

CHAIRMAN'S REPORT



It is an honour and privilege to serve on the ALLSA Excom. I would like to thank the previous Excom for all the hard work that they have put into this organisation to make it successful. I want to particularly thank Sharon Kling for the outstanding leadership that she gave this organisation over the past three years. The new Excom members are Andrew Halkas (secretary), Cas Motala (treasurer), Sharon Kling (past chairman), Robin Green, Matt Haus, Di Hawarden, Mohamed Jeebhay, Sam Risenga and André van Niekerk. The new Excom has remained almost the same as the previous one with one exception in that Heather Zar has not made herself available for this term and has been replaced by André van Niekerk. Heather Zar is the new president-elect of the South African Thoracic Society. We wish her well in this new position. Heather Zar together with Eugene Weinberg will continue as editors of *Current Allergy & Clinical Immunology*. On behalf of ALLSA, I want to thank Eugene Weinberg and Heather Zar for the tremendous amount of work and effort that they put into this journal. The journal has grown tremendously under their leadership and is one of the most important projects of ALLSA.

We have a number of challenges during our term in office:

1. Allergology subspecialist registration

This process has now started with formal recognition of allergology as a subspecialisation of paediatrics, internal medicine or family medicine by the HPCSA. We are waiting for this to be gazetted for the process to be completed, after which training programmes can

be established at various institutions. ALLSA will play a pivotal role in the setting up of these training programmes. Profs Cas Motala and Paul Potter have already done substantial work in this area.

2. Governance charter

ALLSA is in the process of adopting a governance charter. This process is already well advanced. This very exhaustive document together with our constitution will guide us in matters of governance.

3. Childhood asthma guidelines

The latest childhood asthma guidelines have been prepared after many months of deliberation. Prof Cas Motala has led this process. The document has been completed and submitted to the *SAMJ* for publication, and is currently in press.

4. Congresses

The 2009 ALLSA congress which was held in Durban was a great success. The scientific content, attendance, support from the industry and social programme were outstanding. The next congress will be held in Limpopo Province on 23-25 April 2010. We look forward to seeing you there.

5. Research

This project of ALLSA is very ably managed by Prof Mohamed Jeebhay. Our research funds have continued to grow over many years. We need to continually grow this fund to become self-sufficient over time.

We look forward to working together in this Excom.

Ahmed Manjra

Chairman

PRODUCT NEWS

PIMECROLIMUS CREAM 1% IN ATOPIC DERMATITIS: A 6-MONTH, OPEN-LABEL TRIAL IN PAEDIATRIC PATIENTS

Pimecrolimus, a new, non-steroid, inflammatory-cytokine inhibitor, has been shown to prevent progression to flare in atopic dermatitis (AD) and to improve long-term disease control when applied as a 1% cream. In this 6-month, open-label, multinational study, 177 infants aged 3-23 months and 489 children aged 2-17 years, with mild to severe AD, were included. The study was designed to evaluate the efficacy and safety of pimecrolimus cream 1% used as a first-line treatment. Treatment consisted of an initial bid regimen, for as long as signs and symptoms of disease persisted; this was followed by treatment as required at the first signs and symptoms of AD. Emollients were allowed as per the physician's normal practice, and topical corticosteroids could be used to treat severe flares at the discretion of the physician. Efficacy was assessed by evaluations of pruritus, and total-body and facial Investigators' Global Assessment (IGA). Results from the first return visit (day 7) showed an improvement from baseline of ≥ 1 in total-body and facial IGA for infants (59.1% and 72.8% of patients, respectively) and children (59.3% and 62.2%, respectively). Pruritus was absent or mild in 67.8% and 65.4% of infants and children, respec-

tively. This level of improvement in the patient population was maintained throughout the 6-month study. Adverse events occurred in 75.7% of infants and 71.1% of children. Most adverse events were common childhood illnesses that would be expected in this population (e.g. nasopharyngitis (infants 22.0%, children 12.8%), upper respiratory tract infection (infants 18.6%, children 11.9%) and cough (infants 8.5%, children 10.1%)). Concerning pimecrolimus's local tolerability, application-site burning occurred in 2.3% of infants and 7.0% of children, and local pruritus occurred in 0.6% infants and 1.0% children. Application-site reactions were most frequently reported during the first 6 weeks of treatment and were mild to moderate in intensity. In conclusion, pimecrolimus cream 1% was effective in the treatment of the early signs and symptoms of AD (including pruritus) in infants and children, and demonstrated a good safety profile.

Reference available on request.

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