

# CONGRESS REPORT

## 2009 ALLSA CONGRESS, HELD AT THE ELANGENI HOTEL, DURBAN, 10-12 JULY 2009

'Durbs' provided a warm winter welcome to delegates at the 2009 ALLSA Congress in July. From the opening Eugene Weinberg Lecture on recent advances in anti-histamine treatment delivered by visiting speaker Prof Estelle Simons from Canada to the final session on guidelines (paediatric asthma and allergic rhinitis) and the year's journal articles review, the Congress offered a varied scientific programme including the main themes of drug allergy, food allergy and anaphylaxis. Please see the congress issue of the journal (June 2009) for articles by some of the speakers and abstracts of oral presentations and posters. This report captures just a few of the outstanding papers presented.

Dr George du Toit of King's College, London, and St Guy's and Thomas' Hospitals, discussed 'Prevention of peanut and sesame allergy'. Food allergy presentation appears to be changing as it's rare to find only one food allergy, and peanut and sesame allergy are becoming more prevalent. Sesame is intriguing as most children can tolerate sesame oil or loose seeds but not concentrates like hummus. He mentioned the dual allergen exposure hypothesis – cutaneous exposure occurs first and then oral exposure. Many variables are being considered to determine when allergens have an effect – *in utero*, the mother's diet while the child is breastfed and whether cow's milk protein allergy plays a role.

On the protective effect of breastfeeding (weaning advised after 4-6 months and at 6 months in the developing world by the World Allergy Organisation), Dr du Toit explained that among patients in the developed world less than 1% are exclusively breastfed. Among infants he sees in the UK 51% have received solids before 4 months. The majority of parents are avoiding nuts in the belief that it may cause allergy but paradoxically peanut allergy rates have gone up.

Studies that have tried to prevent the development of food allergy in children have not produced concrete results. A study of premature babies who it appears have all the risk factors for development of food aller-

gy showed that there is no higher rate of food allergy in premies. Weaning before 4 months of age to more than four foods showed an increase in atopic eczema but no effect on food allergy. Currently the LEAP study is investigating peanut allergy with the intervention group being given 2 g of peanuts three times per week while the control group are avoiding peanuts altogether – 10% of the 4-5-month-old group have already been excluded as they are allergic, while 40% are already sensitised at age 4-5 months. 'We are still trying to answer very basic questions,' concluded Dr du Toit. Increasing peanut and sesame allergy is a recognised health concern that needs to be taken seriously. At present there is no evidence to support avoidance but we need to wait for the results of human studies like LEAP and EAT before we can draw conclusions.



*Drs Harris Steinman, Di Hawarden and Sharon Kling at the ALLSA stand.*

Prof Estelle Simons from Canada addressed the question of 'Risk assessment in anaphylaxis'. Figures in anaphylaxis show an increase – from 21/100 000 person years in the 80s to 50/100 000 for the 90s. Although the incidence has doubled, it is probably still underdiagnosed because symptoms are subjective and there is no optimal diagnostic test. The pathogenesis also differs around the world.

Triggers can be food, venom, latex, exercise, inhalants or iatrogenic, and new, previously unrecognised triggers are being reported: foods (lupin and quinoa – formerly only found in health shops but now becoming mainstream as they are added to wheat products); additives (carmine); stings or bites (even mosquitoes); drugs (heparin).

Prof Simons stressed the importance of accurate documentation of past episodes. 'Believe the patient's story even if it seems weird.' In a case of heparin being the trigger for children on dialysis, it was tested and found to be contaminated; as a result heparin is now monitored. In confirming the diagnosis, one should retake the history, review the medical records and lab tests, but should not use normal results to refute clinical diagnosis. The clinical diagnosis is most important. 'Believe the patient, believe your instincts,' Prof Simons



*Profs Mohamed Jeebhay and Cas Motala with Dr George du Toit.*



*Mr Robbie Moss (MSD), Dr Di Hawarden, Ms Kim Holiday (MSD) and Ms Lindsay Cracknell (AHN Pharma).*



*Drs Ahmed Manjra, Mike Levin and Harris Steinman.*

advised. Common differential diagnoses to be considered are hives, asthma, panic attacks and choking.

