Introduction

Dr. Tak-Hong Lee

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I am delighted to introduce the first newsletter of the Hong Kong Institute of Allergy, edited by Dr. Jane Chan with the help of Dr. Temy Mok. This is a key pillar of our Institute's educational strategy over the next few years. There will be two newsletters each year in the Spring and Autumn and we hope to provide up to date information about management of common clinical problems and other interesting news articles on allergy.

In a recent review of the provision of allergy services and training for allergy in HK, it was noted that the ratio of paediatric allergists per head of population is around 1: 460,000 and the ratio for allergists per adult patients is 1: 2.8 million, so there are very few registered allergists in HK (overall about 1: 1.46 million head of population). This ratio is low not only compared to international figures for the specialty but also low when compared to other specialties in Hong Kong. This is a shocking situation as the prevalence of many allergic diseases is high and an increasing health burden.

Even for diseases such as allergic rhinitis which often has an allergic basis, patients often consult non-allergy specialists rather than an allergist. There is clearly a great deal that needs to be done to educate the profession and the public about what allergists can offer. It is essential at this point to emphasize that allergists are not competing with organ specialists for work, they are there to collaborate and help colleagues in the holistic management of the patient.

If service provision is suboptimal, training is also of concern. There have been no trainees in Allergy and Immunology in adult medicine since 1998. Training in adult Allergy is hampered by the lack of trainers and the virtually non-existence of an Allergy clinical service in the public sector. This does not bode well for the future.

The Hong Kong Institute of Allergy through the Hong Kong Allergy Alliance is in discussion with major stakeholders to try and remedy the service and training gaps but this will inevitably take time. Meanwhile I trust our newsletter and our website (www.allergy.org.hk) will inform about recent developments and advances in our discipline. If you have suggestions for improvement or proposals for articles please write to the Editors or me.

Our other plans for HKIA are extensive and in addition to hosting regular conventions and educational workshops to update doctors and other health professionals about allergies, we want to engage the public; to write authoritative treatment guidelines for common allergic conditions; to fund small pilot research projects; to nurture trainees; and to create Fellowships in Allergy for high flyers to spend time abroad at Centres of Excellence. Change will not happen overnight but the stronger we are as a professional society the more we can do to progress to our ultimate goal of having a vibrant specialty for the benefits of our patients.

Finally I acknowledge with grateful thanks the unrestricted educational grants from Danone Nutricia and Nestle for our educational programmes.

Dr. Lee Tak-Hong
President
Hong Kong Institute of Allergy

Message from the Editor

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My heartfelt thanks go to the following colleagues for their unfailing contribution to the first ever newsletter of the Hong Kong Institute of Allergy: Dr. Tak-Hong Lee, our President, who is the primary driving force as well as the source of excellent ideas for this newsletter; Dr. Temy Mok, this issue's associate editor, who has kindly provided timely editorial input, contributing authors (Dr. Marco Ho, Dr. Temy Mok and Ms. June Chan), as well as our technical support team Ms. Sigourney Liu and Ms. Serence Tam. I do hope that you will find the broad coverage of allergy issues in this newsletter interesting and relevant to your clinical practice. As the newsletter is a young child, your ongoing feedback and expert input will be crucial to shaping this newsletter into a "must-read" CME publication in due course.

Prevention of peanut allergy in infants: To eat or not to eat?

Dr. Marco Hok-Kung Ho

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Background

Clinical practice guidelines from the United Kingdom (UK) in 1998 and from the United States in 2000 recommended the exclusion of allergenic foods from the diets of infants at high risk for allergy and from the diets of their mothers during pregnancy and lactation (http://cot.food.gov.uk/sites/default/files/cot/cotpeanutall.pdf)(Paediatrics 2000; 106:346-9). However, studies in which food allergens have been eliminated from the diet have consistently failed to show that elimination from the diet prevented the development of IgE-mediated food allergy (Allergy 2014; 69: 581-9).

The LEAP trial

Several years ago, the Learning Early about Peanut Allergy (LEAP) researchers noted that the risk of the development of peanut allergy was 10 times as high among Jewish children in the UK as it was in Israeli children of similar ancestry (J Allergy Clin Immunol 2008; 122: 984-91). This observation correlated with a striking difference in the timing at which peanuts are introduced in the diet in these countries: in the UK, infants typically do not consume peanut-based foods in the first year of life, whereas in Israel, peanut-based foods are usually introduced in the diet when infants are approximately 7 months of age. The LEAP trial was hence conceived to determine whether the early introduction of dietary peanut could serve as an effective primary and secondary strategy for the prevention of peanut allergy.

