

## President's Report



I trust all ASCIA members have enjoyed the festive season just passed. As we look back on 2001 and forward to the activities of 2002 we should pause to reflect that so much of what we have come to rely on from ASCIA is available only as result of the hard work of our "volunteers" past and present, who have put so much of their personal and professional energy into the Society's cause. Despite all the unexpected

calamities which struck locally and internationally in late 2001, the Perth and Margaret River ASCIA Annual Scientific Meeting (ASM) was a huge success. To Dr Dominic Mallon (who also had a new arrival imminent!) and the organising committee, we can only say "it was magnificent!" We were delighted that all the international speakers succeeded in reaching Perth despite the difficulties. I'm aware that many of our members in different states were unable to get to the meeting as a result of the Ansett Airline failure. To those so affected you should know we shared the disappointment at not having you there in the flesh, though we know you were present in spirit.

We look forward to our 2002 meeting in Adelaide, being an opportunity to have present a full house of members again. Indeed we can expect 2002 to be a year of excitement in the biomedical community as well as further change, with our new Commonwealth Health Minister making herself familiar with the issues our health system faces. We wish her well and hope our advocacy on our patients' behalf meets with success.

As President of the Society I have held a number of meetings with senior members of Asthma Australia and Asthma NSW in the latter period of 2001. There are real opportunities for synergy in our educational efforts and I hope you will see evidence of this in the Society's plans for the year ahead. Our involvement in the National Asthma Council (formerly National Asthma Campaign) is already leading to greater involvement by our members in asthma decision making at many levels. Recently the Commonwealth Government sought input from ASCIA into consideration by the PBAC of issues related to bee venom immunotherapy. I'm pleased to report they heeded our advice, ensuring that bee venom immunotherapy remained subsidised.

ASCIA members would be aware of the announcement that the NSW Government, in collaboration with the Allergy Foundation of Australia and ASCIA, will fund a chair in paediatric allergy and immunology in Sydney. The negotiations leading to this were complex and my congratulations go to Dr Connie Katelaris and her colleagues for securing a major boost to funding in this important area. The majority of the funds emanating from the 2000 ICACI meeting remain in our Society's reserves for other uses and I ask ASCIA members to give deep consideration to the best use of these valuable resources in the years ahead. The ASCIA Council will have this as a major agenda item in its March meeting in Sydney which will be held on the day preceding the RCPA annual meeting. Please raise any issues you wish Council to consider with your State councillor.

By now, all ASCIA members should have received the examples of the educational brochures under our AER program. I think you will all agree that the transformation of our materials to the new format and distribution arrangements will allow the Society to better perform its educational role and to benefit from a higher profile with primary care and specialist colleagues. Jill Smith is proud to see her hard work and that of the ASCIA Education Committee come to such a wonderful fruition. Please contact Jill if you wish to discuss any aspect of distribution of the brochures.

I am conscious that this Council of ASCIA has only 8 months left in its term. I invite members to think about what role you can take in the Society's activities in the time ahead. We are striving to ensure that ASCIA meets the needs of its members and reflects in its decisions and statements the views of its members. I encourage members to talk with colleagues about nominations for committees when the opportunity arises mid year.

In particular I welcome our new advanced trainees in Immunology and congratulate those who have now completed their formal training only to re-enter the less directed lifelong education process! The new stamps from Australia Post bearing the faces of two major figures in basic science of immunology should serve to highlight the importance of our discipline to major advances in health. Keeping up with the basic and clinical aspects is indeed a life long task.

As you read this newsletter I'm sure you'll be impressed with the quality of its content and thank Dr Sheryl van Nunen and her staff for "getting it together" once again and to our supporters in industry.

Best wishes for a successful 2002.

*Dr Roger Garsia*  
ASCIA President

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## About the ASCIA Newsletter

### Protocol for Submission for Material

To reduce transcription errors, it is preferable that material is submitted electronically to sherylwannunen@bigpond.com. Please send files as attachments in Word format.

### Disclaimer

Comments published within the Newsletter do not necessarily reflect the opinion of ASCIA.

## Executive Officer's Report



The number of visits to the ASCIA website [www.allergy.org.au](http://www.allergy.org.au) quadrupled in the six months from February 2001 (123 page impressions per day) to August 2001 (488 page impressions per day)!!!! After the front page, the information bulletins are the next most visited pages.

Visits to the website were further boosted in late 2001 by the publicity of the ASCIA website in:

- The Sydney Morning Herald – November 3-4 2001 (ICON section – page 15)
- Good Medicine - November 2001 in "Beating Spring Allergies" (pages 93-94)
- Current Therapeutics - October 2001 (pages 13 and 18 - including a free ad!)
- Harry's Practice - Sunday 28 October (A segment on pet allergy)
- The Bulletin - September 2001 (page 38) - ASCIA name but not website address

These are in addition to other articles including the ASCIA website during 2001 in:

- "Your Health" Spring 2001 (a patient newsletter in 1200 GP surgeries across Australia);
- Medeserv In Touch online newsletter (September 2001);
- Daily Telegraph (September 2001);
- Totline Playgroup magazine (Spring 2001);
- New Idea (July 2001);
- The Age (July 2001);
- MBF Living Well magazine (June 2001);
- Your spring guide to Hayfever & Allergy (pharmacy brochure);
- Your guide to common allergy causing plants in Australia; and
- National Allergy and Asthma Newsletter series for GPS.

Several other articles and brochures which feature the ASCIA website address are expected to become available during 2002, including 'Asthma Update', the national Asthma Australia magazine for Asthma Foundation members throughout Australia.

Fifteen ASCIA Education Resources (AER) patient and health professional brochures which are available on the ASCIA website are now also available as brochures (distributed by the sponsoring company, shown in brackets):

**AER patient brochures (printed)**

1. What is hayfever? (Schering-Plough)
2. Allergy and the skin (Schering-Plough)
3. Allergy prevention in children (Nestle)
4. Allergy and asthma (Nestle)
5. Allergic conjunctivitis (Janssen Cilag)
6. Pollen Allergy (Janssen Cilag)
7. What is Allergy? (UCB)
8. Common myths about allergy & asthma exposed (UCB)
9. Immunotherapy (Richard Thomson Pty Ltd)
10. Adverse reactions to foods
11. What is causing your allergy?
12. Practical advice for hayfever and allergy sufferers

**AER brochures for health professionals (printed)**

1. Adverse reactions to milk (NUTRICIA)
2. Primary immune deficiency diseases (CSL)
3. Severe combined immune deficiency (CSL)

Requests for these brochures may be sent directly to ASCIA or the distributing sponsor. As with the articles on the website, each ASCIA Education Resources (AER) information brochure has been peer reviewed by ASCIA members and represents the available published literature at the time of review.

Production of these brochures was made possible by educational grants from AVENTIS, JANSSEN CILAG, SCHERING-PLOUGH, NESTLE, UCB, ASTRA ZENECA, CSL, NUTRICIA and RICHARD THOMSON PTY LTD.

