston, MA, USA

ACAAI ANNUAL MEETING

meetings@acaai.org

22-23 November 2004 Amsterdam Rai, The Netherlands

4TH EUROPEAN CONFERENCE
PAEDIATRIC ASTHMA & ALLERGY

tania@markallengroup.com

21-26 November 2004 Darling Harbour, Sydney, NSW

AUSTRALIAN HEALTH AND MEDICAL RESEARCH
CONGRESS 2004

<http://www.asmr.org.au/conferences/>

12-17 December 2004 Adelaide, South Australia

34TH ASI ANNUAL SCIENTIFIC MEETING &
8TH INT'L HUMAN LEUKOCYTE
DIFFERENTIATION WORKSHOP

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