A turning point

After much anticipation, the LEAP study results were finally published in New England Journal of Medicine very recently (N Eng J Med 2015; 372: 803-13) and immediately the findings have drawn media attention and generated heated discussions, reflections and debates. The researchers Du Toit et al included infants aged 4 to 11 months who had severe eczema, egg allergy, or both. Among the 542 infants in the group with a negative result on an initial skin-prick test assessing pre-existing peanut sensitivity, 530 (97.8%) could be evaluated for the primary outcome and were included in the intention-to-treat analysis. At 60 months of age, 13.7% of the avoidance group and 1.9% of the consumption group were allergic to peanuts; this absolute difference in risk of 11.8 percentage points (95% confidence interval [CI], 3.4 to 20.3; P<0.001) represents an 86.1% relative reduction in the prevalence of peanut allergy.

What's next?

It is very encouraging, from evidence-based point of view, to garner support from a randomized controlled trial for the earlier cohort and epidemiological evidence which has suggested that delayed introduction of allergenic foods may be associated with increased rather than decreased rates of food allergy.

Several infant feeding advice and primary prevention position statements, including AAP 2008, ASCIA 2010, had been evolving prior to the release of the LEAP study findings, specifically having removed the advice of delayed introduction of allergenic food for high risk infants. These statements are due for revision again very soon in the light of the LEAP study. ASCIA 2010 recommends that infants are introduced from 4 months of age to solid/complementary foods, one at a time, not excluding allergenic foods. This advice applies to both high and low risk infants.

It is important to emphasize that families should not give peanuts to their high-risk children, as defined in the LEAP study by the presence of eczema and/or egg allergy, without medical supervision for safety reasons. There is a huge need for formal guidance on whether, when and how to introduce peanut and other allergenic foods into the diet in this group of children.

Implications to Hong Kong

This research is transformational and requires confirmation as well as investigation into whether the results also apply to other foods. As 3-8% of children in Hong Kong (HK) have food allergies (0.3-0.5% children may eventually have peanut allergy), the new research findings could be a major advance in preventive medicine. A lot of questions still need to be addressed including how much peanut has to be given; in what form; for how long; and whether it also applies to the HK population whose socio-dietary culture is different from Western societies. For instance we give boiled peanut in soups and congee to our infants at a very young age and it is possible that this could contribute to our lower prevalence of peanut allergy compared to the West. However, given the under-development of allergy services in HK (HK Med J 2015;21:52–60), it is questionable whether HK is equipped with the relevant resources to take full advantage of this important discovery (www.scmp.com/comment/letters/article/1733525/city-not-gaining-advances-research-prevent-allergies).

Standpoint of the Hong Kong Institute of Allergy

Revised international consensus guidelines on prevention of peanut allergy are being drawn up in light of this set of important research findings. The HKIA will be participating in the debate and consultation among international allergy advocates. Nevertheless, consensus and formal advice from international bodies will not be forthcoming for many months. Therefore HKIA will be issuing our own position paper shortly to offer some guidance to our community. Do stay tuned!

Introduction on Hong Kong allergy alliance

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The Hong Kong Allergy Alliance (of which HKIA forms an important part) has written an authoritative report about the unmet need for allergy service provision and training in HK. It is hoped that the analysis and recommendations contained therein can be used as a starting point to debate how to improve service provision and training. The report was published in The Hong Kong Medical Journal 2015;21:52–60 (www.hkmj.org/system/files/hkm1502p52.pdf). It was widely distributed including the Academy of Medicine and its Colleges; the Department of Health and the HA. Some of us had a dinner meeting with Professor John Leung hosted by Dr. Donald Yu to discuss our recommendations. The HKMJ issued a press release when the review was published and as a result it was a news item in SCMP on line and in print. A summary will also be published in May in a special issue of the Medical Diary that will be circulated by the Federation to many of our colleagues. Finally a Chinese newspaper has also printed a news article about the lack of allergists.