*Jill Smith*

ASCIA Executive Officer

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## ASCIA 12th Annual Scientific Meeting 2001 Perth, W.A.



*Dr Martin Stuckey and Assoc. Prof. Frank Christiansen*



*(L to R) Drs Ann Kathrin Franzmann, Karl Baumgart, Richard Loh and Michael Gold.*



*ASCIA Council Members (L to R) Drs Karl Baumgart, Stephen Adelstein, William Smith, Mimi Tang, Richard Loh, Roger Garsia, Dominic Mallon, Sean Riminton and Michael Sutherland.*

# Satellite Workshop Report

## ASCIA 12th Annual Scientific Meeting 1 October 2001



### *Minimising the risk of allergy in infants*

Chair: Dr Susan Prescott  
Clinical Immunologist,  
Princess Margaret Hospital, Perth, WA

At least 30% of infants may be affected by allergy in the first three years of life. Researchers are searching for ways to minimise the development of allergy in infants at risk.

Allergies are common and can be very serious, but are often trivialised. Although effective treatments are available, there are currently no cures for allergies. It therefore makes most sense to try and prevent allergies in infants, particularly those who are most susceptible.

Studies have shown a recent increase of allergic diseases in industrialised countries and currently about 40% of the population are affected by allergies (asthma, hayfever, eczema, food allergies). Most allergies appear during the early years of life. The earliest manifestations in childhood are food allergies and eczema.

Parents with infants at high risk of allergy need to be aware of how to reduce the chances of their infant developing allergies. The most reliable current indicator of "high risk" is a family history of allergies. Children with the highest risk of allergy are those with an immediate family member with allergies such as asthma, hayfever, eczema and food allergies.

Exclusive breastfeeding during the first 4-6 months, together with delayed introduction of weaning foods, is reported to significantly reduce the incidence of early allergic disease. While breast-feeding is best for healthy development and immunity, many parents need advice and information on infant formulae if an alternative or supplement is required.

There is enormous confusion amongst mothers on the differences between breast milk, cow's milk and different infant formulae. It is therefore important that they get the best advice.

### **PRACTICAL SUGGESTIONS FOR PREVENTING ALLERGIES IN CHILDREN**

Although more research is required to know exactly why allergies are increasing, there are strategies that may assist in

reducing the chances of high risk infants developing allergies. However, it is important to note that even if all these measures are followed there is still a chance that a high risk child will develop allergies.

It is recommended that parents discuss the following suggestions with a health professional. Parents who are concerned about their child developing allergies should seek advice in late pregnancy, from a medical practitioner with experience in the management of allergic disease.

If there is a high risk of allergy:

- Do not smoke in pregnancy. Provide a smoke free environment for your child after birth.
- Dietary restrictions in pregnancy are not recommended.
- Where possible, exclusively breast-feed your child for 4 - 6 months.
- If breast-feeding must be discontinued or supplemented, seek professional advice - a hydrolysed protein formula may be recommended rather than a normal cow's milk based formula.
- Avoid introducing whole cow's milk before your child is 12 months old.
- Soy milk and goat's milk formulae DO NOT reduce allergies and should be avoided in high risk infants, as for cow's milk.
- Solid foods should not be introduced until 4 - 6 months of age.
- The foods most commonly associated with allergies (allergenic) are eggs, nuts, dairy products, soya and shellfish.
- Start with low allergenic foods such as single grain baby cereals, followed by vegetables, fruits and then meats.
- Add only one food at a time. Wait several days before introducing a new food (ideally 5-10 days).
- If there is a strong family history of allergy in the family, delay introducing some or all of the highly allergenic foods during the first year, including cow's milk and other dairy products, soy, eggs, nuts, peanut, and fish. It is best to continue to avoid nuts and shellfish until 3 years of age.
- Simple measures to reduce the amount of house dust in the child's bedroom and play areas (eg. use of barrier encasings for mattress and pillow and remove carpets) may help reduce allergic sensitisation, but the role in preventing asthma is less clear and more research is required.
- It has been previously recommended that household pets should be kept outside, away from the child's bedroom and play areas. However, the role of pets in the development of allergy has become more controversial and further research is required in this area.

- Although there are a number of new 'experimental' strategies (ie probiotics and fish oil supplements) these have NOT YET been proven to prevent allergies. Further research in these areas is still required before recommendations can be made.

Current prevention strategies are still very limited and many children will still develop allergies despite these efforts. Further research is necessary to better understand the underlying cause of allergies and more definitive strategies for prevention.

Susan Prescott



## ASCIA ASM Satellite Workshop

**Margaret River 1 October 2001**

### *The use of biologically standardised reagents for immunotherapy*

MODERATOR: Dr Connie Katelaris.

The following is a transcript of the interview between Jennie Hillas of Richard Thomson Pty Ltd and Dr Connie Katelaris. The Editor's thanks are due to Dr Janet Rimmer for agreeing to organise this transcript.

#### **Question 1: To Jennie Hillas:**

#### ***What is your background and training prior to taking up your current position with Richard Thomson Pty Ltd.?***

A background in microbiology/botany followed by research into allergy in the 1970's when bee venom was first available in a purified form. At that time Jennie Hillas worked in the Department of Immunology, Auckland University. She also had experience with inhalant allergens and skin prick testing techniques and was involved in working in a project involving both the Department of Medicine and the pharmaceutical industry in Phase IV testing trials for antihistamines.

In the last 8 years she has worked with EBOS, an agency in New Zealand for Bayer products. When Bayer sold Stallergènes the latter were looking for an agent in Australia. EBOS at that time had bought Richard Thomson Pty Ltd and they asked Jennie to set up the marketing division of allergy products and develop these for Richard Thomson Pty Ltd in Australia. Jennie has been based in Sydney over the last 6 months.

#### **Question 2:**

#### ***In terms of the take-over of Bayer what is the current Australian status of both Hollister-Stier and Stallergènes products?***

##### ■ Skin prick testing reagents

Hollister-Stier exists alone and is no longer connected with Bayer. In the United States, Hollister-Stier trades separately, however Stallergènes has an agreement to market Hollister-Stier products in the rest of the world. Hollister-Stier makes aqueous extracts, skin prick testing solutions and insect venom and this continues as before. Its products are still being manufactured and are still being distributed via Richard Thomson Pty Ltd in Australia. They are currently registered and Richard Thomson Pty Ltd will continue to have them available.

##### ■ Bee venom extract

The packaging of the bee venom will be altered somewhat in that the name "Albay" will be changed to "Albey". The aqueous extracts designed for immunotherapy are available in 10mL vials; previously they have been available in 30 and 50mL vials. This was because Bayer was a manufacturer and could get a licence for obtaining bulk extract. Richard Thomson Pty Ltd is a supplier, not a manufacturer, and does not have a licence to import volumes >10mL.

##### ■ Allpyral product

In the last 8-9 years this has not been made by Bayer in the United States. All the currently available stock has been coming from Epernon in France. There is a stockpile of this product left but no more will be produced. Bayer Australia has forecast the needs in Australia from 2001 plus 3 years to continue a supply of maintenance extracts during this period of time. After this it will be no longer available.

