



# NEWSLETTER

SEVENTEENTH EDITION – FEBRUARY 2014

## ALLSA REPORT FROM THE CHAIRMAN



Dear Colleagues

And so we begin our ‘Annual March’. In case you are wondering if that’s something like the ‘Allergic March’ or the ‘Food Allergy March’, you would be quite correct. It’s a phrase I coined to indicate how our lives get caught up on the treadmill of progress or the treadmill of daily activities and we get swept along doing ‘stuff’. February, the month of romance and love, may be a good time to stop the treadmill for a short while, come up for air and count the roses (all of them red hopefully).

In this Edition of the Newsletter I would like to take the opportunity to introduce Dr Cathy van Rooyen. Cathy has been a major player in ALLSA for many years and has provided a number of meaningful insights into the laboratory diagnosis of allergy and the testing required for a patient in whom primary immunodeficiency is suspected.

Our focus this month is on the European Academy of Allergy, Asthma and Clinical Immunology (EAACI). So many South African doctors attend one of their annual congresses, it seemed prudent to tell you a little about this organisation. Remember ALLSA is now a fully fledged affiliate of EAACI.

I have included here the abstract from the new Food Allergy Guideline that Prof Mike Levin has put together. These are truly a work of art. Finally, there is Mike’s Anaphylaxis Register. Encourage your patients to sign up!

Enjoy again!

Robin Green

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## INTRODUCING: DR CATHY VAN ROOYEN



Dr Cathy van Rooyen is the Head of the Immunology Laboratory at the Ampath National Reference Laboratory in Centurion. She has a special interest in allergy and allergy diagnostics. Through her involvement in laboratory testing, as well as through clinical consultation at the Ampath Diagnostic Referral Clinic for Allergies, she endeavors to help bring allergy diagnostics from the laboratory bench to the patient bedside.

Cathy completed her pre-graduate medical training at the University of Pretoria, after which she worked in public hospitals and clinics in Worcester and Sabie. During this time she completed courses in molecular and microbial genetics at the University of Pretoria on a part-time basis.

She also attended some of the Allergy Clinics at Groote Schuur Hospital, Red Cross Children's Hospital and 1 Military Hospital to prepare her for a career in allergy and immunology. She returned to the University of Pretoria for postgraduate training in Pathology (Virology), spending 1 day a week in the Immunology Department. She started an Allergy Clinic at the Institute for Pathology at the University of Pretoria, which provided diagnostic consultation, as well as allergen immunotherapy services to patients in the public and private sector.

Cathy interrupted her registrar training for a year to obtain further training as a registrar in Clinical Immunology and Allergy in the UK. She was appointed as registrar in Clinical Immunology at the Royal Victoria Infirmary, Newcastle-upon-Tyne, where she was trained in adult and paediatric allergy and immunology and was involved in outpatient clinics as well as in-patient care.

She returned to the University of Pretoria to complete her MMed and FRCPath in Virology, both of which she passed with distinction. She was recognised as the best MMed student across all disciplines for that year. Her MMed research project was on CAST testing and was published internationally.

Cathy joined Ampath pathologists in January 2004 in the Immunology / Virology Laboratory. She started the Ampath Diagnostic Referral Clinic for Allergy and Immunodeficiencies and continued with her Allergen Immunotherapy Clinic. She pursued her interests in allergy and immunodeficiencies and developed diagnostic services for cellular allergy, including the first flow-cytometric basophil activation allergy tests, lymphocyte proliferation tests for drug allergies and other diagnostic services. She also developed specialised diagnostic tests and services for the diagnosis of primary immunodeficiencies, which is currently the most comprehensive diagnostic service in South Africa. She is continuously involved in research in the field of allergy and immunodeficiency diagnostics and the development of new allergy and immunology tests. She is also involved in the training of medical scientists in immunology and the supervision of their research projects.

Cathy has attended numerous allergy and immunology conferences and has been a presenter at some of these congresses. She gives regular talks at CPD evenings to various clinicians on topics in allergy and immunology and consults nationally on allergy and immunology test interpretation. She writes regular newsletters, laboratory updates, reference guides and manuals to help clinicians with appropriate laboratory testing and test interpretation. She has published in local as well as international journals.