HA's strategy for development of Paediatric Allergy is to await the opening of the Children's Hospital. It has no proposal on how to improve paediatric allergy services in the interim or for adult allergy services. The consistent line from the HA is that it has established mechanisms to decide on resource and manpower allocations. The Chairman of HA has asked relevant COCs to discuss the case for growth in allergy. Meanwhile departments in 4 different public hospitals (QE, TMH, UCH, KWH) are interested to set up adult allergy services and Drs. Lee and Lai met with them to discuss the way forward. Dr. Lee is currently hosting Dr. Veronica Chan (UCH) as an observer at the HKSH Allergy Centre once or twice per month and 15 colleagues from different hospitals have visited HKSH to obtain some guidance about setting up an allergy service.

At a review meeting in February it was felt that further lobbying of HA would be pretty wasteful of time. Instead it was suggested we keep Allergy in the professional and public eye as much as possible, for example with letters and articles to newspapers and scientific journals and to try developing a service from bottoms up. We should also focus on education.

QMH is considering starting a multi-disciplinary Allergy Board to discuss interesting or difficult allergic patients and to stimulate interest at QMH akin to a Tumour Board. This could be an opportunity for the paediatric team to highlight complex allergy cases that grow up and require continuing care by adult clinicians. In time, the message will become very clear that the current arrangements cannot be sustained if one wants to provide a continuum of excellent health care for the community. HKCPathologists, HKCPaediatrics and HKCPhysicians are supportive of developing allergy.

醫學專題

資料提供：香港過敏學會

缺乏專業培訓
本港過敏病專科服務嚴重不足

過往香港缺乏有遠見之整體醫療規劃，輕視過敏病帶來之困擾禍害，加上過敏病流行率上昇速度驚人，導致過敏病專科服務嚴重供不應求。培訓不足，加上人才流失，長久以來成人過敏專科在公共醫療體系形同虛設。兒童過敏專科服務不夠全面，欠缺尖端創新。

世界先進地區經驗指出，過敏免疫專科的長足發展和其他專科或全科能產生互補互助，共融同濟之效果。特別在應用新式診斷，脫敏治療方面有專長，使患者得到更準確診斷和更全面治療效果。

過敏嬰孩長大至成人後仍無法擺脫過敏病，令身心飽受困擾，即使他們成長後，病況仍未解決。究竟，過敏病人的權益是否受到關注及得到保障呢？香港過敏學會要求在公共醫療體系中盡快設立過敏專科服務。

人體中的免疫系統對一些無害的物質產生不適當的反應，這就是過敏反應了。

在香港，十萬個14歲以下小童當中，有700個患上可以致命的過敏症（如過敏性休克）。而患上鼻敏感和濕疹的人數也有上升的趨勢；15.6%患上食物過敏的小孩曾經遇過可以致命的過敏性休克；患上食物過敏的人數也在上升。據估計每四個港人就有一人患有過敏症。

缺乏「過敏免疫專科醫生」
在醫務委員會註冊名冊中，有四位「過敏免疫專科醫生」註冊，只有兩位在私營診所/醫院提供臨床過敏服務。另外在醫委會註冊的兩位「免疫病理學家」也曾受過過敏科訓練。一位是在瑪麗醫院管理免疫與過敏的公共化驗服務，每週提供有限度的臨床服務給藥物過敏的病人；一位是負責管理幹細胞或器官移植之白血球血型配對服務，沒有涉足過敏科。成人過敏醫生對成人病人的比率為1：280萬人，而一個簡單的過敏測試，如皮膚測試的輪候時間是六個月，這些情況都是難以接受的。由此觀之，本港過敏服務完全是供不應求。

公立醫院醫療系統沒有專門的過敏診所，更沒有成人內科過敏免疫專科醫生，過敏病人要向普通科或非過敏專科求醫，而很多過敏病人又會患上多種過敏症，與其叫病人諮詢普通科或不同的專科醫生，為什麼不推展過敏專科服務，這樣，便可為過敏病人提供主流兼有實證的診斷及治療服務，方便病人之餘、做好預防措施，也能更有效地運用資源。