The idea was that new patients would be started on the equivalent Stallergènes product, Alustal. However, Alustal was not registered with the TGA when Richard Thomson Pty Ltd took over distribution. Therefore by the time Alustal is registered there may no longer be a 3 year supply of Allpyral for patients who have been recently started on Allpyral. Some practitioners in Australia are already using Alustal and others are using aqueous extracts (Hollister-Stier). The continued supply of aqueous products is certain and even if Stallergènes' current relationship with Hollister-Stier ends presumably Richard Thomson Pty Ltd can continue supplies of the Hollister-Stier products.

##### ■ Comment

Aqueous and Allpyral or Alustal products should ideally be stored in separate refrigerators to help prevent the inadvertent administration of the incorrect product.

**Question 3:**  
***What is the current state of progress with the TGA and registration?***

Currently Alustal is not registered by Stallergènes with the TGA. Initial advice that was obtained by Stallergènes was that this product was exempt from registration, however, this advice has turned out to be incorrect. Richard Thomson Pty Ltd, on behalf of Stallergènes has therefore re-approached the TGA requesting "umbrella registration" to register the extraction process and then each allergen will be registered. Currently there are 121 products and the cost of registration is approximately \$50,000 per product. Initially it was planned to register only house dust mite, grass and cat extracts, however Jennie Hillas feels that ALL Stallergènes diagnostic and immunotherapy extracts should be available in Australia and New Zealand. A proposal is before the TGA to make this possible financially.

Alustal is available, if prescribed, as an extemporaneous compounded product for a specific patient. A template order form is available from Richard Thomson Pty Ltd. It is not necessary to obtain an SAS form or supply information to the TGA. It is, however, an unregistered product so patients do need to be informed of this by the doctor; this is not the responsibility of Richard Thomson Pty Ltd.

**Question 4:**  
***Penicillin Pre-pen testing reagent supply***

Allergopen is now available in Australia from Richard Thomson Pty Ltd.

**Question 5:**  
***Bee venom supply***

When Richard Thomson Pty Ltd took over from Bayer; Bayer had promised 3 months' supply of the existing bee venom. This had always been brought into the country from the US and then had been labelled by Bayer in Melbourne before being distributed in Australia. Stallergènes too, are going to re-label the product but are awaiting consent from the TGA. The Bayer product ran out so Richard Thomson Pty Ltd obtained a TGA exemption to supply the same product with FDA (not TGA) approved labels. The exemption is extended until the TGA approves the Stallergènes labelling. One current hitch in the proceedings is the name Yellow Jacket (European wasp, *Vespula*). Bayer used the term Yellow Jacket, however, the TGA have noted that this is not an approved Australian name (information noted on the 11/9/01). Either Richard Thomson Pty Ltd will apply for it to be an Australian approved name or the name on the label will be changed. Perhaps an altered name may be better to avoid incorrect desensitisation as in Australia a "Yellow

Jacket" is often referred to as a "Wasp" and therefore, may be confused with the paper wasp in the diagnosis. Not everyone tests 2 or 3 venoms in Australia. Jennie Hillas commented that in New Zealand testing had always been undertaken to 3 venoms [bee venom, *Polistes* (paper wasp), *Vespula*, (European wasp)], either by means of skin prick testing or RAST.

To comply with current regulations a Consumer Medicine Information (CMI) pamphlet must accompany all venom products now. A CMI for ALBEY has been submitted to the TGA for approval.

**Question 6:**  
***How do we obtain supplies of bee venom?***

This is still coming from the USA (Hollister-Stier). Order supplies through Richard Thomson Pty Ltd or a wholesale pharmacy e.g. Faulding. It is available as a PBS item.

**Question 7:**  
***Specific registration applications***

TGA will not register mixtures of unrelated allergens so we will have to use the extemporaneously compounded preparations or order individual allergens.

**Question 8**  
***Pharmalgen (ALK) bee venom***

This is no longer available in Australia.

**Question 9:**  
***Allpyral***

Fully registered product is available in 5mL vials so allergists can mix these as required. The currently unregistered allergen mixtures will need a patient's name. This is the same product as before but only available in 5mL volumes. Phostal is another Stallergènes slow release product. We were offered Alustal because it was a similar product to Allpyral. Stallergènes do produce aqueous extracts; these are used in Europe for rush immunotherapy only. This has the advantage that, as the allergens are standardised, the patient's therapy can be switched to Alustal when the maintenance dose has been attained using the "rush program."

**Question 10:**  
***What constitutes the time delay between ordering a product and delivery to a doctor (which is currently 6-8 weeks)?***

The product is ordered each Monday morning by Richard Thomson Pty Ltd from Stallergènes by e-mail and confirmed by fax. This is received by Stallergènes on Monday morning, European time. The order is put into a queue, presumably chronological. Stallergènes produces the vaccines and if

immediately available these come through within a 4 week period. The product is shipped weekly via DHL. DHL have to pick up the product from Stallergènes. It is then booked onto a flight and arrives in Sydney at the DHL depot. It then has to go through customs (customs require a catalogue page reference number for every order – this process can take up to 4 days) and quarantine. It then arrives in the Richard Thomson Pty Ltd warehouse. At this point in time every separate order must be processed for payment and it takes 24-48 hours to do this. If the order is charged to a doctor's account, this process is faster. If it is an individual patient's direct payment, each order needs to be processed individually and takes some time.



## ASCIA ASM Satellite Workshop

**Margaret River 1 October 2001**

### *Immunotherapy - The change to standardised extracts*

CHAIRPERSON: Dr Connie Katelaris.

Dr Connie Katelaris introduced the topic emphasising the need for conformity in the information presented to General Practitioners (GPs) to whom patients requiring specific immunotherapy (SIT) were referred. Dr. Katelaris presented the results of a survey of 100 GPs in the Western area of Sydney, questioned about their use of SIT.

- Of 100 GPs chosen at random for this telephone survey, 81 responded.
- 71 administered SIT in their practice.
- 10 had initiated SIT independent of specialist referrals.
- All but one had appropriate resuscitation equipment on hand.

As a significant number of doctors are administering SIT in general practice, Dr. Katelaris proposed that ASCIA prepare a standard protocol to be issued to GPs.

Dr. Marcelle Groenewald from The Military Hospital, Pretoria, in the Republic of South Africa was the guest speaker sponsored by Stallergènes South Africa. Dr. Groenewald presented details of the different brands of allergen extracts available in South Africa, Australia and New Zealand.

### *Allergen Extracts For Diagnosis Of Allergy*

Data from a study comparing Bayer, Stallergènes and ALK allergens used for diagnostic tests for sensitivity to common allergens found in South Africa were presented.

Generally the Bayer, non-standardised w:v grass pollen extracts correlated best with the results of CAP RAST.

ALK Bello from Spain produced larger skin prick test results than did the ALK extracts from Denmark.

Stallergènes grass pollen extracts produced comparable results to those from Bayer (Hollister Stier) but produced smaller wheals.

