ASCIA 2017 CONFERENCE

28th Annual Conference of the Australasian Society of Clinical Immunology and Allergy
VIADUCT EVENTS CENTRE | AUCKLAND NEW ZEALAND | 13-15 September 2017

PROGRAM BOOK

ascia
australasian society of clinical immunology and allergy

www.allergy.org.au

ASCIA is the peak professional body of clinical immunology and allergy specialists in Australia and New Zealand
ASCIA is a member society of the Asia Pacific Association of Allergy, Asthma and Clinical Immunology (APAAACI)
and the World Allergy Organisation (WAO)

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Note: The ASCIA 2017 conference program is not influenced by its sponsors or exhibitors

Welcome

Contents

On behalf of the Australasian Society of Clinical Immunology and Allergy (ASCIA) we welcome you to the ASCIA 2017 conference.

With an outstanding program featuring 8 international speakers and a venue (Viaduct Events Centre) located on the spectacular Waitemata Harbour in Auckland, this conference is a highlight of the year for ASCIA members and other health professionals with an interest in allergy and clinical immunology.

The conference includes presentations from the following international speakers:

- **Professor Carsten Bindslev-Jensen** (ASCIA keynote speaker)
- **Professor Lene Heise Garvey** (ASCIA-ANZAAG Drug Allergy Symposium keynote speaker)
- **Professor Jonathan Hourihane** (CFAR Symposium and ASCIA keynote speaker)
- **Professor Nikos Papadopoulos** (CFAR Symposium and ASCIA keynote speaker)
- **Professor Werner Pichler** (ASCIA-ANZAAG Drug Allergy Symposium keynote speaker)
- **Professor Jennifer Puck** (ASCIA keynote speaker)
- **Professor Hugh Sampson** (CFAR Symposium and ASCIA keynote speaker)
- **Professor Scott Sicherer** (CFAR Symposium and ASCIA keynote speaker)

There are also more than 50 speakers and chairs from New Zealand and Australia and over 400 delegates. participating in this conference.

The ASCIA 2017 conference is being held in conjunction with:

- **ASCIA 2017 Drug Allergy Symposium** hosted by ASCIA and the Australian and New Zealand Anaesthetic Allergy Group (ANZAAG) on Friday 15 September (afternoon) and Saturday 16 September.
- **ASCIA 2017 Nurse and Dietitian Updates** on Friday 15 September (all day).
- **Centre for Food and Allergy Research (CFAR) Symposium 2017** on Tuesday 12 September.
- **Food Allergy introductory course for Dietitians** on Saturday 16 September.

ASCIA annual conferences continue to provide an international standard of continuing professional development in the areas of allergy and clinical immunology. They are also an opportunity to interact with colleagues working in these areas.

If you have time pre or post conference, visit www.newzealand.com/au/ for information on what to see and do in New Zealand.

We look forward to your participation in this conference.

Dr Maia Brewerton, Dr Anthony Jordan, *ASCIA 2017 Co-Chairs*

Dr William Smith, *ASCIA President*

Jill Smith, *ASCIA CEO*

Dr Andrew Baker, Dr Jan Sinclair, Dr Pete Storey, *ASCIA 2017 Conference committee*

Pauline Brown, Anna Richards, Simone Stephens, *ASCIA 2017 Nurse and Dietitian Update coordinators*

Information (A-Z)

Abstracts

Over 110 abstracts have been accepted and these are being presented as:

- ASCIA 2017 posters (displayed from Wednesday 13 to Friday 15 September 2017); or
- ASCIA 2017 PID case presentations on Friday 15 September 07.45-08.45; or
- ASCIA 2017 clinical grand rounds presentations on Friday 15 September 11.00-12.30

All ASCIA 2017 abstracts are published in the online Internal Medicine Journal. To access these go to:

www.allergy.org.au/conferences/ascia-annual-conference/published-abstracts-ascia

App

To improve your meeting experience, ASCIA is pleased to partner with a content publishing platform, myINTERACT, to provide delegates with an ASCIA 2017 App. This includes access to:

- Interactive conference program with ability to create a personalised schedule and record notes digitally
- Biographies of international speakers
- Searchable abstract and poster library which eliminates the need to take photos during poster sessions
- Participation in polling and ability to ask questions using your mobile device during selected interactive sessions
- Notifications of session changes

Prior to the conference all delegates will receive an email invitation from myINTERACT to connect to the app for ASCIA 2017.

Prior download is encouraged to ensure convenient access to all the information you may need for the conference. For help email support@interact.technology

Attendance Certificates

A certificate of attendance is provided to each delegate and is included in the registration envelope, together with a receipt for the registration payment.

Awards and Travel Grants

A limited number of travel grants are awarded (during the conference) to delegates (advanced trainees, dietitians, nurses, students) who reside outside of the region and have submitted an abstract for a poster and/or clinical grand round presentation.

Awards of $1,000 each for selected posters, PID case presentations and clinical grand round presentations will be presented at the closing function. These are listed on the ASCIA website after the conference:

www.allergy.org.au/health-professionals/awards-grants/ascia-award-grant-scholarship-recipients

Breakfast Sessions

National Allergy Strategy Update breakfast session
(prior to CFAR Symposium)
Tuesday 12 September, 07.30-08.45
Kawau Room 1, Viaduct Events Centre, Auckland

Joint College Training Committee (JCTC) breakfast session (for advanced trainees and supervisors)
Wednesday 13 September, 07.30-08.45
Rangitoto Room 1, Viaduct Events Centre, Auckland

Food Allergy breakfast session
Supported by Nutricia
Thursday 14 September, 07.30-08.45
Kawau Room 1, Viaduct Events Centre, Auckland

Primary Immunodeficiency breakfast session
Supported by an unrestricted educational grant from CSL Behring
Friday 15 September, 07.30-08.45
Kawau Room 1, Viaduct Events Centre, Auckland

Disclaimers

In the event of industrial disruption or a natural disaster the meeting organisers cannot be held responsible for any losses incurred by delegates. The program is correct at the time of printing; however, the organisers reserve the right to alter the program if necessary.

Dress Code

The dress code is smart casual throughout the conference and cocktail for the Gala Dinner.

Exhibition

The exhibition for the ASCIA 2017 conference will run for 3 days, from Wednesday 13 to Friday 15 September 2017 and all lunches and tea breaks will be served in the exhibition area. Delegates are encouraged to visit the ASCIA 2017 exhibition stands throughout the conference.

There is no exhibition on the Tuesday or Saturday.

Registration

Registration is available online at www.ascia2017.com.au and special rates are available for ASCIA members, medical students and delegates from developing countries.

Secretariat

Registration, abstract submission, website

ICMS AUSTRALASIA PTY LTD
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Email: registration@ascia2017.com.au

Sponsorship, exhibition, program

ascia
australasian society of clinical immunology and allergy

Email: info@allergy.org.au

Smoke Free Policy

It is the policy that the ASCIA 2017 conference is smoke-free, including all related social functions.

Social Program

ASCIA 2017 Welcome Function
Wednesday 13 September, 17.30-18.30
Waiheke Room, Viaduct Events Centre, Auckland

ASCIA 2017 Gala Dinner
Thursday 14 September, 18.30-22.30
St Matthew-in-the-City, Corner of Hobson and Wellesley Streets, Auckland City

ASCIA 2017 Closing Function (including award presentations)
Friday 15 September, 17.00-18.30
Kawau Room 1, Viaduct Events Centre, Auckland

ASCIA 2017 Trainee and Supervisors Dinner Meeting
Supported by CSL Behring
Friday 15 September, 18.30-21.30
Rangitoto Room 3, Viaduct Events Centre, Auckland

Special Requirements

Please provide details of any special diet, special needs or disability assistance required when you register.

Travel

Regular flights to the Auckland airport are available from capital cities throughout Australia and New Zealand.

Program Summary

Tuesday 12 September	Wednesday 13 September	Thursday 14 September	Friday 15 September	Friday 15 September	Saturday 16 September	Saturday 16 September
CFAR Symposium	**Conference Day 1**	**Conference Day 2**	**Conference Day 3**	**Nurse and Dietitian Updates**	**Dietitians Workshop**	**ANZAAG-ASCIA Drug Allergy Symposium**
Registration	**Registration**	**Registration**	**Registration**	**Registration**	**Registration**	
Breakfast Session: National Allergy Strategy Update	**JCTC Breakfast Session:** for Supervisors and Trainees	**Breakfast Session:** Food Allergy	**Breakfast Session:** PID cases	Nurse and Dietitian committee meetings	Welcome	**Session 1:** Latest theory and practice
Keynote presentations Hot publications in food allergy research	**Allergy Plenary**	**Immuno-deficiency Plenary**	**Immuno-deficiency Symposium**	**Food Allergy Symposium – Combined Session**	**Food Allergy diagnosis and management; Consultation structure**	
Morning Tea						
Keynote presentations Panel discussion	**Food Allergy Plenary**	**Skin Disease Symposium**	**Clinical Grand Rounds**	**Psychosocial and emotional response of patients – Combined Session**	**History taking; Breastfeeding and milk alternatives; Safe food challenges**	**Session 2:** Antibiotics – the good, the bad and the ugly
Lunch						
Hot publications in food allergy research Panel discussion	**Respiratory Allergy Symposium**	**Lung Disease Symposium**	**ASCIA-ANZAAG Drug Hyper-sensitivity Symposium**	**Concurrent Sessions**	**Case studies**	**Session 3:** Update on the common causes of perioperative anaphylaxis
Afternoon Tea						
Keynote presentations What has CFAR achieved and what's next?	**Autoimmunity Symposium**	**Basten Oration** ASCIA AGM	**ASCIA-ANZAAG Drug Hyper-sensitivity Symposium (continued)**	**Concurrent Sessions**	**Adult food allergy; Management of other adverse food reactions**	**Session 4:** Optimising the management of anaphylaxis
	Welcome Function Viaduct Events Centre	**Gala Dinner** St Matthew-in-the-City	**Closing Function** Viaduct Events Centre	**Closing Function** Viaduct Events Centre		