# FOCUS ON: EUROPEAN ACADEMY OF ALLERGY



**EAACI**  
EUROPEAN ACADEMY OF ALLERGY  
AND CLINICAL IMMUNOLOGY

## ASTHMA AND CLINICAL IMMUNOLOGY (EAACI)

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Zurich, 19 August 2013

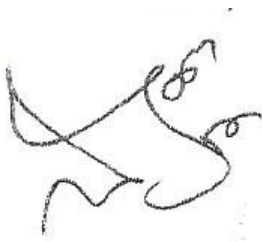
Dear Professor Green,

On behalf of the EAACI Executive Committee, we have the pleasure to inform you that during its last meeting, it has been decided to accept your request to become an Affiliate Society of EAACI.

Your information will be added to our website shortly, to be displayed under Affiliate Societies at:  
<http://www.eaaci.org/organization/national-societies.html>

We take this opportunity to thank you for your interest in EAACI and look forward to collaborating with you in the future.

Yours sincerely



**Nikos Papadopoulos**  
EAACI President

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# SA FOOD ALLERGY GUIDELINE

## **South African food allergy consensus guidelines 2014**

Levin ME, Gray CL, Goddard E, Karabus S, Kriel M, Lang A, Manjra A, Risenga S, Terblanche A, van der Spuy D, for the South African Food Allergy Working Group (SAFAWG)

### **Abstract**

The prevalence of food allergy is increasing worldwide and is an important cause of anaphylaxis.

### **Aim:**

To formulate South African food allergy guidelines and produce clear recommendations for diagnosis and management of food allergy in SA according to current evidence.

### **Methods:**

In September 2013 a working group was constituted of medical professionals with interest and expertise in food allergy in South Africa with representation from the Allergy Society of South Africa (ALLSA), The South African Gastroenterology Society (SAGES) and the Association for Dietetics in South Africa (ADSA). The structure and content of the document was networked, individuals allocated sections to write and a draft document compiled. A meeting was held in November 2013 to discuss the draft document, resolve controversial issues and achieve a consensus document. Wherever necessary the evidence in the guideline is graded using the Strength of Recommendation Taxonomy (SORT), patient-centred approach, to grading evidence in the medical literature.

### **Key practice points:**

Subjects may have reactions to more than one food, and different types and severity of reactions to different foods may co-exist in one individual. A detailed history directed at identifying the type and severity of possible reactions is essential for every food allergen under consideration. Skin prick tests and specific IgE (ImmunoCAP) tests prove IgE sensitisation rather than clinical reactivity. The magnitude of sensitisation combined with the history, may be sufficient to ascribe causality, but where this is not possible a graded oral food challenge may be required to assess tolerance or clinical allergy. For milder non-IgE mediated conditions a diagnostic elimination diet may be followed with food reintroduction at home to assess causality.

The primary therapy for food allergy is strict avoidance of the offending food/s taking into account nutritional status and provision of alternative sources of nutrients. Acute management of severe reactions requires prompt IM administration of adrenaline 0.01mg/kg and basic resuscitation. Adjunctive therapy includes antihistamines, bronchodilators and corticosteroids. Subjects with food allergy require risk assessment and those at increased risk for future severe reactions require the implementation of risk reduction strategies including education of the patient, families and all caregivers (including teachers), the provision of a written emergency action plan, a “medic alert” necklace or bracelet and injectable adrenaline (preferably via auto injector) where necessary.

*'The Food Allergy Working Group was kindly sponsored by an unrestricted grant from Nutricia'*

# ANAPHYLAXIS REGISTER

**Registration now open!**



The Anaphylaxis Register allows parents and patients to record clinical information relating to severe allergies and anaphylaxis episodes.

Step one includes registering a profile by [clicking here](#). When creating a profile we validate your e-mail address against the existing database to prevent duplications. Please note that if your e-mail details are already in our database we will reject your application. If this happens please [click here](#) to receive the user name and password associated with your e-mail address. Details will be forwarded to the e-mail in our database ONLY.

The system will validate that you are creating a new profile (not a duplicate one) forwarding a user name and password which will allow you to log into the Anaphylaxis register.

After logging in you will be able to add multiple patients by entering base line clinical information and recording episodes.