Results for house dust mites, epithelia and mould allergens were similar for all the extracts tested.

No adverse reactions were recorded.

Alustal has superseded Allpyral for SIT in South Africa, and now Australia and New Zealand.

### *Stallergènes Standardisation Units*

The Stallergènes standardisation units were described.

IR=Index of reactivity = the concentration of allergen producing a 7mm wheal in 30 patients sensitised to that allergen when skin tested with a Stallerpoint needle.

IC = Index of Concentration and relates to the IR.

Stallergènes will prepare vaccines e.g. grass pollen mixes using standardised and non-standardised extracts as the IC unit is taken to be equivalent to the IR unit by referencing during manufacture. Eventually all Stallergènes allergens will be standardised using the IR system of reference.

The importance of using standardised extracts was discussed with respect to recent WHO recommendations and new FDA regulations regarding the production of allergen extracts.

### *Recommended Regimen For Alustal Replacing Allpyral*

The sudden withdrawal of Allpyral from the market in South Africa, necessitated that some patients undergoing maintenance immunotherapy were switched from Allpyral to Alustal.

Dr. Groenewald explained how patients who had been treated with Allpyral previously were switched to Alustal when Allpyral was no longer available. Patients previously receiving 10,000 PNU of Allpyral, recommenced treatment with 0.1 mL (10 IR) Alustal initially, i.e. in these cases, the lowest recommended dose of the highest concentration of the appropriate Alustal vaccine (10 IR/mL) was administered and the dose was increased in doubling increments on a weekly basis until the recommended 0.8 mL (80 IR) was achieved. Dr. Groenewald suggested an extra dose of 0.6 mL be introduced into the Alustal regimen as a safety precaution. In her experience most patients tolerate the highest recommended dose without difficulty.

Practical aspects of the administration of SIT were reviewed. The following points were recommended to be included in the guidelines to be prepared for GPs:

- SIT must only be undertaken by trained personnel in a clinical situation with full resuscitation facilities on hand.
- SIT should not be administered if the patient is suffering from any febrile illness or bronchospasm. Peak flow to be measured before the vaccine is administered and again before the patient leaves the clinic.
- A mandatory wait of 30 minutes after the administration of SIT is recommended. During this time trained medical staff should be immediately available to treat any systemic reaction that may occur.
- Patients should be advised to refrain from strenuous exercise, alcohol and hot baths etc for 12 hours after the injection.
- SIT should be given only to patients with documented specific IgE to the vaccine and only related allergens (e.g. grasses) should be included in a single vaccine.
- Different allergens must be administered in different, identified sites e.g. "Mite in the right" with a delay of at least 20-30 minutes between injections.
- If a single allergen is administered, alternate arms are used at each visit.
- All injections should be documented accurately.
- Maintenance therapy should be set at the maximum tolerated dose or at the maximum dose recommended by the manufacturer of the vaccine. For pollen allergens, this dose may have to be reduced during the pollen season.

Dr. Groenewald discussed her observation that most adverse reactions to SIT are related to dosage error or to poor injection technique. The correct technique for the administration of allergen vaccines was described in detail:

- Vials should be clearly marked with the individual patient's details, i.e. Name, Hospital ID Number.
- Alum precipitated extracts must be rocked or shaken gently to mix thoroughly.
- A sterile 1 mL tuberculin syringe, graded in 0.05 mL is used.

- SIT must be administered by deep subcutaneous injection. The deltoid muscle implants anteriorly approximately midway on the humerus bone. Immediately lateral to this, in the outer portion of the upper arm, there is adequate subcutaneous tissue for a deep subcutaneous injection. The injection must NOT be given on the anterior aspect of the Deltoid muscle as there is no subcutaneous tissue in this area.
- Gently make a skin fold between the thumb and index finger, in the outer portion of the upper arm. Insert the needle centrally deep into the fold at 45° with the bevel turned down.
- Release the grip on the skin fold keeping the needle in position.
- Aspirate to ensure that the injection is not intravenous.
- Inject the vaccine very slowly.
- Do not rub the injection site once the needle is withdrawn as this may result in rapid intravenous absorption.
- Gentle pressure with a "pre-swab" will prevent oozing and bleeding.
- A raised wheal in the skin with erythema indicated that the injection was intradermal, not subcutaneous.



**ECONOMIC ASPECTS OF IMMUNOTHERAPY**

- Dr. John Ruhno

Financial aspects of immunotherapy were presented to the meeting by Dr. Ruhno.

For aqueous allergen extracts the cost in Australia and South Africa are very similar.

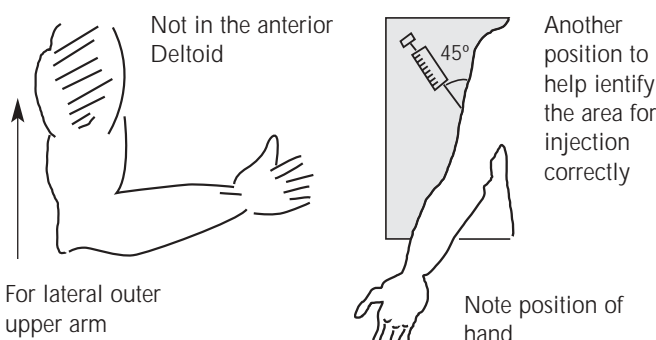
The price of Allpyral has increased to some clients since Bayer handed over the product range. Allpyral is no longer produced in Australia and is available in 5 mL volumes only.

It was noted that the price of Stallergènes D. pteronyssinus Allpyral 10,000 PNU/mL in 5 mL vials has decreased from \$94.60 (Bayer) to \$60.00.

The price of Alustal is slightly higher than that of Allpyral \$101.20 vs. \$81.00 for a three vial initial treatment set. Standardised allergen extracts are more expensive to produce than non-standardised extracts.

There was some discussion about whether the cost should be a factor in setting the SIT maintenance dose for patients referred back to their GPs when an allergist compounds the vaccines for the patients.

The meeting concluded with a lively debate on the usage of "slow release" allergen preparations vs. aqueous allergen extracts. The jury is still out!







## Report to ASCIA

### Colloquium on Asthma in older Australians

**25th October 2001**

*This meeting was attended by Dr Janet Rimmer on behalf of ASCIA*

There were a large number of representative groups attending including those with medical backgrounds, government organisations and consumers.

The traditional composition of the National Asthma Council is

- TSANZ
- RACGP
- Pharmaceutical Society of Australia
- NAF (National Asthma Foundation)
- ASCIA

There were formal presentations which provided background information, which was medically orientated and covered the following aspects:

- Diagnosis & Definition
- Burden of Disease
- Psychosocial issues
- 3+ visit plan, in national context

There was also a presentation by the consumer group who made the following points:

- Need for increased public awareness of asthma in the older age group, e.g. the confounder of ageism meaning that a person may interpret symptoms as being due to becoming older, rather than to disease. There is a low recognition of the possibility of asthma in this age group. There is also a need for health professionals to listen to older people with these facts in mind.
- The need for a flexible approach to education.
- Management strategies should take into account the aims for this age group. This includes a desire to get the most out of life, the ability to accept limitations and the recognition that the doctor/patient relationship can be different for this generation. With asthma being a disease associated with a stigma in this age group, they may be reluctant to ask questions and may need longer consultation time to allow a full enough discussion to take place.
- Consumers wanted an awareness of the existence and potential of alternative therapies.