CFAR Food and Allergy Symposium

Tuesday 12 September 2017
Kawau Room 1, Viaduct Events Centre, Auckland

07.30-09.00	**Registration**
07.30-08.45	**Breakfast session: National Allergy Strategy Update** A/Prof Richard Loh, Maria Said, Sandra Vale *Breakfast will be available in Kawau Room 1 from 7.30-7.45*
09.00-09.15	**Welcome and introductions** Prof Katie Allen, Director, CFAR; Population Health Theme Director, Murdoch Children's Research Institute
09.15-10.00	**The US approach to food allergy and anaphylaxis management** Prof Scott Sicherer, Elliot and Roslyn Jaffe Professor of Pediatrics, Allergy and Immunology, Jaffe Food Allergy Institute, Icahn School of Medicine, Mount Sinai Hospital, USA
10.00-10.30	**Hot publications in food allergy research I** (micro presentations)
10.30-11.00	**Morning Tea**
11.00-11.30	**Probiotic and food oral immunotherapy: a potential treatment for food allergy?** Prof Mimi Tang, Group Leader, Allergy and Immune Disorders, Murdoch Children's Research Institute; Paediatric Allergist / Immunologist, The Royal Children's Hospital; Chief Investigator, CFAR
11.30-12.00	**Single dose challenges, thresholds and patient safety** Prof Jonathan Hourihane, Professor of Paediatrics and Child Health, University College Cork, Ireland
12.00-12.30	**Panel discussion: Should we screen peanut allergic patients for tree nut allergies?** Chair: Prof Katie Allen Panel: Prof Jonathan Hourihane, Prof Mimi Tang, A/Prof Richard Loh, Dr Jennifer Koplin, Vicki McWilliam, Dr Wendy Norton
12.30-13.30	**Lunch**
13.30-14.15	**Hot publications in food allergy research II** (micro presentations)
14.15-15.00	**Panel discussion: The voice of the consumer. How do we ensure the best outcomes for our patients and their families?** Chair: Prof Katie Allen Panel: Maria Said, A/Prof Peter Vuillermin, Dr Merryn Netting, Helen Czech, Dr Wendy Norton
15.00-15.30	**Afternoon Tea**
15.30-16.00	**The role of early life nutrition and the microbiome in the prevention of food allergy** Prof Nikos Papadopoulos, Professor of Allergy and Paediatric Allergy, Centre for Paediatrics and Child Health, Institute of Human Development, The University of Manchester, UK
16.00-16.30	**Food allergy phenotypes and predictors of persistent food allergy** Prof Hugh Sampson, Kurt Hirschhorn Professor of Pediatrics and the Director of the Jaffe Food Allergy Institute, Icahn School of Medicine, USA
16.30-17.00	**What has the Centre for Food & Allergy Research (CFAR) achieved and what's next?** Prof Katie Allen

Conference Day 1 Program

Wednesday 13 September 2017
Kawau Room 1, Viaduct Events Centre, Auckland

07.30-09.00	**Registration**	
07.30-08.45	**BREAKFAST SESSION: Joint College Training Committee (JCTC) forum for supervisors and trainees** *Rangitoto Room 1* Chair: Dr Jan Sinclair *Breakfast will be available in Rangitoto Room 1 from 7.30-7.45*	
08.50-09.00	**Welcome from ASCIA President and ASCIA 2017 Chairs**	
09.00–10.30	**ALLERGY PLENARY** Chairs: Dr Maia Brewerton, Dr Brynn Wainstein	
09.00-09.40	**Anaphylaxis: from epidemiology; over elicitors to quality of life**	Prof Carsten Bindslev-Jensen
09.40-10.20	**Allergy lessons from Ireland**	Prof Jonathan Hourihane
10.20-10.30	**Questions**	
10.30-11.00	**Morning Tea – Exhibition Hall (Waiheke Room)**	
11.00-12.30	**FOOD ALLERGY SYMPOSIUM** Chairs: Dr Shannon Brothers, Prof Katie Allen	
11.00-11.30	**When to do a food challenge?**	Prof Hugh Sampson
11.30-12.00	**Immunotherapy in food allergy**	Prof Scott Sicherer
12.00-12.20	**Allergies, eating disorders, orthorexia - Too scared to eat**	Garalynne Stiles
12.20-12.30	**Poster presentations**	
12.30-13.30	**Lunch – Exhibition Hall (Waiheke Room)**	
13.30-15.00	**RESPIRATORY ALLERGY SYMPOSIUM** Chairs: Dr Penny Fitzharris, Prof Jo Douglass	
13.30-14.00	**New concepts in rhinitis**	Prof Nikos Papadopoulos
14.00-14.20	**An ENT surgeon's perspective on rhinosinusitis**	Dr Richard Douglas
14.20-14.50	**Which aeroallergen immunotherapy should I choose?**	Dr Celia Zubrinich
14.50-15.00	**Poster presentations**	
15.00-15.30	**Afternoon Tea – Exhibition Hall (Waiheke Room)**	
15.30-17.00	**AUTOIMMUNITY SYMPOSIUM** Chairs: Dr Marianne Empson, Dr Katrina Randall	
15.30-16.10	**Manifestations of autoimmunity in the eye**	Dr John O'Donnell
16.10- 16.50	**Assessing disease activity in the eye: the role of the combined clinic**	Dr Rachael Niederer
16.45-17.00	**Poster presentations**	
17.00-18.00	**Welcome function – Exhibition Hall (Waiheke Room)**	

Conference Day 2 Program

Thursday 14 September 2017
Kawau Room 1, Viaduct Events Centre, Auckland

07.30–09.00	**Registration**	
07.30-08.45	**BREAKFAST SESSION: FOOD ALLERGY** **Microbiome dysbiosis and the role of synbiotics for the cow's milk allergic infant** Chair: A/Prof Jane Peake *Breakfast will be available in Kawau Room 1 from 7.30-7.45* *This breakfast symposium is sponsored by Nutricia AMN.*	Dr Lucien Harthoorn
09.00–10.30	**IMMUNODEFICIENCY PLENARY** Chairs: Dr Kahn Preece, A/Prof Richard Loh	
09.00-09.30	**Immunodeficiency screening from the newborn to the adult**	Prof Jennifer Puck
09.30-10.00	**Confirmatory testing**	Dr Melanie Wong
10.00.10.20	**New immunodeficiencies**	Dr Vanessa Bryant
10.20-10.30	**Questions**	
10.30-11.00	**Morning Tea – Exhibition Hall (Waiheke Room)**	
11.00-12.30	**SKIN DISEASE SYMPOSIUM** Chairs: Dr Andrew Baker, Prof Connie Katelaris	
11.00-11.30	**Mastocytosis and "Mast cell activation syndrome"**	Prof Carsten Bindslev- Jensen
11.30-11:50	**Chronic urticaria update**	Dr Pete Storey
11:50-12.20	**Practice parameter – Evidence based eczema management and the role of the nurse specialist**	Dr Maneka Deo, Debbie Rickard
12.20-12.30	**Poster presentations**	
12.30-13.30	**Lunch – Exhibition Hall (Waiheke Room)**	
13.30-15.00	**LUNG DISEASE SYMPOSIUM** Chairs: Dr Miriam Hurst, A/Prof Janet Rimmer	
13.30-14.00	**What's new in asthma?**	TBC
14.00-14.30	**Classification of vasculitis and the role of pulmonary manifestations**	Dr Ravi Suppiah
14.30-14.45	**Imaging in lung diseases**	Dr David Milne
14.45-15.00	**Poster presentations**	
15.00-15.30	**Afternoon Tea – Exhibition Hall (Waiheke Room)**	
15.30-16.15	**BASTEN ORATION** Chair: Dr Anthony Jordan The changing faces of clinical immunology and allergy	Dr Penny Fitzharris
16.15-17.00	**ASCIA ANNUAL GENERAL MEETING (AGM)** Chair: Dr William Smith	
18.30-22.30	**Gala Dinner: St Matthew-in-the-City**	

Conference Day 3 Program

Friday 15 September 2017
Kawau Room 1, Viaduct Events Centre, Auckland

07.45–09.00	**Registration**	
07.30-08.45	**BREAKFAST SESSION: PID CASES** Chair: Prof Jennifer Puck Panel: Dr Jan Sinclair, Dr Shannon Brothers, Dr Russell Barker *Breakfast will be available in Kawau Room 1 from 7.30-7.45* *Refer to page 18 for a summary of case presentations*	
09.00–10.30	**IMMUNODEFICIENCY SYMPOSIUM** Chairs: Dr Jan Sinclair, Dr Andrew McLean-Tooke	
09.00-09.30	**The future of treatment in PID**	Prof Jennifer Puck
09.30-09.50	**The transplant story**	Dr Nyree Cole
09.50-10.20	**A beginner's guide to genetic testing**	Dr See-Tarn Woon
10.20-10.30	**Poster presentations - immunodeficiency**	
10.30-11.00	**Morning Tea – Exhibition Hall (Waiheke Room)**	
11.00-12.30	**CLINICAL GRAND ROUNDS** Chairs: Dr Kahn Preece, Dr Iggy Chua, Prof Carsten Bindslev-Jensen, Dr Tiffany Hughes *Refer to page 18 for a summary of case presentations*	
12.30-13.30	**Lunch – Exhibition Hall (Waiheke Room)**	
13.30-15.00	**DRUG HYPERSENSITIVITY SYMPOSIUM** Chairs: Dr William Smith, Dr Peter Cooke	
13:30-13:45	**Anaphylaxis and perioperative mortality in Australasia**	A/Prof Larry McNicol
13:45-14:00	**Is there an ideal drug alert system?**	Dr Lara Hopley
14:00-14:10	**Drug alerts and the human interface**	Dr Ross Boswell
14:10-14:40	**Local and global perspective on pharmacovigilance**	Dr Michael Tatley
14:40-15:00	**Panel discussion and questions**	
15.00-15.30	**Afternoon Tea – Exhibition Hall (Waiheke Room)**	
15.30-17.30	**DRUG HYPERSENSITIVITY SYMPOSIUM** Chairs: Dr Anthony Jordan, Dr Karen Pedersen	
15:30-16:00	**Perioperative allergy service - the Danish model**	Prof Lene Heise Garvey
16:00-16:30	**Testing modalities in drug allergy**	Prof Werner Pichler
16:30-17:00	**New research in drug allergy**	Prof Carsten Bindslev-Jensen
17:00-17:20	**Poster presentations**	
17.30-18.30	**Closing Function - Kawau Room 1, Viaduct Events Centre**	

