My Dear Colleagues

April sees us sharing World Allergy Week along with the World Allergy Organisation. This year we chose to add the problem of Allergic Rhinitis, and its significant morbidity, to the WAO theme of Anaphylaxis. We did this for two reasons. Firstly when we in South Africa started planning for WAW, WAO had not yet set their theme and secondly we felt that we had exposed the problem of Anaphylaxis in 2013 and needed to give some airtime to other important allergic conditions. I trust you see some of our press releases or hear us, or see us on radio and TV. The members of EXCOM will be sharing their knowledge on allergy topics with the general public in many radio interviews and press releases.

World Allergy Week is an important event in the life of ALLSA because it gives us an opportunity to share the importance of treating and preventing allergic conditions with our public and patients.

ALLSA would like to highlight the need to treat allergic rhinitis in patients of all ages properly and completely. That means regular therapy, allergen avoidance and, where indicated, immunotherapy. AR has important consequences on the quality of life of sufferers.

Anaphylaxis is a potentially life threatening allergic condition and many South Africans are victims of this awful condition. They require us to seek a cause for their condition, and then to manage them properly. And for most management includes carrying a prefilled Adrenalin auto-injector. The only one on the market in South Africa is Epipen and this device should be seen as a patient's life-insurance policy. In the words of Tanya Weideman; ‘Do you have life insurance? Do you wish to use it? Do you still have it knowing you don’t want to use it?’ The answer is of course you do because you want to be safe.

So please join us for World Allergy Week and help us make allergic conditions no longer a threat to patient well-being, morbidity and even to their lives.

Enjoy again!

Robin J Green
World Allergy Week 2014 takes place from 7 - 13 April 2014 with the Allergy Society of South Africa (ALLSA) placing their local focus on Allergic rhinitis – “not to be sneezed at”. During World Allergy Week, ALLSA will issue a call to action to the public, carrying the message that allergic rhinitis isn’t just hay fever, but something that can impair your quality of life, yet can be be treated successfully.

Allergic rhinitis is a group of symptoms affecting the nose. These symptoms occur when a person breathes in something they are allergic to, such as dust, animal dander, or pollen. Symptoms can also occur when a certain food type is consumed.

Allergic rhinitis is much more common in South Africa than everyone thinks and affects up to 1 out of 3 South Africans. It is not a seasonal hay fever and occurs all year around, thus possibly affecting a person’s quality of life. Allergic rhinitis can be successfully treated.

About Allergic rhinitis

An allergen is something that triggers an allergy. When a person with allergic rhinitis breathes in an allergen, also known as a particle, such as dust or pollen, the body releases chemicals to fight off the attack (including histamine) and this causes allergy symptoms.

A person’s immune system attacks the particles in the body, causing symptoms such as sneezing and a runny nose. It can also cause severe swelling of the mucous membrane lining the nasal passages, itching of the eyes, throat and palate and the production of copious amounts of watery mucous.

While allergic rhinitis itself is not life-threatening (unless accompanied by severe asthma or anaphylaxis), morbidity from the condition can be significant.

Other factors that influence the occurrence of allergic rhinitis are cigarette smoke and genetics. Children have a 30 to 60 percent chance of developing allergic rhinitis if one of their parents is affected and a 50 to 70 percent chance if both parents have allergic rhinitis.

Allergic rhinitis is an important condition in South Africa, affecting up to 1/3rd of South Africans. It is the most common allergic condition encountered in most communities affecting anywhere from 20 to 30 percent of the population. Allergic rhinitis is not just hay fever, but a real illness that affects a person’s quality of life and can be treated.

What treatment is available for Allergic rhinitis?

Many different over-the-counter and prescription drugs are used to treat allergic rhinitis. These medications include oral and nasal antihistamines, corticosteroid nasal sprays, cromolyn, leukotriene antagonists such as montelukast and decongestants. Home remedies for allergic rhinitis include nasal washes with a saline solution.

Prevention

In addition to avoiding exposure to allergy triggers, people with allergic rhinitis can take precautions to control their environment. Although these measures can be hard, making a few small changes can make a big difference to someone suffering from Allergic rhinitis. Washing animals/pets weekly, using vacuum cleaners and air conditioners with high efficiency particulate air (HEPA) filters, frequent washing of bedding and curtains, reducing humidity in the house, and removing sources of mould are just a few ways of preventing Allergic rhinitis.

About the Allergy Society of South Africa (ALLSA)

The Allergy Society of South Africa (ALLSA) is the national society representing all related allied health professionals. The purpose of ALLSA is to advance the knowledge and practice of allergy and immunology through publications, meetings, and conferences and to foster the education of both students and the public.

For more information on allergic rhinitis and/or other allergy conditions please visit www.allergysa.org
The World Allergy Organization, with your support, will host the fourth annual World Allergy Week from 7 to 13 April, 2014 on the theme: Anaphylaxis – When Allergies Can Be Severe and Fatal

Join us in the effort to disseminate information on anaphylaxis and the importance of understanding its causes, risk factors, treatment, management, and prevention.