由於本港缺乏過敏專家，日後更困難培訓下一代過敏科醫生、研究人員和導師。因此，是時候正視並處理過敏病服務這問題了。

因此
香港過敏學會建議：

1 設立過敏中心，聘請過敏專家分別推動兒科和成人服務，包括協調本港整個過敏醫療體系運作，管理培訓和研究計劃。過敏中心由過敏專家領導，加上過敏醫生或專科醫生、營養師和護士，治療及幫助病人作定期過敏測試，輔導和教育。

2 座址是瑪麗醫院/香港大學和威爾斯親王醫院/中文大學，好讓香港島、九龍和新界都有過敏服務覆蓋。

3 公營醫院的呼吸系統科、耳鼻喉科或皮膚科，將一至兩大作為過敏診所。過敏診所可以和過敏中心接軌，結合已有的兒童過敏科和成人過敏科的臨床、學術、教育以至藥物過敏服務，這樣可以縮短學術界和臨床服務之間的空隙。

4 盡快更新香港內科專科學院的免疫及過敏科培訓課程，包括過敏科成為必修科，而且香港內科專科學院和香港病理科專科學院考慮建立學院合併免疫和過敏科培訓課程，培育更多臨床的免疫學家，讓他們可以管理過敏/免疫科的化驗室，為病人提供臨床服務。

5 有關化驗室應該成立為藥物和食物過敏兩方面，由註冊的免疫科專家管理，它們應該增加足夠的資源，化驗更多不同類型的致敏原和做不同新測試。

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Guidelines for the diagnosis and management of cow's milk protein allergy in Hong Kong

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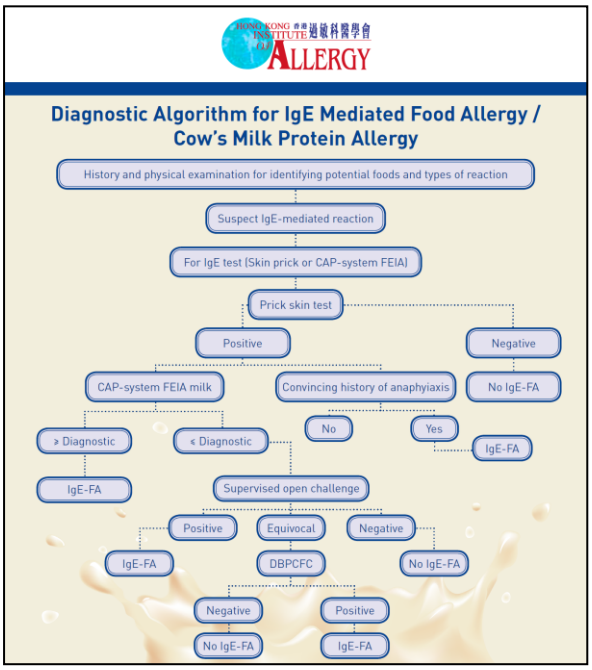
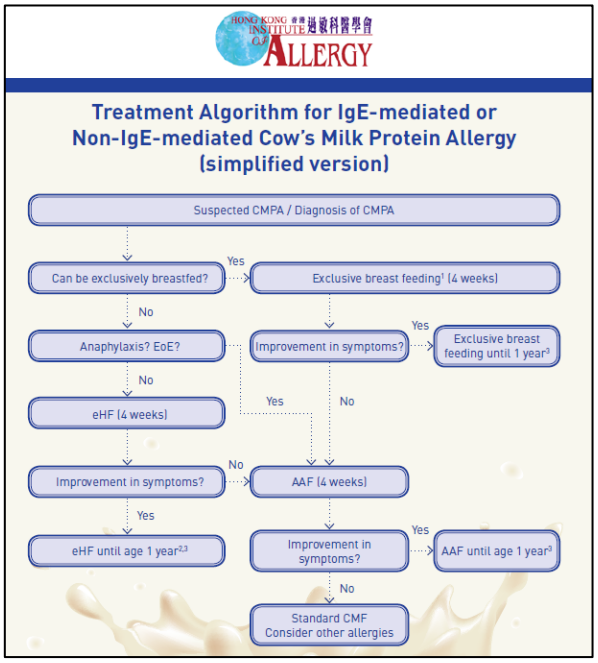
Cow's milk protein allergy (CMPA) is the most common food allergy in early childhood and is prevalent worldwide. In Hong Kong, cow's milk allergy is the third leading cause of reported adverse food reactions among children [Guidelines]. CMPA can lead to a broad spectrum of disorders, including atopic eczema, gastrointestinal hypersensitivity, asthma and growth failure, making timely diagnosis and appropriate treatment of CMPA essential. On behalf of the Hong Kong Institute of Allergy, Dr. Tak-hong Lee, Dr. Marco Ho and Ms. June Chan have written a set of guidelines offering pragmatic advice on the diagnosis and management of CMPA, and serving as a roadmap to support physicians and other healthcare professionals in their clinical practice.