Conference Day 3 Program - Nurses Update

Friday 15 September 2017
Rangitoto Room 1, Viaduct Events Centre, Auckland

07.30–09.00	**Registration**	
07.30-08.45	**BREAKFAST MEETING: ASCIA Nurses Committee** *Rangitoto Room 1* Chair: Val Noble Deputy Chair: Sacha Palmer *Breakfast will be available in Kawau Room 1 from 7.30-7.45*	
09.00-10.30	**FOOD ALLERGY SYMPOSIUM – combined with Dietitians Update Program** Chairs: Anna Richards, Pauline Brown	
09.00-10.00	**New ways of challenging food allergic children**	Prof Jonathan Hourihane
10.00-10.30	**New food allergy resources: e-training for food service, e-training for community, website for teens and young adults**	Sandra Vale
10.30-11.00	**Morning Tea – Exhibition Hall (Waiheke Room)**	
11.00-12.30	**PSYCHOSOCIAL AND EMOTIONAL RESPONSE OF PATIENTS – combined with Dietitians Update Program** Chairs: Susie Lester, Simone Stephens	
11.00-11.30	**Avoidance restrictive food intake disorder (ARFID)**	Noeleen Glubb
11.30-12.00	**The difference between being looked at and seen: The patient**	Galia Barhava-Monteith
12.00-12.30	**Challenging food challenges**	Sharon Carey
12.30-13.30	**Lunch – Exhibition Hall (Waiheke Room)**	
13.30-15.00	**NURSE WORKSHOPS - ALLERGY** • Food Allergy – Adults and children • Allergic Rhinitis • Immunotherapy - Aeroallergens and Venoms • Eczema • Anaphylaxis - eLearning • Allergies at school • Managing skin infections at school • UniSA Professional Allergy Certificate • Allergy New Zealand and Allergy & Anaphylaxis Australia **NURSE WORKSHOPS - PRIMARY IMMUNE DEFICIENCY** • Understanding antibiotic use in this specialised population • Managing community treatments IVIg and SCIg (pump or push and support required) • Adolescent management – choosing careers, relationships, travel and risk taking behaviour within framework of chronic disease and ongoing treatments. • Teaching self-care, responsibility and personal control of treatment (all ages) • IDFNZ and IDFA	
15.00-15.30	**Afternoon Tea – Exhibition Hall (Waiheke Room)**	
15.30 – 17.00	**NURSE WORKSHOPS (continued)**	
17.00-18.30	**Closing Function - Kawau Room 1, Viaduct Events Centre**	

Conference Day 3 Program - Dietitians Update

Friday 15 September 2017
Rangitoto Rooms 1 and 2, Viaduct Events Centre, Auckland

07.30–09.00	**Registration**	
07.30-08.45	**BREAKFAST MEETING: ASCIA Dietitians Committee** *Rangitoto Room 2* Chair: Ingrid Roche Deputy Chair: Kathy Beck *Breakfast will be available in Kawau Room 1 from 7.30-7.45*	
09.00-10.30	**FOOD ALLERGY SYMPOSIUM** Rangitoto Room 1 **- combined with Nurses Update Program** Chairs: Anna Richards, Pauline Brown	
09.00-10.00	**New ways of challenging food allergic children**	Prof Jonathan Hourihane
10.00-10.30	**New food allergy resources: e-training for food service, e-training for community, website for teens and young adults**	Sandra Vale
10.30-11.00	**Morning Tea – Exhibition Hall (Waiheke Room)**	
11.00-12.30	**PSYCHOSOCIAL AND EMOTIONAL RESPONSE OF PATIENTS** Rangitoto Room 1 **– combined with Nurses Update Program** Chairs: Susie Lester, Simone Stephens	
11.00-11.30	**Avoidance restrictive food intake disorder (ARFID)**	Noeleen Glubb
11.30-12.00	**The difference between being looked at and seen: The patient**	Galia Barhava-Monteith
12.00-12.30	**Challenging food challenges**	Sharon Carey
12.30-13.30	**Lunch – Exhibition Hall (Waiheke Room)**	
13.30-15.00	**MANAGEMENT CHALLENGES** Rangitoto Room 2 Chair: Mary McNab	
13.30-13.50	**Adult onset food allergy - challenges of diagnosis and management**	Anna Richards
13.50-14.10	**FPIES – Managing the baby who will not eat**	Dr Merryn Netting
14.10-14.40	**Managing the psychological impact of food restriction**	Linda Chard
14.40-15.00	**EoE – Long term management**	Vicki McWilliam
15.00-15.30	**Afternoon Tea – Exhibition Hall (Waiheke Room)**	
15.30–17.00	**ADVERSE FOOD REACTIONS WORKSHOP** Rangitoto Room 2 Chair: Ingrid Roche	
15.30-16.00	**Bugs – Probiotics and the microbiome**	Kathy Beck
16.00–16.30	**Tricky adverse food reactions: a systematic approach**	Dr Merryn Netting
16.30-17.00	**Exclusion diets - where have we come from and where are we now?**	Vicki McWilliam
17.00-18.30	**Closing Function - Kawau Room 1, Viaduct Events Centre**	

Dietitians Workshop:
Becoming a competent allergy practitioner

Saturday 16 September 2017
Rangitoto Room 2, Viaduct Events Centre, Auckland

Prerequisites:

1. ASCIA food allergy e-training for dietitians and other health professionals http://etrainingdiet.ascia.org.au/

2. Paediatric growth modules www.rch.org.au/childgrowth/Child_growth_e-learning/

08.00-08.30	**Registration**
08.30-08.40	**Welcome** Ingrid Roche, APD
08.40-09.40	**Diagnosis and medical management of food allergy** A/Prof Richard Loh
09.40-10.00	**Structuring your dietetic allergy consultation** Ingrid Roche, APD
10.00-10.30	**Morning Tea**
10.30-11.00	**Taking an allergy focussed diet history** Dr Merryn Netting, APD
11.00-12.00	**Breastfeeding, specialised formula, milk alternatives** Vicki McWilliam, APD
12.00-12.15	**When is it safe to challenge?** Kathy Beck , APD
12.15-13.00	**Lunch**
13.00-15.00	**Case studies** Kathy Beck, APD Ingrid Roche, APD Vicki McWilliam, APD
15.00-15.30	**Afternoon Tea**
15.30-16.00	**Adult food allergy** Anna Richards
16.00-17.20	**What if it's not food allergy? Management of other adverse food reactions** Dr Merryn Netting, APD Anna Richards
17.20-17.30	**Conclusion** Ingrid Roche, APD

ANZAAG-ASCIA Drug Allergy Symposium

Saturday 16 September 2017
Maritime Room, Princes Wharf, Auckland

09.00-10.30	**SESSION 1: Latest theory and practice**	
	New concepts in drug hypersensitivity	Prof Werner Pichler
	Overview of perioperative anaphylaxis in Europe	Prof Lene Heise Garvey
10.30-11.00	**Morning Tea**	
11.00-12.30	**SESSION 2: Antibiotics – the good, the bad and the ugly**	
	Risk benefits of prophylactic antibiotics for surgery	Dr Mark Thomas
	I am allergic to penicillin. Not!	Ms Tanya du Plessis
	Cephazolin allergy – Auckland Immunologists and Anaesthetists	Dr Anthony Jordan
12.30-13.30	**Lunch (Skin testing clinic demonstration - Mr Roy The)**	
13.30-15.00	**SESSION 3: Update on the common causes of perioperative anaphylaxis**	
	Sugammadex – Between a rock and a hard place	Dr Russell Clarke
	Chlorhexidine - Too much of a good thing?	Dr Michael Rose
	Hidden allergens and polyethylene glycols	Prof Lene Heise Garvey
15.00-15.30	**Afternoon Tea**	
15.30–17.00	**SESSION 4: Optimising the management of anaphylaxis**	
	Human factors in crisis management, is there evidence that team training is beneficial?	Dr Jane Torrie
	Cognitive aids	Dr Helen Kolawole
	Best allergy papers published in the last 12 months	
17.00	**DRINKS AND CANAPÉS** overlooking the Maritime Museum	
19.00	**CONFERENCE DINNER** Euro Bar	

International Keynote Speakers

Professor Carsten Bindslev-Jensen PhD DMSci

Professor in Allergology at University of Southern Denmark, chair of Odense Research Center for Anaphylaxis, and chair of the Department of Dermatology and Allergy Center in Odense, Denmark.

Professor Carsten Bindslev-Jensen graduated from the University of Copenhagen. He obtained his PhD in 1985 and his DMSci in 1988. He is author of more than 250 papers in international journals. His scientific fields of interest include food allergy, drug allergy and anaphylaxis in children and adults. He has been chair of the Danish Society for Allergology and is currently chair of Dermatology Section of the European Academy for Allergy and Clinical Immunology. Professor Bindsley-Jenson is a fellow of AAAAI.

Professor Bindslev-Jensen's travel is supported by ASCIA

Professor Lene Heise Garvey MB ChB PhD

Co-founder and chief physician of the Danish Anaesthesia Allergy Centre, Denmark

Professor Lene Heise Garvey graduated in Medicine from the University of Bristol in 1994 and specialized in Anaesthesiology in Denmark in 2006. She defended her PhD on "Allergic reactions during anaesthesia and surgery" in 2010 and has since achieved a subspecialization in Allergology. She is co-founder and chief physician of the Danish Anaesthesia Allergy Centre, the National Reference Centre for investigation of perioperative hypersensitivity in Denmark, established in 1999.

Professor Garvey is a consultant in the Allergy Clinic, Herlev and Gentofte Hospitals, Denmark and shares her time between a half-time post-doc research position and seeing patients in both anaesthesia allergy and general allergy clinics. She is an active member of several task forces in the Drug Allergy Interest Group in EAACI and is currently heading a task force on perioperative hypersensitivity. Her research interests include all aspects of perioperative hypersensitivity, treatment and mechanisms of anaphylaxis, allergy to chlorhexidine and other rare allergens.

Professor Garvey's travel is supported by ANZAAG

Professor Jonathan Hourihane MB BCh BAO DM

Professor of Paediatrics and Child Health in University College Cork (UCC), Ireland

Professor Jonathan Hourihane graduated from Trinity College Dublin in 1987 and undertook his higher training in Southampton and London, UK. His primary area of clinical and research interest is in paediatric food allergy and anaphylaxis. He has been Professor of Paediatrics and Child Health in University College Cork, Ireland, since 2005.

Professor Hourihane is President of the Irish Association of Allergy and Immunology, co-Principal Investigator of the BASELINE, Ireland's only birth cohort study (www.baselinestudy.net.) and the INFANT Research Centre in UCC (www.infantcentre.ie). He is a founding board member of the Clemens von Pirquet Foundation and the Irish Food Allergy Network (www.ifan.ie) and sits on the Board, the Scientific Committee and the Strategy Committee of the National Children's Research Centre, Dublin.