The morning workshop approached asthma in the elderly from the point of view of definition, detection and diagnosis. The ability to adequately define asthma in this age group proved very difficult due to the frequent co-existence of fixed airflow limitation, smoking-related lung disease and co-morbid disease. Obviously, much more discussion needs to take place in this area.

The afternoon workshops were more productive in their ability to describe current problems, propose solutions and make recommendations for a needs assessment (for both consumer and carer) as well as service delivery, priorities for tailoring treatment, promoting awareness in the community and amongst health professionals.

I took part in the Tailoring Treatment, (priorities) workshop. Here the main issues identified and prioritised were:

- The need for a specific age related AMP (asthma management plan).
- The strong need for carefully tailoring devices for the individual patient.
- The identification of fixed airflow limitation and the recognition that this requires different management (which may include non-intervention) to reversible airflow limitation.
- Recognition that outcome measurement should focus strongly on ADL (activities of daily living) rather than spirometry alone.
- Recognition and management of impaired cognitive function and/or depression and the impact of these conditions on management of the disease.
- Pulmonary rehabilitation although proven to be efficacious for COPD (chronic obstructive pulmonary disease) has not been extensively evaluated in asthma, but is likely to be of benefit. Research to demonstrate this and subsequent increased access to rehabilitation program was strongly supported.
- Age specific patient information e.g. brochures printed in larger type.
- Cost issues, carers, polypharmacy and side-effects were additional issues discussed.



# STUDY SHOWS TELFAST IS MORE EFFECTIVE THAN CLARATYNE® AT RELIEVING COMMON HAYFEVER SYMPTOMS.\*

In a recent study of 509 patients, Telfast® was shown to relieve nasal congestion and itchy, watery eyes better than Claratyne. (Claratyne did not differ significantly from placebo).† Telfast was seen to significantly improve quality of life and “the differences were of a magnitude considered to be clinically relevant.”‡

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10 TABLETS - Full name and other (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)

Hoechst Marion Roussel

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## HIT HAYFEVER HEAD ON

## Profile of 2001 Advanced Trainees



**Dr Sharon Choo** returned to Australia from Sheffield Children's Hospital where she has been from 1997 to June 2000, doing a PhD. In 2001 she was the Immunology Fellow at Princess Margaret Hospital in Perth. Her basic training was undertaken at the Women's and Children's Hospital, Adelaide and she is now in the fourth year of the conjoint Clinical Immunology (RACP) and Immunopathology (RCPA) course. Sharon undertook the ESID Primary Immunodeficiency course in Portugal last year, which she enjoyed immensely. She is now looking for someone interested in helping her organise a course in Australia. Sharon's goal is to become a Paediatric Immunologist with an interest in vaccinology, both clinical and research.



**Dr Grant Masel** was the 2001 Immunology Registrar at Royal Perth Hospital and undertaking his second year of the Clinical Immunology (RACP) Course. He plans to commence Dermatology Training in 2002 in Perth, where he also did his basic training. His area of special interest is auto-immune skin disease. For recreation he enjoys kick-boxing and golf.

**Dr Joanne Smart** was the 2001 Immunology Fellow at The Royal Children's Hospital in Melbourne, where she also did her basic training. Dr Smart is in her final year, post FRACP. Her goal is to continue both her clinical and research work in Immunology and Allergy. A very busy mother of two young children, Nicholas 6 and William 5 months, she is presently on the 'final leg' of her PhD.



**Dr Suran Fernando** was the 2001 Immunopathology Registrar at Concord Hospital. In his fourth and final year of the RACP/RCPA combined course. His basic medical training was undertaken at St Vincent's Hospital, Sydney. In 2002 he will begin his PhD. with Prof. Warwick Britton in the Mycobacterial Laboratory at the Centenary Institute, Sydney. For relaxation Suran enjoys listening to music, especially classical and playing the piano whenever possible. In the sporting arena, he both plays and follows cricket and also enjoys playing tennis.



**Dr Tiffany Mould** was in 2001 the Registrar in Clinical Immunology at Sir Charles Gairdner and Royal Perth Hospitals. Currently in her third year of the combined RACP and RCPA Course, Tiffany undertook her basic training at the Royal Adelaide Hospital and as Senior House Officer, at the Radcliffe Hospitals Trust in Oxford and Wexham Park Health Trust in Berkshire. Her goal is to successfully combine Clinical Immunology, Immunopathology and teaching, as well as have a full and active life outside medicine. To this aim, her special interests (after medicine - of course), are her hobbies and family. Growing up on a sheep station in outback South Australia has led her to a greater appreciation of the country, and she now loves to spend weekends bush walking, and exploring country South Australia and more recently WA, including the beaches and wineries. Travel has also been important, and she has spent a year as an exchange student in Finland, following school, and later 3 years in the UK.



**Dr Andrew Broadfoot** was in 2001 the Rheumatology Registrar at Liverpool Hospital in Sydney. Andrew is in the third year of the combined RACP and RCPA course. The first two years of his advanced clinical training were at the Royal Adelaide Hospital, where he also did his basic medical training. His goal at the moment is to complete the RCPA course, and his special interests are golf, orienteering and bushwalking.

## 13th Annual Scientific Meeting



27-29 September, 2002  
Adelaide, South Australia

Hilton Hotel

## Historical

In London, Leonard Noon, (1878-1913) an English immunologist and his associate John Freeman (1877-1962) an English physician, aggressively pursued immunisation against seasonal allergic rhinitis.

Noon, in particular, was influenced by William Philipps Dunbar (1863-1922) an American-German physician who believed hay fever was due to a pollen toxin. Dunbar developed what he thought to be an anti-toxin (pollatin) from the serum of immunized horses and rabbits. With Freeman he developed densitisation procedures using a series of injections of minute, but incremental doses of pollen extracts to prevent seasonal allergic rhinitis.

Noon developed doses of extract based on a pollen-derived weight unit (the "Noon unit"). This work established the principles that formed the basis for immunotherapy in seasonal allergic rhinitis. John Freeman had great respect for Noon and continued the work he had begun with him. His book *"Hayfever: A key to the Allergic Disorder"* was dedicated, "To LN, this account of my stewardship".