The team has also presented the diagnostic and treatment pathways in flowchart format. The key algorithms for diagnosis and management are as shown below.



Diagnostic algorithm for IgE-mediated food allergy/CMPA



Simplified treatment algorithm for IgE-mediated or non-IgE mediated CMPA

The U.K. nation-wide audit to find out why asthma still kills - Does it matter to Hong Kong?

Dr. Marco Hok-Kung Ho

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What motivated the U.K. audit at the outset?

It is not clear why the number of deaths per year from asthma in the U.K., at about 1,200 per year, has not decreased significantly for many years, despite earlier small-scaled confidential enquiries suggesting that there are avoidable factors in as many as three quarters of asthma deaths. The aim of the U.K. nation-wide audit was to understand why people of all ages die from asthma and to make recommendations to improve care and to reduce asthma deaths in the future (www.rcplondon.ac.uk/sites/default/files/why-asthma-still-kills-full-report.pdf).

Who did the U.K. audit?

The National Review of Asthma Deaths (NRAD), which spanned a three-year period, was conducted by a consortium of asthma professional and patient bodies led by the Royal College of Physicians. It is a national confidential enquiry commissioned by the Healthcare Quality Improvement Partnership (HQIP) on behalf of NHS England, NHS Wales, the Health and Social Care division of the Scottish government, the Department of Health, and the Northern Ireland Department of Health, Social Services and Public Safety (DHSSPS).

How was the U.K. audit done?

The NRAD, the largest ever study worldwide to date on asthma deaths, looked into the circumstances surrounding 195 deaths from asthma occurring between 1 February 2012 and 30 January 2013. Deaths were reviewed systematically and were subject to an in-depth multidisciplinary confidential enquiry. By engaging healthcare professionals, the study explored the individual circumstances surrounding the death – for example the medical care received, the environmental conditions, etc.

What are the key findings?

Shockingly almost 50% had died without seeking medical assistance. The majority of deaths were not under specialist care during the year before death and less than half were under secondary or tertiary care. The panel identified suboptimal clinical management that if addressed could have avoided death in 50% of the fatalities.

What are the key recommendations?

The NRAD builds on previous confidential enquiries into asthma deaths in regions of the UK and provides a more robust body of evidence on which to build our understanding of how life-threatening situations arise and how they can be avoided in future.

The NRAD recommendations are grouped into recommendations at the health service organizational level, at the clinician follow-up level, at the prescription level, and at the patient awareness level. The key recommendations are:

1. Every hospital and GP practice should have designated/named clinician for asthma services, who would be responsible for formal training in the management of acute asthma.

2. Better monitoring of asthma control: people with asthma should have a structured review at least annually. People at high risk of severe asthma attacks should be monitored more closely. An assessment of recent asthma control should be undertaken at every asthma review; where loss of control is identified, immediate action is required including escalation of responsibility, treatment change and arrangements for follow-up.

3. Better education is needed for doctors, nurses, patients and carers to make them aware of the risks for asthma attacks and death. They need to be able to recognise the warning signs of poor asthma control and know what to do during an attack.

4. All patients should be provided with a personal asthma action plan (PAAP), which can help them to identify if their asthma is worsening and tell them how and when to seek help.

Who should pay attention to the NRAD?

The recommendations are to be taken forward not only by those doctors and nurses who treat patients with this chronic condition but also by pharmacists, health service managers, policy makers, commissioners and patient and professional bodies. If the lessons learnt from the NRAD study can be fed back into clinical practice, asthma patients will receive higher quality care and this will reduce deaths from asthma eventually.

Is the NRAD relevant to Hong Kong?