Professor Hourihane's travel is supported by ASCIA

Professor Nikos Papadopoulos MD PhD

Professor of Allergy and Paediatric Allergy at the University of Manchester, UK, Professor of Allergy and Paediatric Allergy, Head of the Allergy Department, 2nd Pediatric Clinic, University of Athens (NKUA), Greece

Professor Nikos Papadopoulos graduated from Medical School at the National and Kapodistrian University of Athens (NKUA) and received his doctorate from the Center of Immunology of Infectious Disease-AIDS, Chair of Microbiology, Medical School, NKUA. He was a Postdoctoral research fellow at the Immunology Laboratory, Hellenic Anticancer Institute, "Agios Savas" Hospital.

His main research focus is the role of infections in asthma and he has active research programs in food allergy. He has extensive collaborations and leading roles in EU projects such as EARIP, iFAAM, FAST and PreDicta. Professor Papdopoulos has published more than 250 papers, has received several international awards, and is invited to speak at international scientific meetings some 30 times a year. He has served in committees of EAACI, GA2LEN, WAO, EFA and ARIA. He was the 2013-2015 President of EAACI.

Professor Papadopoulos's travel is supported by MEDA, a Mylan company

International Keynote Speakers

Professor Werner Pichler MD

Scientific Director of ADR-AC GmbH (Adverse Drug Reaction Analysis & Consulting), Bern, Switzerland

Professor Werner Joseph Pichler studied medicine at the University of Innsbruck, Austria and trained as an immunologist in Vienna and at the National Institutes of Health (NIH), Bethesda, USA. He became an internist and clinical immunologist by training in the Division of Clinical Immunology at the Medical School Hannover, Germany. From 1984 he worked at the University of Bern, Switzerland. He became Head of Division of Allergology and Professor for Clinical Immunology, Department of Rheumatology, Clinical Immunology & Allergology, University of Bern, retiring in 2014. He was President of the Swiss Society of Allergy and Immunology 1993-94 and in 2004 founded the biennial drug hypersensitivity meeting (DHM), now the biggest meeting worldwide on drug hypersensitivity.

Professor Pichler focused his research on drug hypersensitivity and has co-authored over 200 publications. He recently edited the book Drug Hypersensitivity and is editor of two other books on the subject. In 2006 he co-founded ADR-AC GmbH (Adverse Drug Reaction Analysis & Consulting) a company devoted to research, diagnosis and consulting on drug hypersensitivity. In 2010 he was visiting professor at the University of Adelaide and in 2015-2016 spent three months as visiting professor at Mahidol University, Bangkok.

Professor Werner's travel is supported by ASCIA

Professor Jennifer Puck MD

Professor of Pediatrics University of California San Francisco (UCSF), USA

Earning her undergraduate and medical degrees at Harvard University and Harvard Medical School, Professor Jennifer Puck completed clinical and research training in pediatrics, infectious diseases and immunology at Washington University in St. Louis, Missouri, and Baylor College of Medicine in Houston, Texas. She joined UCSF in 2006 after serving on the faculties of the University of Pennsylvania in Philadelphia and the National Human Genome Research Institute, NIH, in Bethesda, Maryland. In addition to caring for patients as an immunologist and teaching biomedical trainees, she has a basic and translational research program that focuses on human immune disorders as well as mouse models of lymphocyte development. She has published over 185 peer reviewed research papers in addition to over 100 chapters and reviews; she is co-editor of Primary Immunodeficiencies: A Molecular and Genetic Approach, published in its 3rd edition in 2014.

Professor Puck conceived and developed a newborn screening test to detect SCID that is now widely adopted in newborn screening panels in the US and a growing number of countries. This allows infants affected with SCID and other conditions with insufficient T cells to be detected early and treated.

Professor Puck directs the UCSF Jeffrey Modell Diagnostic Center for Primary Immunodeficiencies. She serves on the Medical Advisory Committee of the Immune Deficiency Foundation, the Committee on Primary Immunodeficiency Disease of the International Union of Immunological Societies, the Board of Scientific Councilors of NIAID, and the Steering Committees of the Primary Immune Deficiency Treatment Consortium (PIDTC) as well as the US Immunodeficiency Network (USIDNET). She has been elected to the American Society of Clinical Investigation (ASCI), Society for Pediatric Research (SPR), Association of American Physicians (AAP), American Pediatric Society (APS) and National Academy of Medicine. She received the Abbot Award in Clinical and Diagnostic Immunology from the American Society of Microbiology in 2013 and the Colonel Harlan Sanders Award for Lifetime Achievement in Genetics from the March of Dimes in 2014.

Professor Puck's travel is supported by an ASCIA educational grant from Shire

Professor Hugh Sampson MD

Kurt Hirschhorn Professor of Pediatrics and Director of the Jaffe Food Allergy Institute, Icahn School of Medicine at Mount Sinai, New York, USA

Professor Hugh Sampson has nearly 35 years' experience in translational research focusing on food allergic disorders and basic immunologic mechanisms responsible for these disorders. He received his medical degree from the State University of New York at Buffalo School of Medicine. This was followed by a residency in Pediatrics at the Children's Memorial Hospital and a fellowship in Allergy and Immunology at Duke University Hospital.

Professor Sampson's research has been funded continuously by a number of grants from the National

Institutes of Health (NIH) including being the Principal Investigator for the Consortium for Food Allergy Research. He was elected to membership in the Institute of Medicine of the National Academies in 2003 for his research accomplishments.

Professor Sampson has published over 450 articles, 88 book chapters and co-edited 7 books, primarily on clinical and immunopathogenic aspects of food allergic disorders. He is past chair of the Section on Allergy and Immunology of the American Academy of Pediatrics and the past-president of the American Academy of Allergy, Asthma and Immunology. His presidential initiative during his tenure led to the NIAID Guidelines on the Diagnosis and Management of Food Allergy. He has served on the Editorial Board of 5 allergy journals, including 20 years on the JACI Editorial Board. In November 2015 he stepped down as Dean for Translational Biomedical Sciences at Mount Sinai to devote 40% of his time to DBV Technologies as their Chief Scientific Officer.

Professor Sampson's travel is supported by DBV Technologies

Professor Scott Sicherer MD

Elliot and Roslyn Jaffe Professor of Allergy, Immunology and Pediatrics and Chief of the Division of Pediatric Allergy and Immunology, Icahn School of Medicine at Mount Sinai, New York, USA

Professor Scott Sicherer's food allergy research, funded by the National Institutes of Allergy and Infectious Diseases and Food Allergy Research and Education, include studies on: natural history, epidemiology, psychosocial issues, modalities to educate physicians and parents, genetics and treatment modalities. He has published over 200 articles in scientific journals, and has authored over 50 book chapters.

He is past chair of the Adverse Reactions to Foods Committee of the Academy of Allergy, Asthma, and Immunology, of the Section on Allergy and Immunology of the American Academy of Pediatrics, and of the American Board of Allergy and Immunology. He is associate editor of the Journal of Allergy and Clinical Immunology, In Practice. He has authored four food allergy books for the lay public. Professor Sicherer has been recognized by Thompson Reuters for being among the top 1% of researchers for most cited documents in their specific field.

Professor Sicherer's travel is supported by CFAR

BASTEN ORATOR – Dr Penny Fitzharris MBChB MD FRACP FRCP

Penny Fitzharris is a University of Otago graduate, with clinical training in Dunedin and Christchurch. Her postgraduate training in Clinical Immunology and Allergy began in Christchurch and continued in London with a laboratory based MD at University College and University College Hospital. Penny was subsequently awarded a lecturer post at the Cardiothoracic Institute and Brompton Hospital where she worked for five years in lab and clinical roles. She was then appointed as a Consultant at St Mary's Hospital.

After 16 years in London Penny returned to New Zealand to the Wellington School of Medicine and Capital and Coast DHB as the first Clinical Immunologist in Wellington. After a further period back in London at Guy's Hospital she has worked in Auckland Hospital for the past 12 years, with several years as Clinical Director of the regional service.

Her early research interests were in natural killing and its dysfunction in SLE. More recently these have focused on varied aspects of initiation and maintenance of allergic disease, with a productive relationship with the Wellington Asthma Research group, and, clinically, on all aspects of allergy, particularly anaphylaxis and drug allergy.

Penny Fitzharris feels privileged to have worked with such excellent mentors, colleagues and trainees in a number of different areas and services.

She is honoured to present the 2017 Basten Oration: The changing faces of Clinical Immunology and Allergy.

Other Speakers and Chairs Index (A-Z)

Speakers

Ms	Galia	Barhava-Monteith	NZ
Dr	Russell	Barker	NZ
Ms	Kathy	Beck	QLD
Dr	Ross	Boswell	NZ
Dr	Vanessa	Bryant	VIC
Ms	Sharon	Carey	NZ
Ms	Linda	Chard	NZ
Dr	Nyree	Cole	NZ
Dr	Maneka	Deo	NZ
Dr	Richard	Douglas	NZ
Dr	Penny	Fitzharris	NZ
Ms	Noelene	Glubb	NZ
Dr	Lucien	Harthoorn	NL
Dr	Lara	Hopley	NZ
A/Prof	Richard	Loh	WA
A/Prof	Larry	McNicol	VIC
Ms	Vicki	McWilliam	VIC
Dr	David	Milne	NZ
Dr	Merryn	Netting	SA
Dr	Rachael	Niederer	NZ
Dr	John	O'Donnell	NZ
Ms	Anna	Richards	NZ
Ms	Debbie	Rickard	NZ
A/Prof	Janet	Rimmer	NSW
Ms	Ingrid	Roche	WA
Ms	Maria	Said	NSW
Ms	Garalynne	Stiles	NZ
Dr	Pete	Storey	NZ
Dr	Ravi	Suppiah	NZ
Dr	Michael	Tatley	NZ
Ms	Sandra	Vale	WA
Dr	Melanie	Wong	NSW
Dr	See-Tarn	Woon	NZ
Dr	Celia	Zubrinich	VIC