### Ancestors of Allergy

*Ed. F. Estelle R. Simons, MD FRCPC*

*Global Medical Communications Ltd., Publishers  
New York, New York. USA. 1994*



John Freeman  
(1877 - 1962)

*Reproduced with the permission  
of the publishers of the Journal of  
Pathology and Bacteriology,  
Edinburgh, Scotland.*



Leonard Noon  
(1878 - 1913)

*The Wellcome Institute  
Library - London*

## From The Editor



This first ASCIA newsletter for 2002 will be our last paper edition. It will be posted on our website and following newsletters will be published electronically only, via the website: [www.allergy.org.au](http://www.allergy.org.au)

The production of the Newsletter is a joint effort and my thanks are due to Dr Roger Garsia, and our contributors; Dr Susan Prescott, Dr Connie Katelaris, Dr Janet Rimmer, Dr Sandhya Limaye and Jennie Hillas of Richard Thomson Pty Ltd. Thanks also to our sponsors, and Jill Smith (our Executive Officer).

The second newsletter for 2002 is underway and contributions will be gratefully received.

*Dr Sheryl van Nunen*

## ■ Websites of Interest

### Major Allergy Organisations

*The Australasian Society of Clinical Immunology and Allergy (ASCIA)*

<http://www.allergy.org.au>

*Allergy Society of South Africa (ALLSA)*

<http://www.allergysa.org>

*World Allergy Organisation (WAO)*

<http://www.worldallergy.org>

*Allergy & Clinical Immunology International (ACII) Journal of WAO and Interasma*

<http://www.acii.net>

*The American Academy of Allergy, Asthma, & Immunology (AAAAI)*

<http://www.aaaai.org>

*American College of Allergy, Asthma and Immunology (ACAAI)*

<http://www.acaaai.org/index.shtml>

*European Academy of Allergology and Clinical Immunology (EAACI)*

<http://www.eaaci.org>

*British Society for Allergy and Clinical Immunology (BSACI)*

<http://www.soton.ac.uk/~bsaci>

### Journals

*The Journal of Allergy and Clinical Immunology (JACI)*

<http://www.harcourthealth.com/scripts/om.dll/serve?action=searchDB&searchDBfor=home&id=ai>

Journal of the American Academy of Allergy, Asthma and Immunology.

*Annals of Allergy and Clinical Immunology*

<http://allergy.edoc.com/>

Journal of the American College of Allergy, Asthma and Immunology.

*Allergy*

<http://www.blackwellmunksgaard.com/allergy>

Journal of the European Academy of Allergology and Clinical Immunology EAACI

*Clinical and Experimental Allergy*

<http://www.blackwell.science.com/-cgilib/jnipage.asp?Journal=cea&File=ceacea>

Journal of the British Society for Allergy and Clinical Immunology BSACI

## ■ Members' News

### New Members in Profile

At the 12th Annual Scientific Meeting in September 2001 one new full member was welcomed to ASCIA – Dr Melanie Wong.

**Dr Melanie Wong** is currently Staff Specialist Immunologist and Immunopathologist at The Children's Hospital, Westmead in Sydney. Her main professional activities are in paediatric immunology and in the diagnostic immunology laboratory. She enjoys research and teaching. Dr Wong was an intern at Royal Prince Alfred Hospital and then a Paediatric Resident, Registrar and the Douglas Burrows Clinical Fellow in Immunology and Infectious Diseases at the Royal Alexandra Hospital for Children at Camperdown in Sydney. Her immunopathology training was then undertaken. She was a postgraduate research fellow in the Department of Immunology and Infectious Diseases at the Children's Hospital at Westmead in Sydney more recently. She is also a Clinical Associate Lecturer in the Department of Paediatrics and Child Health at the University of Sydney. Her current research is in the area of neutrophil activation in coronary artery graft surgery with and without coronary bypass procedures, neutrophil activation in plasminogen knock-out mice, cytokine profiles in neo-natal encephalitis and T-cell antigen specific responses following vaccination with conjugate pneumococcal vaccine. Melanie is co-convenor of the RCPA Annual Update on Immunopathology and has performed this role for the preceding four years. She is also co-convenor of the Paediatric Post Graduate Weekend for General Practitioners at The Children's Hospital at Westmead and regularly tutors general paediatric and immunopathology trainees. She has been an examiner for the RACP clinical examinations.

### New Associate Members in Profile

**Dr Tiffany Mould** is currently at Royal Perth Hospital in the Department of Immunology. She has spent time at Flinders Medical Centre as the Registrar in Immunology and Rheumatology and in general medicine and specialty rotations prior to that, at Royal Adelaide Hospital. Dr Mould spent two years at the Radcliffe Hospitals' Trust in Oxford in 1995 and 1996 and was a senior house officer in Berkshire in 1994. She had previously been an intern at Royal Adelaide Hospital. She was a member of the organising committee of the Perth ASCIA meeting. Prior interests have included undergraduate and postgraduate curriculum reviews and accreditation.

**Dr Margaret Oziemski** became an associate member of ASCIA at the September 2001 ASM. She is a dermatologist with an interest in diagnostic patch testing in contact dermatitis investigation. She participates in the Brisbane Hospital's dermatology study group and in her college professional development program. Dr Oziemski is in private dermatology practice.

Margaret Oziemski spent a year sponsored by the F. C. Florance Bequest administered by the Royal Australian College of Dermatologists. She was also the recipient of the Paul Eddington Memorial Fellowship from the Skin and Cancer Foundation of Victoria for her work at the Contact Dermatitis Clinic at St Thomas' Hospital in London. She is in private dermatology practice in Wickham Terrace in Brisbane.

**Dr Anthony Smith** was likewise welcomed as an associate member of ASCIA in September 2001. His current appointment is as the Registrar in the Department of Immunology, Allergy and Arthritis at Flinders Medical Centre. His main professional activities include clinical work and teaching of undergraduate and RACP trainees. His research interest is the laboratory investigation of inhibitory receptors on B cells and disease and controls. He has also been responsible for an audit of responses to drugs following skin tests and oral challenge in those thought to be drug allergic. Dr Smith has followed patients with combined variable immuno-deficiency using Intragam.

The September 2001 ASM also welcomed as an associate member of ASCIA a New Zealand colleague, **Dr Mwfanwy Spellerberg**. Mwfanwy has a BSc with honours from Canterbury University in New Zealand. Her PhD was obtained in Southampton in the United Kingdom. She is currently the Section Head of the Immunology Department of the Canterbury District Health Board in New Zealand. Her main professional activities are diagnostic laboratory work and she is interested in continuing her research there.

**Deryn Thompson** is a registered nurse with accreditation for providers of immunisation and is a clinical allergy practice nurse specialist in Adelaide. Deryn was also welcomed as an associate member at the September 2001 meeting.

**Dr Andrew Tulloch** practises in Tasmania. He is a Fellow of the Royal Australasian College of Physicians. He has been Senior Lecturer in Paediatrics and Child Health for the University of Tasmania and has also filled the role of Visiting Medical Officer at Royal Hobart Hospital. His main professional activity is in a paediatric allergy clinic. He is currently in private practice, concentrating on paediatric allergy.