In Hong Kong (HK), an average of 80-100 residents die of asthma each year and this fatality rate has remained static for the last 5-10 years. About a quarter die at their prime age of 15 to 44 (Hong Kong Asthma Society-Asthma in Hong Kong). HK's age standardized mortality rates (SMR) of all ages for the decade 2001-2010 compares favorably to most of the high-income countries including Japan, Northern Europe and USA, and is slightly better than the SMR of UK (The Global Asthma Report 2014, International Union Against Tuberculosis and Lung Disease; WHO Mortality Database). However, this SMR has not been adjusted for asthma prevalence rate, which is noticeably higher in the UK than HK (estimated prevalence by different sources of national health data: UK children 9-12% vs HK children 5-10%; UK adults 8% vs HK adults 5%). This means that the rate of death amongst patients with asthma in HK is at least on par with if not significantly higher than the counterpart figures in the UK. There is therefore no place for complacency about our asthma care in HK. Furthermore, each community or country may vary in their healthcare system and modus operandi, and may generate their own set of socio-cultural pressures that influence patients' behaviour. We will need to understand the circumstances surrounding asthma deaths locally, not to apportion blame but to try to identify shared features or warning signals that if managed early can reduce the risk of future fatalities.

What action should HKIA take?

The Hong Kong Institute of Allergy (HKIA) is one of the leading professional bodies in advocating good allergy and asthma care for HK people; it has an obligatory role to try and improve the local situation with regard to asthma deaths. The HKIA may be able to contribute in three ways.

Firstly, the HKIA should take on the task of public education, bringing to community-wide awareness the findings and recommendations of the NRAD, focusing on the media, relevant healthcare professionals, as well as relevant healthcare and patient groups in HK.

Secondly, the HKIA should collaborate with various stakeholders in organizing a similar confidential enquiry to identify cause(s) contributing to asthma fatalities. For the ultimate goal being a reduction in asthma death, this study should best be commissioned by the Food and Health Bureau for its impartiality and authority.

Finally, the HKIA can convene a platform for various stakeholders to join hands to create a HK Severe Asthma Registry, as has been done in other countries, with the aim of characterizing different types of severe asthma and to facilitate research into their assessment and optimal clinical management.

Symposium highlights

Allergy prevention and management in 2015 and beyond

A recent scientific symposium held in Hong Kong hosted by Hong Kong Institute of Allergy brought together experts in paediatrics, allergy and immunology to discuss current trends in the prevention and management of food allergy, specifically cow's milk protein allergy (Symposium highlights).

Photo Gallery

Where is air pollution heading in Hong Kong?

Dr. Temy Mo-Yin Mok

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Air pollution remains a significant health threat in Hong Kong. The sources of air pollution in Hong Kong include motor vehicles, marine vessels and power plants. In addition to local street-level pollution, regional smog from South China adds to polluted air in almost half of the time. Exposure to pollutants in air including nitric oxide (NO2), Ozone (O3), fine suspended particulates (PM2.5, PM10), sulphur dioxide (SO2) has been shown to be associated with increased health risks including increased hospital admission, cardiopulmonary morbidity and mortality, exacerbations and morbidity in patients with pre-existing airway diseases, delayed lung function development in children and possible induction of allergic sensitisation. A large proportion of the Hong Kong population is still living in areas where pollutant levels fall short of World Health Organisation Standards and even some of the local Air Quality Objectives.

In 2015 Policy Address, the Hong Kong government reported a continuous improvement in Hong Kong's overall air quality from 2010 to 2014. It also endorsed a number of measures on greening road transport, reducing marine emission and promoting regional co-operation with the Guangdong Provincial Government with the goal of improving air quality (Air Pollution. Medical Diary 2015 January Volume 20 Number 1).

Clean air network expresses concerns on government plan

Despite these welcome Governmental initiatives, the Clean Air Network (CAN) has voiced many concerns. CAN is an independent non-government organisation (NGO) with the mission of raising awareness of the Hong Kong population on the effects of air pollution and to advocate the government in regard to establishing policies in improving air pollution. Although the CAN noted the recent report on reduced roadside air pollutants the Network is worried that such efforts may be offset by the enormous increase of private cars in Hong Kong over the past few years. CAN is also concerned about the increased activities of infrastructure construction and transportation involved in new city planning projects which are likely to aggravate air pollution. The Network is therefore disappointed that transport policy has not been highlighted as a solution to improve air pollution. It urges the government to endorse better and sustainable city planning in Hong Kong and to adopt concrete measures to reduce the growth rate of private cars to alleviate transport congestion.