Chairs

Prof	Katie	Allen	VIC
Dr	Andrew	Baker	NZ
Ms	Kathy	Beck	QLD
Dr	Maia	Brewerton	NZ
Dr	Shannon	Brothers	NZ
Ms	Pauline	Brown	NZ
Dr	Iggy	Chua	NZ
Dr	Peter	Cooke	NZ
Ms	Helen	Czech	VIC
Prof	Jo	Douglass	VIC
Dr	Marianne	Empson	NZ
Dr	Penny	Fitzharris	NZ
Dr	Tiffany	Hughes	SA
Dr	Miriam	Hurst	NZ
Dr	Anthony	Jordan	NZ
Prof	Connie	Katelaris	NSW
Dr	Jennifer	Koplin	VIC
Ms	Susie	Lester	NZ
A/Prof	Richard	Loh	WA
Dr	Andrew	McLean-Tooke	WA
Ms	Mary	McNab	NZ
Ms	Vicki	McWilliam	VIC
Dr	Merryn	Netting	SA
Ms	Valerie	Noble	WA
Dr	Wendy	Norton	VIC
Ms	Sacha	Palmer	SA
A/Prof	Jane	Peake	QLD
Dr	Karen	Pedersen	NZ
Dr	Kahn	Preece	QLD
Dr	Katrina	Randall	ACT
Ms	Anna	Richards	NZ
A/Prof	Janet	Rimmer	NSW
Ms	Ingrid	Roche	WA
Dr	Jan	Sinclair	NZ
Dr	William	Smith	SA
Ms	Simone	Stephens	NZ
A/Prof	Peter	Vuillerman	VIC
Dr	Brynn	Wainstein	NSW

Summary of PID and CGR Case Presentations

Summary of Primary Immunodeficiency Case Presentations (CPID 1-7)

Friday 15 September, 07.30-08.45

Abstract ID	Prefix	First Name	Last Name	Abstract Title
CPID1	Dr	Yeri	Ahn	TESTING OCKHAM'S RAZOR
CPID2	Dr	Narinder	Kaur	A RARE CASE OF PULMONARY LYMPHOMATOID GRANULOMATOSIS IN A PATIENT WITH ATAXIA TELANGIECTASIA
CPID3	Dr	Jessica	Lai	A DETERIORATION IN A PATIENT WITH C1Q DEFICIENCY AND SYSTEMIC LUPUS ERYTHEMATOSUS ASSOCIATED WITH EBV SEROCONVERSION
CPID4	Dr	Wei-i	Lee	A CASE OF RECURRENT ONYCHOMYCOSIS WITHOUT AUTOIMMUNITY
CPID5	Dr	Peter	McNaughton	I'VE GOT THE BLUES
CPID6	Dr	Marsus	Pumar	ACUTE PRE-B LYMPHOBLASTIC LEUKAEMIA IN A PATIENT WITH X-LINKED A GAMMAGLOBULINEMIA
CPID7	Dr	Shruti	Swamy	FAULTY CHANNELS

Summary of Clinical Grand Rounds Presentations (CGR 1-12)

Friday 15 September, 11.00-12.30

Abstract ID	Prefix	First Name	Last Name	Abstract Title
CGR1	Dr	Caroline	Foreman	DRESS-ED TO KILL
CGR2	Dr	Thanh-thao (Adriana)	Le	IT TAKES MORE THAN SPECIFIC IGE TO DEVELOP CLINICAL ALLERGY
CGR3	Dr	Amruta	Trivedi	"I'VE GOT BLISTERS ON ME FINGERS!"
CGR4	Dr	Carlo	Yuson	HEREDITARY 'ANAPHYLAXIS'
CGR5	Dr	John	Ainsworth	AN UNEXPECTED DIAGNOSIS
CGR6	Dr	Anthea	Anantharajah	A CURIOUS CASE OF PERIODIC FEVERS, AVASCULAR NECROSIS AND INFLAMMATORY NODULES
CGR7	Dr	Pei	Dai	EARLY EMPIRICAL TREATMENT OF ANTIBODY-NEGATIVE AUTOIMMUNE/ PARANEOPLASTIC ENCEPHALITIS WITH IMMUNOSUPPRESSION
CGR8	Dr	Helena	Jang	A NOVEL CASE FEATURING AN IGE PARAPROTEIN ASSOCIATED WITH FAMILIAL MEDITERRANEAN FEVER
CGR9	Dr	Brittany	Knezevic	OUT ON A LIMB: AN UNUSUAL CASE OF VASCULITIS
CGR10	Dr	Caroline	Kronborg	ACQUIRED METHAEMOGLOBINAEMIA SECONDARY TO OMALIZUMAB IN-TREATMENT RESISTANT CHRONIC IDIOPATHIC URTICARIA
CGR11	Dr	Phillippa	Pucar	NOT JUST LUPUS
CGR12	Dr	Sabeena	Selvarajah	ANTI MDA-5 IN A PAEDIATRIC POPULATION

Summary of Posters (P1-94)

Displayed from Wednesday 13 to Friday 15 September

P1	Miss	Emma	Dawson	INTER-LABORATORY VARIATION IN THE MEASUREMENT OF SERUM TRYPTASE	Allergy - Anaphylaxis
P2	Dr	Yeri	Ahn	WHEN THE COMMON COLD TURNS DEADLY: ANAPHYLAXIS WITH ANDROGRAPHIS PANICULATA	Allergy - Anaphylaxis
P3	Dr	Lara	Ford	DIFFERENCES IN KNOWLEDGE BETWEEN SCHOOL TEACHERS AND REGISTERED FIRST AID TRAINERS UNDERGOING TRAINING TO DELIVER SCHOOL-BASED ANAPHYLAXIS EDUCATION	Allergy - Anaphylaxis
P4	Dr	Brittany	Knezevic	ANAPHYLACTIC STORM: A MULTIDISCIPLINARY TREATMENT APPROACH	Allergy - Anaphylaxis
P5	Dr	Sandra	Salter	ADRENALINE AUTOINJECTOR CARRIAGE AND STORAGE IN THE AUSTRALIAN ANAPHYLAXIS POPULATION	Allergy - Anaphylaxis
P6	Dr	Sandra	Salter	ADRENALINE DEGRADATION AT MULTIPLE TEMPERATURE CONDITIONS	Allergy - Anaphylaxis
P7	Mrs	Janet	Anderson	THE ABSENCE OF POSITIVE MORPHINE SPECIFIC IGE IN A PROPORTION OF PATIENTS WITH HYPERSENSITIVITY TO ROCURONIUM	Allergy - Drug
P8	Ms	Annabelle	Arnold	THE EFFICACY OF SKIN TESTING, SPECIFIC IGE AND BASAL ACTIVATION TESTING IN PREDICTING THE OUTCOME OF ORAL PROVOCATION CHALLENGES IN CHILDREN WITH SUSPECTED BETALACTAM ALLERGY	Allergy - Drug
P9	Dr	Mohammed Faizal	Bakhtiar	CEPHALOSPORIN ANAPHYLAXIS: APPROACH IN DIAGNOSIS AND CROSS-REACTIVITY WITH OTHER BETA-LACTAM ANTIBIOTICS	Allergy - Drug
P10	Dr	Mohammed Faizal	Bakhtiar	CORTICOSTEROID ANAPHYLAXIS: THE UNSUSPECTED OFFENDER	Allergy - Drug
P11	Dr	Mohammed Faizal	Bakhtiar	NON-STEROIDAL ANTI-INFLAMMATORY DRUG INDUCED URTICARIA/ ANGIOEDEMA ASSOCIATIONS WITH THE HUMAN LEUKOCYTE ANTIGEN (HLA) GENES IN A MALAY POPULATION	Allergy - Drug
P12	Dr	Laure	Braconnier	THE RATE OF ATOPIC DISEASES IN CHILDREN WITH REPORTED ANTIBIOTIC ALLERGIES	Allergy - Drug
P13	Dr	Samantha	Chan	A MULTIDISCIPLINARY APPROACH TO ANAPHYLAXIS: THE IMPORTANCE OF ED/IMMUNOLOGY LIASON	Allergy - Drug
P14	Dr	Joseph	De Luca	TRENDS IN GENERAL ANAESTHETIC ALLERGY TESTING: THE ROYAL MELBOURNE HOSPITAL EXPERIENCE	Allergy - Drug

P15	Ms	Di	Edwards	DRUG REPORTING ACCURACY AND COMPLETENESS IS DEPENDENT ON THOSE WHO ARE INVESTED IN NEGATIVE OUTCOMES OF DRUG CHALLENGE	Allergy - Drug
P16	Dr	Caroline	Foreman	PENICILLIN ALLERGY LABELLING ON THE MEDICALERT ® ID	Allergy - Drug
P17	Dr	Alka	Garg	MANAGING ALLERGIES AND ADVERSE DRUG REACTIONS IN A TERTIARY HOSPITAL AT A MULTI-DISCIPLINARY FORUM	Allergy - Drug
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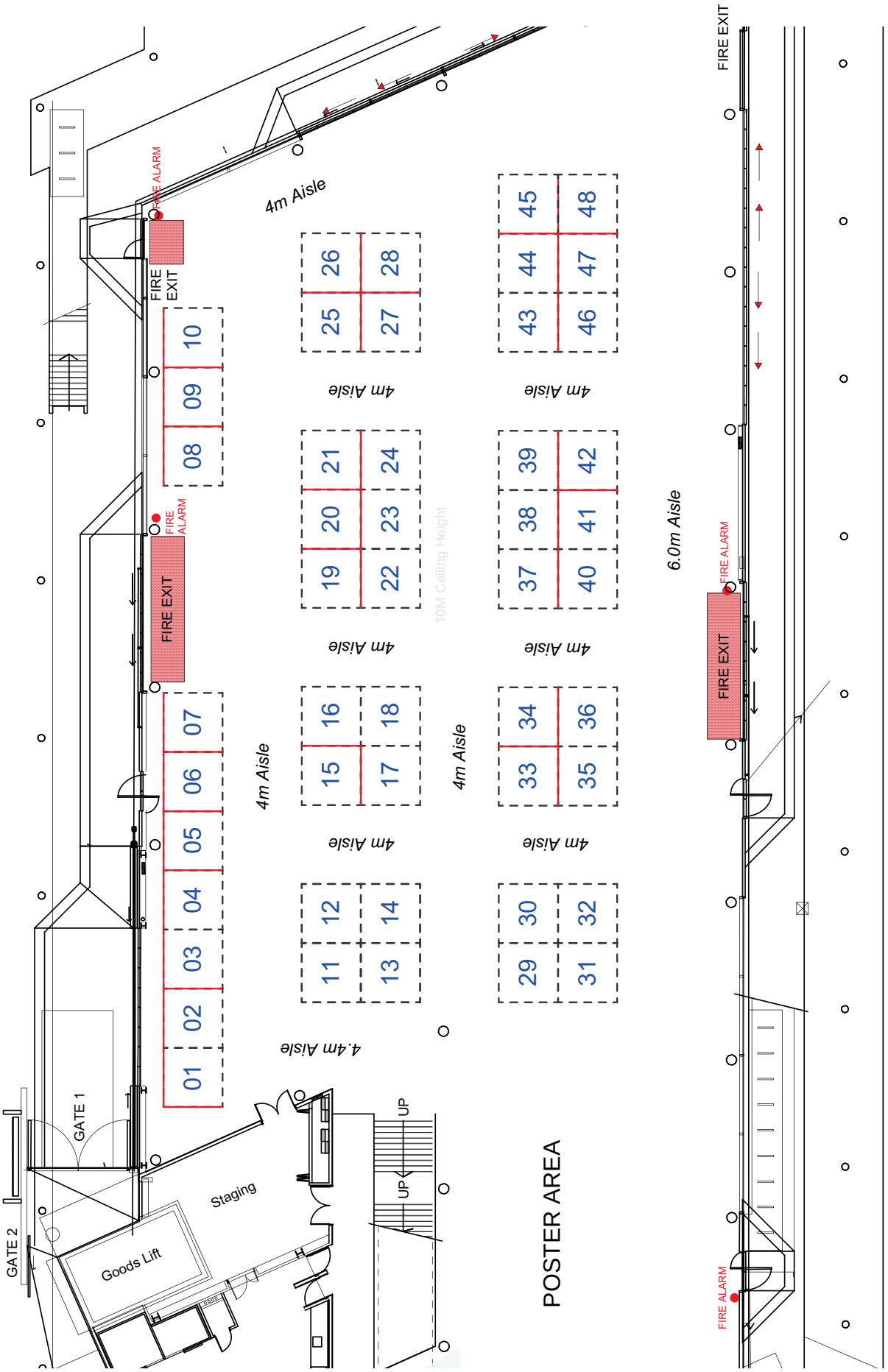