## Other Hats

### **Dr Roger Garsia**

#### ***A synopsis of his duties other than those of being President of ASCIA***

#### **ASCIA**

---

Acting Chair of the Clinical and Laboratory Practices Committee

Member of the Medical Benefits Schedule Subcommittee

#### **NSW**

---

Chairman, NSW Minister for Health's Advisory Committee on the AIDS Strategy "CAS"

#### **Royal Prince Alfred Hospital & Central Sydney Area Health Service (CSAHS)**

---

Senior Staff Specialist in Clinical Immunology RPAH

Director HIV/AIDS Central Sydney Area Health Service

Chair Central Sydney Area Health Service Animal Welfare (Ethics) Committee

Member CSAHS RPAH Zone Clinical Trials Scientific Subcommittee

President RPAH Medical Officers Association

Member of the Executive of the Royal Prince Alfred Hospital Medical Board

Clinical Senior Lecturer University of Sydney Central Clinical School

#### **RACP**

---

Regional Examiner for RPAH

#### **RCPA**

---

Member of Immunology Advisory Committee (formerly Discipline Advisory Committee)

Representative of the College on the Pathology Services Table Committee's Medicare Pathology Statistics Subcommittee

Representative of College on Audit Working Party

Most importantly token male in the family of Gill and the Garsia girls!



## Book Review

'Textbook of Autoimmune Diseases'

**Editor:** *Robert G Lahita*

**Associate Editors:** *Nicholas Chiorazzi*

*Westley H Reeves*

**Publisher:** *Lippincott Williams  
and Wilkins 2000*

In the 'Textbook of Autoimmune Diseases', the editors, as stated in the preface, aim to provide an authoritative and up-to-date reference on the myriad of autoimmune diseases. As the phenomenon of autoimmunity is relevant to the gamut of clinical specialties, the textbook is appropriately directed not only towards immunologists, but also scientists, and general and specialty physicians. Increasingly in the field of immunology, advances in basic science and immunopathology lead to an increased understanding of disease processes with subsequent therapeutic applications. With this in mind, the authors provide a 'bench-to-bedside' perspective on many autoimmune diseases and their management.

The text is divided into three sections.

Section I, entitled 'Overview' describes basic mechanisms of autoimmunity and the pathogenesis of autoimmune disease. The opening chapter is a suitably brief synopsis of innate and acquired immunity, followed by a description of the Gell-Coombs' classification of hypersensitivity. Concepts such as immunologic memory and tolerance are introduced, and comprehensively covered in subsequent chapters. The highlight of this overview is the detailed chapter on autoantibodies. This chapter discusses with reference to examples, conditions in which autoantibodies play a pathogenic role as well as those in which they are recognized as markers of disease and their pathogenicity is unclear. Graves' disease and autoimmune haemolytic anaemia are cited as examples of agonistic autoantibody production, and polymyositis and others as examples of diseases in which autoantibody detection is of diagnostic and prognostic value. Topics such as methods of autoantibody detection, mechanisms of production and the immunologic, genetic and environmental origins of autoantibodies are discussed.

Section 2, on 'Autoimmune disease and organ systems' gives a system-by-system approach to immunologic disease. This is particularly effective in the chapter on autoimmune neurological disease, in which demyelinating polyneuropathy, peripheral nerve vasculitis, Lambert-Eaton syndrome, multiple sclerosis and others, are covered within the one chapter. Similarly, reproductive immunology focuses

on interesting areas not often mentioned in immunology textbooks such as infertility and an autoimmune hypothesis for endometriosis. However, many chapters include conditions that, although often having an immunologic component, are not considered autoimmune. For example, topics such as myelodysplasia, allergic rhinitis and asbesto-lung disease seem unnecessary inclusions in a reference book on autoimmune disease.

Section 3, 'The systemic autoimmune diseases' are covered in final section of the text. Again there is exhaustive coverage of conditions with chapters on interstitial cystitis, fibromyalgia and autoimmune phenomena associated with silicone implants. The authors place a strong emphasis on clinical features, diagnostic criteria and pathophysiology with the practical inclusion of reference tables, but often a lesser emphasis on traditional and new therapies. While the theoretical approach to new therapies is discussed in the final chapter entitled 'Experimental therapies of autoimmune disease', specific drugs and their applications are not mentioned.

Although there are many books dealing with autoimmunity and autoimmune disease, the authors are likely correct in their claim that 'The Textbook of Autoimmune Diseases' is unique in its breadth of coverage. However it remains near-impossible, particularly in the field of immunology, for a textbook to provide latest updates on advances in research or new developments in controversial areas. Within this limitation, I feel the authors are successful in their aim, and provide an excellent reference book on autoimmune disease relevant to all practising clinicians.

Reviewed by  
*Dr Sandhya Limaye*



**For reliable and up to date information on allergy, asthma and immune diseases, visit**



[www.allergy.org.au](http://www.allergy.org.au)

There are now over fifty information bulletins available on the website.

### **AER Patient Information**

#### **GENERAL ALLERGY**

A Glossary of terms  
Common myths about allergy and asthma exposed \*  
What is allergy? \*  
What is causing your allergy? \*  
Pet Allergy Information  
Latex Allergy

#### **PREVENTION AND TREATMENT OF ALLERGY**

Allergy prevention in children \*  
Practical advice for hayfever and allergy sufferers \*  
Immunotherapy \*

#### **HAYFEVER AND SINUSITIS**

Allergic conjunctivitis \*  
What is hayfever? \*  
Pollen Allergy \*  
Sinusitis and Allergy

#### **FOOD ALLERGY**

Adverse reactions to food \*  
Food Allergy - Overview  
Peanut and Tree Nut Allergy  
Food Allergy - other foods  
Management of Food Allergy

#### **ALLERGY & THE SKIN**

Allergy and the skin \*  
Atopic eczema  
Contact Dermatitis  
Urticaria and Angioedema

#### **SEVERE ALLERGIES**

Adrenaline for Severe Allergies  
Allergic Reactions to Bites and Stings  
Anaphylaxis

#### **ASTHMA**

Asthma and allergy \*  
Asthma Issues  
Thunderstorm Asthma

#### **IMMUNE DISEASES**

Systemic Lupus Erythematosus (SLE)

### **AER Information for Health Professionals**

#### **ALLERGY AND ASTHMA**

Adverse reactions to milk \*  
Aeroallergen Avoidance: is it worthwhile?  
Anaphylaxis  
Adverse drug reactions  
Allergic Reactions to Antibiotics  
Allergic Reactions to Australian Stinging Ants  
Atopic Dermatitis  
Common Myths Concerning Allergy  
Diagnosis and Management of Food Hypersensitivity In Childhood  
Laboratory Tests in the Diagnosis of Allergic Diseases  
Latex Allergy  
Nasal Polyps  
National Allergy and Asthma Newsletter Vol.1 No.1  
National Allergy and Asthma Newsletter Vol.1 No.2  
National Allergy and Asthma Newsletter Vol.1 No.3  
National Allergy and Asthma Newsletter Vol.1 No.4  
Rhinitis and Sinusitis  
Stinging Insect Allergy  
Urticaria