Patients at increased risk include infants (even as young as 1 month old), pregnant women (although rare in pregnancy the risk is high for both mother and baby) and the elderly. She mentioned a study of 25 deaths in the elderly where triggers were medication, radiocontrast media and insect bites. Almost all had cardiac or respiratory symptoms and 21 died within half-an-hour. The heart is a target organ in anaphylaxis as mast cells occur throughout the myocardium, and histamine and tryptase can lead to artery spasm. Beta-blockers carry an increased risk of more severe anaphylaxis while it is less common with ACE inhibitors.

Prof Simons concluded by repeating the problem that tests may or may not confirm the diagnosis and said that there is a huge challenge for young researchers to find tests that can confirm it.

'Inhalant food allergens' were discussed by Prof Mohamed Jeebhay. Allergic reactions following inhalation are increasingly being reported, especially in non-occupational contexts; occupational settings provide the ideal place to study them however. In the home cooking and food preparation are obvious sources, as well as second-hand contact (from a family member who is eating the food) while restaurants, airlines and

food markets are recreational sources. Work and school also provide potential second-hand contact as well as food produced/sold there.

In the food handling industry allergen sources can be food-derived protein, non-food agents and additives (including enzymes), and the process of preparation needs to be considered because allergen characteristics are altered by harvesting, storage, heat and pH treatment. Generation of bio-aerosols and dust is most important – occurs when gutting fish, mixing dough and blending spice, for example. Garlic and onion have a higher allergen content in powdered and flake form.

When investigating reactions, one needs to establish if it is a de novo inhalation, re-exposure to the inhalant or possibly a reaction because of cross-reactivity with another allergen. Management involves removal from exposure, optimising pharmacological treatment, avoidance of accidental exposure and education about food products and labelling.

The ALLSA AGM was held at the congress and a new Executive Committee for the 2009-2011 tenure announced. Dr Ahmed Manjra was elected Chairman,



*Dr Ahmed Manjra, new ALLSA Chairman, with Prof Cas Motala and Dr Sharon Kling, Immediate Past Chairman.*



*Dr Christo Buys, our Namibian member of the Current Allergy & Clinical Immunology Editorial Advisory Board.*



# Gala Dinner





*Prof Estelle Simons enjoying the evening with her husband Keith Simons and Prof Cas Motala.*



*Overseas speakers, Prof Estelle Simons and Dr George du Toit receiving their awards.*

Dr Andrew Halkas is the Secretary and Prof Cas Motala the treasurer. Other Excom members are Prof Robin Green, Prof Matt Haus, Dr Di Hawarden, Prof Mohamed Jeebhay, Dr Sharon Kling, Dr Sam Risenga and Dr Andre van Niekerk.

The gala dinner was a glittering occasion with a talented trio providing saxophone, violin and vocal musical accompaniment to create a relaxing vibe. Visiting speakers were honoured with Honorary Life Membership of ALLSA and presented with gifts reflecting the cultural art of Durban. A Distinguished Service Award was presented to Prof Heather Zar in recognition of her outstanding contribution to ALLSA while serving on the ALLSA Excom for many years. The *Current Allergy & Clinical Immunology* journal awards were announced: Drs Sebastiana Kalula and Kathleen Ross won the Best Article award and a cheque for R1 000 each for their article 'Immunosenescence – inevitable or preventable?' and the Best Photograph (Graphic) award and a cheque for R1 000 were presented to Dr Shaunagh Emanuel for her cover design of the November 2008 issue and the illustrations for her 'Angelina Angio-oedema' article in the same issue. Research awards were presented to Dr S Karabus (ALLSA/GSK/MSD award), Mrs ME Ratshikhopha (ALLSA/UCB award) and Dr H Steinman (ALLSA/Cipla Medpro Award). Ms R Baatjies won the ALLSA Travel Award.

Anne Hahn



*Dr Ahmed Manjra, Congress Convenor, presenting Ms Roslynn Baatjies with the ALLSA Travel Award.*

Photographs: Shahnaz Arnold



*Prof Heather Zar accepting her Distinguished Service Award.*

**Don't miss the  
ALLSA congress  
next year!**

**See p. 138  
for the first  
announcement.**