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Biotherapies for Life™ **CSL Behring**

CSL's Melbourne operations in 1920's

CSL Behring's Melbourne operations in 2015

A proud Australian heritage, today a global leader in plasma products[1]

As committed as ever, prepared like never before

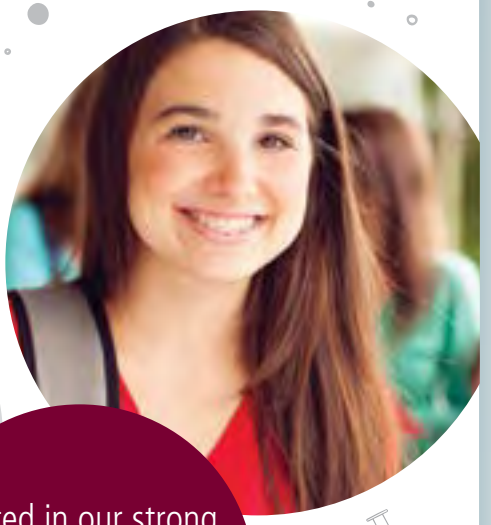
With a proud Australian heritage, CSL Behring is a global leader in developing innovative plasma products. As the national plasma fractionator for Australia and for New Zealand, together with our extensive global supply and R&D network, we are firmly committed and prepared like never before to serve Australia's and New Zealand's growing needs for plasma products.

Reference 1. CSL Limited Annual Report 2015-16; http://www.csl.com.au/docs/527/647/CSL_AR16_Sec,0.pdf; accessed 1 August 2017. CSL Behring (NZ) Limited 666 Great South Road, Penrose, Auckland, New Zealand. NZBN 94 29041 09849 3. Date of preparation: August 2017. ANZ-CORP-0010. COR0978.

Biotherapies for Life™ CSL Behring

The journey through PID is different for each of your patients

CSL Behring are proud to offer a range of immunoglobulin products to help you tailor therapies for your patients[1-4]



Offering a range of hospital and home-based immunoglobulin treatment options[1-4]

United in our strong commitment to continuous product improvement[5]

Providing domestic and imported products to ensure continuity of supply[1-4]

Before prescribing the above products please review the Data Sheet for information on dosage, contraindications, precautions, interactions and adverse effects. The data sheet is available at www.medsafe.govt.nz

PID: primary immunodeficiency. **References: 1.** HIZENTRA Data sheet 16 May 2017. **2.** PRIVIGEN Data sheet 02 February 2017. **3.** EVOGAM Data sheet 28 June 2016. **4.** INTRAGAM P Data sheet 09 May 2014. **5.** CSL Annual Report 2015–2016. Available at http://annualreport.csl.com.au/home.htm. Accessed August 2017.

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Adrenaline (Epinephrine) Auto-Injectors 0.3/0.15mg

EPIPEN® IS NOW EVEN SIMPLER TO ADMINISTER IN AN EMERGENCY[1]

3sec

PULL, PLACE AND PUSH for 3 seconds[1]

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Be Prepared.®

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BEFORE PRESCRIBING, PLEASE REVIEW APPROVED PRODUCT INFORMATION AVAILABLE ON REQUEST FROM MYLAN AUSTRALIA on 1800 274 276 or www.ebs.tga.gov.au

MINIMUM PRODUCT INFORMATION EpiPen® Adrenaline (epinephrine) Auto-Injector 0.3mg/0.3mL EpiPen® Jr. Adrenaline (epinephrine) Auto-Injector 0.15mg/0.3mL. The following are not a complete listing: Indication: For the emergency treatment of anaphylaxis (acute severe allergic reaction) due to insect stings or bites, foods, drugs or other allergens. **Contraindications: Contraindications are relative, as this product is intended for use in life-threatening emergencies.** Certain arrhythmias, cerebral arteriosclerosis, vasopressor drug contraindication, shock (except anaphylactic shock), certain types of general anaesthesia. **Precautions:** Sulfite allergy, intravenous administration, ventricular fibrillation, prefibrillatory rhythm, tachycardia, myocardial infarction, cardiovascular disease, organic heart disease, cardiac dilation, cerebral arteriosclerosis, prostatic hypertrophy, elderly, individuals with diabetes, hypertension, narrow angle glaucoma, hyperthyroidism, organic brain damage, psychoneurosis, phenothiazine-induced circulatory collapse, Parkinsonism. Avoid injection into hands, feet, ears, nose, buttocks, genitalia. Use in Pregnancy: Pregnancy Category A. Excreted in breast milk. Use with caution when maternal blood pressure is in excess of 130/80. **Interactions:** CNS medicines, alpha and beta adrenergic blockers, some general anaesthetics, hypoglycaemic agents. **Adverse Effects:** Anxiety, restlessness, tachycardia, respiratory difficulty, tremor, weakness, dizziness, headache, dyspnoea, cold extremities, pallor, sweating, nausea, vomiting, sleeplessness, hallucinations, flushing of face and skin. Psychomotor agitation, disorientation, impaired memory, potentially fatal ventricular arrhythmias, severe hypertension which may lead to cerebral haemorrhage and pulmonary oedema. Angina may occur in patients with CAD. **Dosage:** Single intramuscular injection into anterolateral aspect of thigh, repeat as directed if symptoms recur or have not subsided. Adults ≥30kg: EpiPen® Auto-Injector (0.3mg adrenaline) Children 15–30kg: EpiPen® Jr. Auto-Injector (0.15mg adrenaline). The prescribing physician may choose to prescribe more or less than this amount; please refer to relevant guidelines. **Reference: 1.** EpiPen® Package Insert. Revised May 2017.

Mylan

Dymista® 125/50

azelastine hydrochloride/fluticasone propionate

An advancement in the treatment of allergic rhinitis*[1-4]

*The only combination antihistamine/corticosteroid nasal spray available.

PBS Information: This product is not listed on the PBS.

Please review Product Information before prescribing. Full Product Information is available at www.meda.com.au or on request from the company.

Dymista® 125/50 (azelastine hydrochloride 125µg /fluticasone proprionate 50µg) nasal spray 17mL, 120 sprays). **Indications:** Symptomatic treatment of moderate to severe allergic rhinitis and rhino-conjunctivitis in adults and children 12 years and older where use of a combination (intranasal antihistamine and glucocorticoid) is appropriate. **Dosage:** Adults and adolescents (≥ 12yrs): One spray in each nostril twice daily. **Contraindications:** Hypersensitivity to the active substance(s) or excipients. **Precautions:** Pregnancy (Cat B3) and lactation; operating machinery or driving motor vehicle; use with alcohol or other CNS depressants, somnolence; patients with recent nasal ulcers, surgery or injury to nose or mouth; patients susceptible to candida infections (e.g. diabetics); glaucoma and/or cataracts; HPA axis effect/suppression, adrenal function impairment; tuberculosis or untreated respiratory infection; children and adolescents (< 12yrs); severe hepatic and renal impairment. **Interactions:** Cytochrome P450 CYP3A4 inhibitors (potential increase fluticasone proprionate exposure) eg: ritonavir, ketoconazole, cimetidine; CNS depressants. **Adverse Effects:** Common: headache, dysgeusia, unpleasant smell; Uncommon: epistaxis, nasal discomfort, sneezing, nasal dryness, cough, dry throat and irritation; Very rare: somnolence; nasal septal perforation; hypersensitivity including anaphylactic reactions, angioedema and bronchospasm. **Min PI Updated:** 05 Jun 2017.

References: 1. DYMISTA® 125/50 Nasal Spray Product Information. **2.** Carr W *et al.* J Allergy Clin Immunol 2012;129:1282-1289. **3.** Leung DYM *et al.* J Allergy Clinical Immunol 2012;129(5):1216. **4.** National Asthma Council Australia. Allergic Rhinitis Treatment (internet). 2016. Available at www.nationalasthma.org.au

Mylan®

- Once-daily immunotherapy tablet[1]
- Established formulation[2,3]
- Targets the cause, not just the symptoms[4]
- Sustained post-treatment efficacy[5]
- Indicated for patients >12 years[2]
- Optimal dose for efficacy and safety[6]

Actair®

Mixture of American *(D.farinae)* and European *(D.pteronyssinus)* house dust mite allergen extracts

The new therapeutic option for house dust mite allergy[1]

PBS Information – This product is not listed on the PBS

Please review full product information before prescribing. Full product information is available from www.ebs.tga.gov.au/ebs/picmi/picmirepository.nsf/pdf?openagent&id=cp-2016-pi-01700-1&d=20160502161146224 83