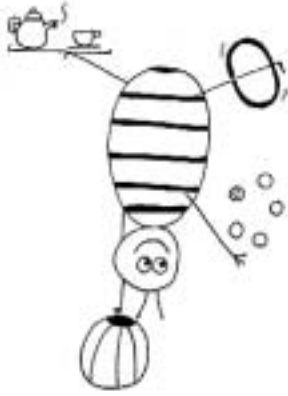
#### **IMMUNE DISEASES**

Primary Immune Deficiency Diseases \*  
Severe Combined Immune Deficiency Disease \*  
\* These information bulletins are also available as printed brochures. Requests for these brochures may be sent directly to:

*Jill Smith*  
ASCIA Executive Officer  
PO Box 450 Balgowlah NSW 2093  
Email: [education@allergy.org.au](mailto:education@allergy.org.au)

# Hysterical

Our thanks to artist Kath Brennan



Unbeelievable

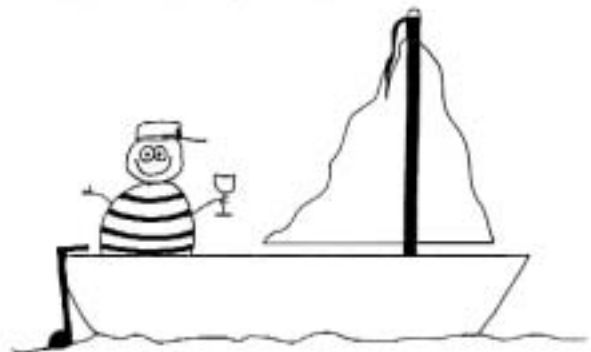


Beehind us

ANOTHER YEAR IS



so Bee Positive



Bee Calm



AND

Bee Prepared

FOR A



Beautiful 2002

# Conference Diary

**14 – 16 March, 2002** **Lugano Ticino**  
 SWISS SOCIETY OF ALLERGOLOGY & IMMUNOLOGY  
 Annual Meeting  
 Website: [www.educationalprograms/gloria/index.shtml](http://www.educationalprograms/gloria/index.shtml)

**15 - 21 June, 2002** **Ulm**  
 21st INTERNATIONAL SYMPOSIUM ON INFECTION AND  
 ALLERGY OF THE NOSE – (ISIAN) 2002  
 Prof. G. Rettinger,  
 Universitätsklinik und Poliklinik für HNO-Heilkunde,  
 Prittwitzstrasse 43, 89075 Ulm, Germany.  
 Tel: +49 731 502 7501  
 Fax: +49 731 502 6703  
 E-mail: [ent.department@medizin.uni-ulm.de](mailto:ent.department@medizin.uni-ulm.de)

**June, 2002** **Caracas**  
 VENEZUALAN SOCIETY OF ALLERGY, ASTHMA &  
 IMMUNOLOGY BI-ANNUAL MEETING  
 Web site: [www.svaai.org.ve](http://www.svaai.org.ve)

**14-16 July, 2002** **Manilla**  
 PHILLIPINE SOCIETY OF ALLERGY, ASTHMA &  
 IMMUNOLOGY (PSAAI) 8TH BIENNIAL CONVENTION  
 Website: [www.educationalprograms/gloria/index.shtml](http://www.educationalprograms/gloria/index.shtml)

**August 2002** **Buenos Aires**  
 ARGENTINE ASSOCIATION OF ALLERGY &  
 IMMUNOLOGY XVI ANNUAL MEETING  
 Website: [www.algeria.org.ar](http://www.algeria.org.ar)

**16 – 19 March, 2002** **Firenze**  
 INTERASMA 2002, XVII WORLD CONGRESS OF ASTHMA  
 Organising Secretariat: O.I.C. srl, Viale G.  
 Matteotti 7, 50121 Firenze, Italy.  
 Tel: +39 055 50 351  
 Fax: +39 055 50 19 12  
 E-mail: [info@oic.it](mailto:info@oic.it)  
 Website: [www.oic.it/interasma2002](http://www.oic.it/interasma2002)

**17 – 22 May, 2002** **Georgia**  
 AMERICAN THORACIC SOCIETY (ATS) 2002  
 Deborah Richardt,  
 Director Meetings & Conferences,  
 American Lung Association,  
 ALA/ATS International Conferences,  
 1740 Broadway, New York, NY 10019-4374, USA  
 Tel: +1 212 315 8700  
 Fax: +1 212 315 6498  
 E-mail: [drichardt@lungusa.org](mailto:drichardt@lungusa.org)  
 Website: [www.thoracic.org/](http://www.thoracic.org/)

**1 - 5 June, 2002** **Naples**  
 XXIST CONGRESS OF THE EUROPEAN ACADEMY OF  
 ALLERGOLOGY AND CLINICAL IMMUNOLOGY  
 Website: [www.eaaci.org](http://www.eaaci.org)

**16 – 20 June, 2002** **Orlando**  
 11th INTERNATIONAL CONFERENCE OF MUSCOSA  
 IMMUNOLOGY (ICMI)  
 Contact: [smi@paimgmt.com](mailto:smi@paimgmt.com)  
 Website: [www.socmucimm.org](http://www.socmucimm.org)

**5 - 9 August, 2002** **Montreal**  
 THE 7TH INTERNATIONAL CONGRESS ON  
 AEROBIOLOGY (ICA)  
 Secretary of 7th ICA & AIA President Paul Comtois,  
 Géographie, Université de Montréal,  
 CP 6128 Montreal, Canada H3C3J7.  
 E-mail: [comtoisp@ere.umontreal.ca](mailto:comtoisp@ere.umontreal.ca)

**27 - 29 September 2002** **Adelaide**  
 13TH ANNUAL SCIENTIFIC MEETING OF THE  
 AUSTRALASIAN SOCIETY OF CLINICAL IMMUNOLOGY  
 AND ALLERGY  
 Details: Jill Smith, Exec Officer ASCIA  
 Tel: +61 2 8900 6402  
 Fax: +61 2 9907 9773  
 Email: [education@allergy.org.au](mailto:education@allergy.org.au)  
 Website: [www.allergy.org.au](http://www.allergy.org.au)

**28 - 29 October 2002** **London**  
 3RD EUROPEAN CONFERENCE ON PAEDIATRIC ASTHMA  
 Website: [www.castlehouse.co.uk](http://www.castlehouse.co.uk)

**15 - 20 November, 2002** **San Antonio**  
 ANNUAL CONVENTION OF AMERICAN COLLEGE OF  
 ALLERGY, ASTHMA AND IMMUNOLOGY  
 Contact: Dianne Kubis, Executive Director, ACAAI,  
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 Tel: (847) 427-1200  
 Fax: (847) 427-1294  
 Email: [diannekubis@acaaai.org](mailto:diannekubis@acaaai.org)

**25 - 29 November, 2002** **Melbourne**  
 THE AUSTRALIAN HEALTH & MEDICAL  
 RESEARCH CONGRESS  
 An initiative of the Australian Society for Medical Research  
 Website: [www.ahmrcongress2002.conf.au](http://www.ahmrcongress2002.conf.au)

# ascia council 2001 - 2002

australasian society of clinical immunology and allergy inc.

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