WAO will host two conference calls with internationally known anaphylaxis experts:

Monday 7 April at 9:00 a.m. EDT (New York)
Wednesday 9 April at 2:00 p.m. JST (Tokyo)

Toll-free call-in numbers from a variety of countries, as well as other details about the presentations, are listed at worldallergyweek.org

The WAO website contains resources that can be useful in your activities and communications. Please find below a few suggestions for participation:

- Download the official World Allergy Week 2014 logo and add it to your society’s website and link it to www.worldallergyweek.org.
- Translate the attached press release and send it to your media contacts. Encourage journalists in your area to attend the press conference calls on anaphylaxis on 7 April 2014 (and 9 April 2014 for the Asia and Pacific region).
- Translate and use the slides provided on the website in your communications and activities related to World Allergy Week. Please be sure to reference WAO as the source.
- Host an event in your area to spread awareness among the general public of anaphylaxis symptoms and treatment. (For ideas, see examples from World Allergy Week 2013).

Please share news of your activities with the WAO Secretariat through email at smachart@worldallergy.org, on facebook (https://www.facebook.com/worldallergyorg), and twitter (@worldallergy) (#worldallergyweek)
WHAT IS FOOD ALLERGY AND ANAPHYLAXIS?

Food allergies are an abnormal response of the body to otherwise harmless foods involving the immune system.

Normally, our immune system defends against possibly harmful substances, such as bacteria, viruses and toxins. However, the immune system of allergic individuals incorrectly identifies certain food constituents as harmful.

The severity of an allergic reaction may vary between individuals. While one person may have to rush to the nearest emergency room within minutes of eating a food allergen because of life-threatening symptoms, another person may only develop itching in the mouth.

The reaction may develop within a few minutes or a few hours.

Food allergy is often confused with food intolerance. However, the two conditions have different causes and symptoms.

Intolerance is not related to the immune system, and people who are intolerant can often consume small quantities of that food and not experience any symptoms.

Anaphylaxis can be described as a rapidly developing severe, life-threatening systemic allergic reaction, in which the immune system responds to otherwise harmless substances, and can result in death. The most common causes of anaphylaxis include food, drugs, and insect stings (bees, wasps).

The reaction may begin within minutes of exposure and can rapidly progress to cause airway constriction, skin and intestinal symptoms and altered heart rhythms. In severe cases, it can result in complete airway obstruction, shock and death.

Anaphylaxis can affect several body systems simultaneously. The skin is involved in 80% of anaphylactic incidents in the form of itching, a skin rash, and generalised redness or swelling under the skin’s surface (angioedema). In other cases the respiratory system may be involved, in the form of irritation and inflammation inside the nose (acute rhinitis) or asthma; the digestive tract (nausea, vomiting, stomach cramps or diarrhea); or the cardio vascular system (with palpitations, increased heart rate or low blood pressure) may be involved. These may lead to dizziness, loss of consciousness, and in the worst scenario, to respiratory or cardiac arrest.

How does food allergy and anaphylaxis affect the body?

Our immune system protects our bodies with a complex network of immune cells and antibodies intended to achieve immune tolerance to harmless environmental substances and protection from the dangerous ones. For example, we produce a number of different types of antibodies which play various specific roles in the immune system. The antibody type, that may cause an allergic reaction, is called Immunoglobin E (IgE). We produce IgE molecules to fight infections caused by parasites, like worms. Although the reason is not fully known at present, the immune system of some people mistakenly provides irregular responses resulting in overproduction of IgE antibodies and altered networks of immune cells in reaction to some foods, giving rise to food allergies. Proteins are usually responsible for an allergic reaction. However, it is not yet clear what makes some food proteins allergenic, and others not.
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The development of an allergy occurs in two stages:

**Sensitisation:** when a person is first exposed to a food (which sometimes may be the case even before birth). The food may trigger immune system cells to produce large amounts of IgE that specifically recognises that food.

**Reaction:** once you have been sensitised, even a tiny quantity of that allergen can lead to an allergic reaction. When the person eats the same food again, the allergen triggers the newly armed immune system, which leads to allergy symptoms.

**WHAT CAUSES FOOD ALLERGY AND ANAPHYLAXIS?**

Food allergy and allergic diseases in general share many risk factors, but the causes are still poorly understood. There appears to be a number of genetic and nutritional risk factors that are specific to food allergy. The timing of introduction into the diet of foods consumed in early life seems to play an important role.

Additionally, the amount of gastric acid in our stomach, and the composition of bacteria in our gut, may influence susceptibility to food allergy. However, much more research is needed into the causes of food allergy. Such research will help to develop strategies for prevention and management that could improve the health, and quality of life of many people. It is well known that infants with food allergy are more likely to develop other allergic diseases, such as asthma, later in life. One explanation for this is that food allergy and allergic diseases in general probably have many risk factors in common. Diseases that may be taking place at the same time as food allergies include, asthma, allergic rhinitis and eczema.

**What treatments exist for food allergies and anaphylaxis?**

The only way to avoid an allergic reaction is to avoid the foods that cause the reaction. However, accidental exposure is common and can cause a reaction. For a minor allergic reaction, over-the-counter or prescribed anti-histamines may help reduce symptoms. These drugs can be taken after exposure to an allergy-causing food to help relieve itching or hives. However, anti-histamines cannot treat a severe allergic reaction, and the occurrence of severe reactions is difficult to predict. For anaphylaxis, the administration of intramuscular adrenaline is the first-line treatment. There is ongoing research to find better treatments to reduce food allergy symptoms and prevent allergy attacks.

**Currently there is no established treatment that can prevent or completely relieve symptoms**

Although some promising treatments are under development, such as oral tolerance induction protocols for some foods, further research is needed to ensure the effectiveness and safety of these treatment methods.