ACTAIR Initiation Treatment Sublingual Tablets 100 IR & 300 IR Mixture of American *(D. farinae)* and European *(D. pteronyssinus)* House dust mite allergen extracts ACTAIR Continuation Treatment Sublingual Tablets 300 IR Mixture of American *(D. farinae)* and European *(D. pteronyssinus)* House dust mite allergen extracts Indications Treatment of house dust mite allergic rhinitis with or without conjunctivitis in adults and adolescents over 12 years diagnosed with house dust mite allergy. Contraindications Hypersensitivity to any of the excipients; severe, uncontrolled or unstable asthma; immune deficiency diseases or active forms of auto-immune disorder; malignant diseases; oral inflammations Precautions Oral surgery, evaluate patients with asthma, tricyclic antidepressants, mono amine oxidase inhibitors, rare hereditary problems of galactose intolerance, Lapp lactase deficiency or glucose-galactose malabsorption, Eosinophilic esophagitis For all precautions refer to full PI Adverse effects: Oedema mouth, oral pruritus, ear pruritus, stomatitis, abdominal pain, tongue oedema, lip oedema, oral discomfort, diarrhoea, nausea, paraesthesia oral, dyspepsia, throat irritation, oropharyngeal discomfort, cough, pharyngeal oedema, dyspnoea, nasopharyngitis, gastroenteritis, bronchitis, acute tonsillitis, dermatitis atopic, headache, ear pain, glossitis, oral mucosal blistering, hypoaesthesia oral, gastritis, cheilitis, dry throat, conjunctivitis, pruritus, urticarial For all adverse effects refer to full PI. Dosage & Administration It is recommended that the first tablet of ACTAIR is taken under medical supervision and that the patient is monitored for 30 minutes. On first day, one 100 IR tablet. Tablet must be placed under the tongue until complete disintegration and then swallowed. On second day, two 100 IR tablets must be placed under the tongue simultaneously and swallowed after complete disintegration. On third day and onwards, one 300 IR tablet placed under the tongue until complete disintegration and then swallowed. It is recommended that the tablets be taken during the day in an empty mouth. Refer to full PI for dosage details. Date of first inclusion in the ARTG TGA approval 15/04/2016

References: 1. Therapeutic Goods Administration. Search of the Australian Register of Therapeutic Goods (ARTG) "house dust mite immunotherapy" at www.tga.gov.au (date searched 22/08/16). **2.** ACTAIR Approved Product Information. **3.** Bousquet J *et al. Allergy* 1999;54:249–260. **4.** ASCIA. The economic impact of allergic disease in Australia: not to be sneezed at. 2007. Available at: www.allergy.org.au/images/stories/pospapers/2007_economic_impact_allergies_report_13nov.pdf (accessed August 2016). **5.** Bergmann KC *et al. J Allergy Clin Immunol* 2014;133:1608–14. **6.** Demoly P *et al. Clin Transl Allergy* 2015;5:44.

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FOR HEALTHCARE PROFESSIONALS ONLY

NC3498-Jul17

PBS LISTED SEPT 2017

Xolair® is indicated for adults and adolescents (12 years of age and above) with chronic spontaneous urticaria who remain symptomatic despite H1-antihistamine treatment[1]

Xolair®
omalizumab

Up to 44% of patients ITCH & HIVE FREE[1,2*]

*With Xolair® 300 mg at 12 weeks vs. 5% on placebo

Ad hoc analysis, UAS7 Itch Severity Score / Hives Score of 0 = none

New Zealand Information: PRESCRIPTION MEDICINE. Xolair (150mg vial) is not funded for chronic spontaneous urticaria. Novartis New Zealand Limited, Auckland. TAPS NA9382.

PBS Information: Section 100 Public and Private Hospital Authority Required for the treatment of severe chronic spontaneous urticaria. Refer to PBS Schedule for full authority information.

See Approved Product Information before prescribing. Approved Product Information available on request. For the most up-to-date Product Information go to https://www.novartis.com.au/products/healthcare-professionals

XOLAIR omalizumab (rch) Indication: Asthma: Adult and adolescents ≥12 years of age: for the management of adult and adolescent patients with moderate to severe allergic asthma, who are already being treated with inhaled steroids, and who have serum immunoglobulin E levels corresponding to the recommended dose range. ♦ **Children 6 to <12 years of age:** In children aged 6 to <12 years, Xolair is indicated as add-on therapy to improve asthma control in patients with severe allergic asthma who have documented exacerbations despite daily high dose inhaled corticosteroids, and who have immunoglobulin E levels corresponding to the recommended dose range (see Table 10 under "Dosage and Administration"). ♦ **Chronic Spontaneous Urticaria:** for adults and adolescents ≥ 12 years of age who remain symptomatic despite H1 antihistamine treatment. **Contraindications:** hypersensitivity to omalizumab or any other component of the formulation. **Precautions:** Local or systemic allergic reactions, including anaphylaxis, may occur. Anaphylaxis and anaphylactoid reactions have been reported following the first and subsequent administrations. Although most of these reactions occurred within 2 hours after administration, some occurred beyond 2 hours and even beyond 24 hours after injections. Medications for the treatment of anaphylactic reactions should always be available for immediate use. Patients should be informed that such reactions are possible and prompt medical attention should be sought if allergic reactions occur. - Serum sickness and serum sickness-like reactions have rarely been seen in patients treated with humanised monoclonal antibodies including omalizumab, typically 1-5 days after administration of the first or subsequent injections. Patients should be advised to report any symptoms suggestive of serum sickness such as arthritis/arthralgia, rash (urticaria or other forms), fever and lymphadenopathy. - Patients with severe asthma may rarely present systemic hypereosinophilic syndrome or allergic eosinophilic granulomatous vasculitis (Churg-Strauss syndrome), both of which are usually treated with systemic corticosteroids. In rare cases, patients on therapy with anti-asthma agents, including omalizumab, may present or develop systemic eosinophilia and vasculitis. A causal association has not been established. These events are commonly associated with the reduction of oral corticosteroid therapy. In these patients, physicians should be alert to the development of marked eosinophilia, vasculitic rash, worsening pulmonary symptoms, paranasal sinus abnormalities, cardiac complications, and/or neuropathy. Discontinuation of omalizumab should be considered in all severe cases with the above mentioned immune system disorders. - Patients treated have a rapid reduction in free IgE in the serum but an overall increase in the total serum IgE, which reflects free IgE and IgE bound. IgE measured following treatment cannot be used to guide treatment or dosing decisions. Because Xolair reduces free IgE in the serum and tissues, results of skin prick testing, patch testing, and RAST testing for hypersensitivity to potential allergens may be affected. A positive test to a potential allergen in a patient receiving Xolair can be correctly interpreted as representing hypersensitivity to that allergen; however, a negative test may not be interpretable. Physicians are urged to use caution in interpreting such tests in patients receiving Xolair.- In controlled clinical trials, interim and final analyses of an observational study, a numerical imbalance of ATE was observed. - Patients may potentially develop antibodies to the protein. - Parasitic infestation may also result in elevation of serum IgE concentrations, although there is no evidence to suggest that parasitic infections are predisposed to by omalizumab. - Should be used with caution in patients with thrombocytopenia and patients with a history of thrombocytopenia. Patients should have a platelet count before commencing therapy and then periodically during treatment. - Should be used with caution in patients with renal or hepatic impairment. - Patients should be informed that if they experience dizziness, fatigue, faintness or somnolence they should not drive or use machines. - The safe use of the pre-filled syringe in latex-sensitive individuals has not been studied: a derivative of natural rubber latex is present in the removable needle cap. - Caution should be exercised when prescribing to pregnant women or when administered to breast-feeding women (Category B1). - No formal drug interaction studies have been performed. **Dosage and administration: Asthma:** *Xolair is administered subcutaneously every two or four weeks according to the dose determination chart.* Doses (mg) and dosing frequency are determined by baseline serum total IgE level (IU/mL), measured before the start of treatment, and bodyweight (kg). See full PI for dose determination chart. ♦ **Chronic Spontaneous Urticaria:** 300 mg s.c. every 4 weeks. Some patients may achieve control of their symptoms with a dose of 150 mg s.c. every 4 weeks. Prescribers are advised to periodically reassess the need for continued therapy. Clinical trial experience of long-term treatment beyond 6 months in this indication is limited. Xolair should be used as add-on therapy to H1 antihistamine treatment. **Side effects:** pyrexia, injection site reactions including pain, abdominal pain upper, swelling, itching, and redness, pruritus, headaches; nasopharyngitis, upper respiratory tract infection and viral upper respiratory tract infections, sinusitis and sinus headache, arthralgia, myalgia, pain in extremity, musculoskeletal pain, dizziness, somnolence, postural hypotension, weight increase, urticaria, fatigue, swelling arms, nausea, pharyngitis, skin rashes, post-injection phenomena, syncope and vasovagal syncope, diarrhoea, dyspeptic signs and symptoms, flushing, moniliasis, paresthesia, coughing, laryngoedema, angioedema, photosensitivity, asymptomatic platelet decreases, parasitic infections. Serious AEs reported in clinical trials include were appendicitis and fractures. Other serious, but rare, AEs include anti-therapeutic antibody development, anaphylactic reactions (a history of anaphylaxis may be a risk factor) and other allergic conditions such as anaphylactic reactions, allergic bronchospasm and serum sickness. **Sponsor:** Novartis Pharmaceuticals Australia Pty. Limited, ABN 18 004 244 160, 54 Waterloo Road, Macquarie Park, NSW 2113. *(xol240717m).*

References: 1. XOLAIR®. TGA-Approved Product Information. Novartis Pharmaceuticals Australia Pty. Limited. 30 March 2017. **2.** Maurer M *et al. N Eng J Med* 2013; 368:924-935. Novartis Pharmaceuticals Australia Pty Limited, ABN 18 004 244 160. 54 Waterloo Road, Macquarie Park NSW 2113. AU-2948. August 2017. CRD2797.

**Please note changes to Product Information in italics.*

NOVARTIS

Assisting children with cow's milk protein allergy, multiple food allergies and supporting children who are failing to thrive

* As fat source.

ALFAMINO® Junior is a food for special medical purposes specifically formulated for the dietary management of children with multiple food allergies (including cow's milk allergy) and malabsorptive conditions. Must be used under medical supervision.

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ADVERTORIAL

HOUSE DUST MITE ALLERGY A LIVING NIGHTMARE

Allergic Rhinitis affects around 1 in 5 (children and adults) in Australia and New Zealand [1]

A heavy burden all day, every day

Uncontrolled house dust mite allergy can severely impair quality of life, with patients reporting:[1-3]

- Disrupted sleep
- Absenteeism or reduced function at work or school
- Restricted social interactions and leisure activities

One airway, one disease

Allergic rhinitis and allergic asthma are common presentations of respiratory allergic disease.[3] They are a continuum of a single disease – 'respiratory allergy' – with many people suffering both upper and lower respiratory symptoms.[1] Studies around the world suggest almost half of those people with respiratory allergy may be sensitised to house dust mites.[4]

3x THE RISK — *House dust mite allergic rhinitis almost triples the risk of developing asthma*[5]

MORE THAN 80% — *of people with allergic asthma also have allergic rhinitis*[1]

The presence of both conditions increases the chance that asthma symptoms will be difficult to control[1]

A substantial unmet need

When a patient faces a prolonged journey to a diagnosis of their condition, they may experience a lack of effective symptom management. Many patients may suffer the nightmare of daily symptoms without consulting their doctor, potentially contributing to the fact that almost half of those with allergic rhinitis remain undiagnosed.[3,6,7] People with allergic disease often manage symptoms by adjusting their lifestyle and taking medication.[8]

Less than half of patients with allergic rhinitis have well-controlled nasal symptoms.[6]

Current options for managing house dust mite allergy

Despite the concept of 'one airway, one disease', there is currently no single treatment indicated for both allergic rhinitis and allergic asthma in house dust mite allergy that targets the underlying cause of the disease. Up to 77% of patients with moderate to severe allergic rhinitis,[9] and more than half of those with any severity of allergic asthma,[10] are dissatisfied with their treatment. In one survey, >85% of patients reported that their allergic rhinitis symptoms had not improved since diagnosis.[11]

Allergic asthma and allergic rhinitis should be diagnosed and treated as one condition – respiratory allergy.[3]

Looking to the future

People with house dust mite allergy shouldn't suffer in silence, as earlier presentation and diagnosis, together with a combined treatment strategy that targets not just the symptoms but the underlying cause of the disease, may help to reduce the burden of disease and improve quality of life for patients with house dust mite allergy.[2,3,12]

It shouldn't have to be a living nightmare.

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While lesions and itch represent the primary signs and symptoms of atopic dermatitis, hidden signs of inflammation have been shown to persist, even after a flare has subsided. Current evidence suggests that patients' skin, including nonlesional skin, suffers from chronic subclinical inflammation, a process which is driven by the key Th2 cytokines IL-4 and IL-13. Discover what's really going on beneath the surface.[1–5]

VISIT THE WEBSITE TO FIND OUT MORE AND REGISTER FOR FURTHER INFORMATION.

atopicdermatitisexposed.com.au

References: 1. Gittler JK, *et al. J Allergy Clin Immunol* 2012;130(6):1344–1354. 2. Leung DYM, *et al. J Clin Invest* 2004;113(5):651–657. 3. Suárez-Fariñas M, *et al. J Allergy Clin Immunol* 2011;127(4):954–964. 4. De Benedetto A, *et al. J Allergy Clin Immunol* 2011;127(3):773–786. 5. Mollanazar NK, *et al. Clinic Rev Allerg Immunol* 2015. doi:10.1007/s12016-015-8488-5.

sanofi-aventis australia pty ltd trading as Sanofi Genzyme, ABN 31 008 558 807. Talavera Corporate Centre, Building D 12-24 Talavera Road, Macquarie Park, NSW 2113. www.sanofigenzyme.com.au. GZANZ.DUP.17.08.0149 Date of preparation August 2017. SAG0103.

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Sanofi Genzyme and Regeneron are committed to providing resources to advance research in dermatology in areas of unmet medical needs among patients with poorly controlled moderate-to-severe atopic dermatitis.

ADVERTORIAL

Palatability of formula options for infants with cow's milk protein allergy (CMPA)

Cow's milk protein allergy (CMPA) is one of the most common food allergies in infants, affecting approximately 2% of infants in Australia and New Zealand.[1] Management of CMPA in formula-fed babies requires the use of an appropriate infant formula free of allergenic cow's milk protein.[1,2]

A number of formula options are currently available for managing CMPA in infants. Extensively hydrolysed cow's milk protein-based formula (eHF) is the first-line recommendation for infants with CMPA. Amino acid-based formulas (AAF) are used in infants with severe allergic reactions or who react to residual allergenic proteins in eHF.[2,3]

In clinical practice many parents complain that infants reject hydrolysed formulas due to their unpleasant taste and odour.[3–7] The distinctive bitter taste of eHF and AAF formulas is thought to result from the generation of bitter peptides during proteolysis, and may depend on the enzymes used during proteolysis.[3,4]

Clinical studies suggest that babies under the age of 4 months may accept the bitter taste of eHF and AAF more readily than older babies. From the age of 4 months onwards, most babies strongly reject hydrolysed formulas unless they have been exposed during early life.[5,6] Considering that feeding with eHF and AAF commonly begins after the age of 4 months, the poor palatability of hydrolysed formulas is an important consideration and may be a cause of poor compliance in clinical practice.[3]

Soy protein-based formula is generally more palatable than many hydrolysed formulas, and may be an option for some babies with CMPA who reject eHF or AAF.[2,4] However, soy protein-based formulas are not recommended in some practice guidelines for infants under 6 months.[2,8]

Novalac Allergy is a new, 100% rice protein-based infant formula which can be used from birth, and is tolerated by >90% of infants with CMPA.[2,7] Rice protein-based formula scored highly on taste in a clinical study,[4] and in a subsequent clinical study 81.2% of parents reported that their baby liked the taste of Novalac Allergy.[7] In addition to its high palatability, Novalac Allergy has demonstrated efficacy, reducing global allergy symptoms in infants with confirmed CMPA (n=38) by 74.1% after 1 month and 88.9% after 6 months ($p<0.001$). Novalac Allergy also significantly improved weight gain after 1 month of feeding, and helped normalise weight gain after 6 months of feeding ($p<0.001$; Figure 1).[7,9]

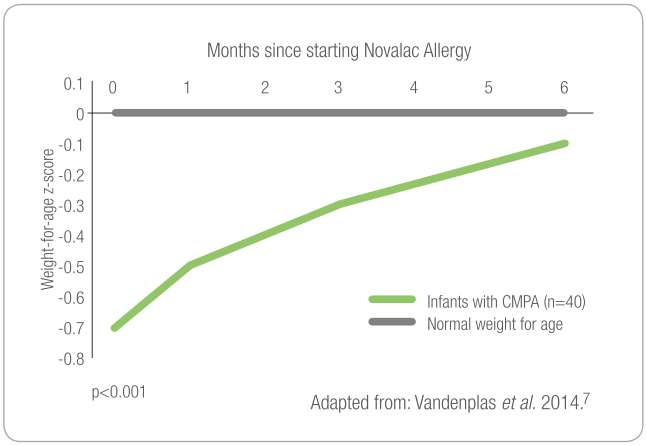

Figure 1: Normalisation of weight gain in infants with CMPA after 6 months of feeding with Novalac Allergy.[7]

Current guidelines for the management of CMPA in infants recommend that the choice of formula for individual patients should be based on the infant's age and symptoms, the formula's documented hypoallergenicity and nutritional adequacy, and the infant's acceptance of the formula.[2,3] Novalac Allergy is the first and only rice protein-based formula in Australia, and has a mild, pleasant flavour that is readily accepted by most babies, unlike some eHF and AAF.[3,4,7] Novalac Allergy is nutritionally complete, available over the counter and is suitable for use from birth.[2,7]

novalac ALLERGY
AVAILABLE OTC

When recommending a formula for infants with CMPA, consider new Novalac Allergy, an effective, pleasant-tasting alternative to hydrolysates and soy protein-based formula that can be used from birth.[4,7,9]

For more information about Novalac Allergy or the Novalac range, please call our Information line on 1800 023 884, 9am to 5pm, Eastern Standard Time.

Breast milk is best for babies. Professional advice should be followed before using an infant formula. Introducing partial bottle feeding could negatively affect breastfeeding. Good maternal nutrition is preferred for breastfeeding and reversing a decision not to breastfeed may be difficult. Infant formula should be used as directed. Proper use of an infant formula is important to the health of the infant. Social and financial implications should be considered when selecting a method of feeding.

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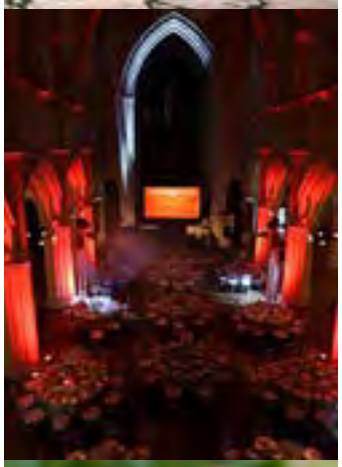
Location Map

28 years of ASCIA Annual Conferences 1990-2017



1990	Melbourne VIC (Hilton on the Park, April 29 - May 1)
1991	Perth, WA (Burswood Hotel, December 1-3)
1992	Cairns, QLD (Hilton Hotel, September 13-15)
1993	Sydney, NSW (Darling Harbour, April 29 – May 1)
1994	Canberra, ACT (Lakeside Hotel, December 2-5)
1995	Sydney, NSW (Regent Hotel, October 30-November 3) held with TPAIS
1996	Adelaide, SA (Hyatt Hotel, December 5-7)
1997	Wellington, NZ (Convention Centre, April 5-8) held with TSANZ
1998	Brisbane, QLD (Sheraton Hotel, August 28-30)
1999	Uluru, NT (Ayers Rock Resort, September 24-27)
2000	Sydney, NSW (Convention Centre, October 15-20) (held as part of the 17th World Allergy Congress)
2001	Perth, WA (Sheraton Hotel, September 28-30)
2002	Adelaide, SA (Hilton Hotel, September 27-29)
2003	Melbourne, VIC (Sheraton Southgate Hotel, September 10-12)
2004	Gold Coast, QLD (Marriott Hotel, September 8-10)
2005	Queenstown, NZ (Millennium Hotel, August 31 - September 2)
2006	Sydney, NSW (Manly Pacific Hotel, September 7-9)
2007	Fremantle, WA (Esplanade Hotel, November 14-16)
2008	Melbourne, VIC (Park Hyatt Hotel, November 12-14)
2009	Adelaide, SA (Adelaide Convention Centre, September 16-18)
2010	Gold Coast, QLD (Gold Coast Convention and Exhibition Centre, September 1-4)
2011	Sydney, NSW (Sydney Convention & Exhibition Centre, Darling Harbour, September 6-10)
2012	Wellington, NZ (Wellington Town Hall, September 5-8)
2013	Perth, WA (Perth Convention and Exhibition Centre, September 10-14)
2014	Melbourne, VIC (Melbourne Convention Centre, September 10-13)
2015	Adelaide, SA (Adelaide Convention Centre, September 8-12)
2016	Gold Coast, QLD (Gold Coast Convention and Exhibition Centre, September 13-17)
2017	Auckland, NZ (Viaduct Events Centre, September 12-16)

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