In addition CAN wants the government to endorse "Transport 2.0" as a method of transport development integrating the perspectives of pedestrians to road building and car-oriented planning. The Network advocates setting up more LEZs, incorporating pedestrian and cycling networks in road planning, Intelligent Transport Systems, increasing the annual license fee for private cars and implementing electronic road pricing to prohibit car growth.

Despite launching of the pilot projects of low emission zones (LEZs) in Causeway Bay, Mong Kok and Central since 2011, adoption of low-emission buses has been slow and comprised only 46% of total buses running in the zones until August 2014. CAN urges the government to replace all pre-Euro IV buses running on the street and meeting the reduction target set out in the Clean Air Plan by 2020 and to extend the policy to all other vehicles which cannot meet the emission standard.

In regard to reduction of marine emission and improving regional air pollution, CAN urges the government to set up onshore electric power system at Kai Tak Cruise Terminal as soon as possible to reduce emission from boarding cruises and to implement mandatory fuel switch to less than 0.5% sulphur content and set up Emission Control Area in the greater Pearl River Delta waters.

The Hong Kong Institute of Allergy establishes advocacy working group

The Government recognized that it should engage the health professionals and the public in its drive to improve urban air quality. Urban pollution after all is not just an environmental problem; it is of major public health concern. The President of Hong Kong Allergy Institution (HKIA), Dr. Tak-hong Lee, was therefore invited to convene a Working Group on Urban Air Quality and Health. This multi-professional group included many stakeholders including key members from HKIA, Hong Kong Paediatric Society, Hong Kong Thoracic Society, Hong Kong Asthma Society, Hong Kong Society of Paediatric Respirology as well as a few lay people to work with the Environmental Protection Department (EPD) of the Hong Kong Government on urban atmospheric pollution. The group had a productive meeting with Ms. Christine Loh (Environment Under-secretary for Government) and her staff plus scientific advisors and collaborators to hear about EPD's strategies, current progress and future plans. A future direction was agreed and comprises increasing public engagement and encouraging the community to take more responsibility for personal exposure; undertaking clinical research studies at the science/health interface to engage public interest; to consider strategies to engage the medical and allied health professions to promote public health policies on pollution; and to evaluate outcomes from advice provided by the group and to consider how to refine the strategy if the outcomes are unsatisfactory. A second meeting of the group will be called soon to review progress.

Free membership

HKIA is very pleased to announce it has received a grant from Mundipharma (Hong Kong) Ltd. to support the registration fees for 50 new ordinary members (usually $200 each) and 50 new associate members (usually $100 each) to join HKIA.

In addition the Council of HKIA has decided to waive annual dues from all members effective immediately until further notice.

Coupled with a progressive and comprehensive strategy to grow the discipline of allergy in HK, there has never been a better time to join HKIA to support your colleagues so please spread the news. Application forms can be obtained from HKIA website: www.allergy.org.hk.

Free registration for the joint certificated allergy course in October/November 2015

In collaboration with the Federation of Medical Societies of Hong Kong, HKIA will be organizing a certificated allergy course from 6 October – 10 November (every Tuesday). HKIA has received a grant from AstraZeneca Hong Kong Limited and will provide 50 free registrations for its members to attend (normally $750). All places have been taken up.

Social invitation

Dr. Tak-hong Lee is considering hosting a summer BBQ for members and their families if there is sufficient interest. Further details will be announced in due course.

International participation

Two members of the HKIA have been invited to present a paper at the upcoming 64th Meeting of Japanese Society of Allergology to be held in Tokyo, Japan on 26 – 28 May 2015. The two papers are:

Protective factors against asthma and allergies in rural China
Dr. Jennifer Tsang

Stool microbiome analysis in Chinese infants with eczema
Dr. Agnes Leung

Upcoming international meetings

Overseas Meetings

American Thoracic Society (ATS)
15 - 20 May 2015 / Denver, Colorado (www.thoracic.org)

64th Meeting of Japanese Society of Allergology (JSA)
26 - 28 May 2015 / Tokyo, Japan (www.jsaweb.jp)

European Academy of Allergy and Clinical Immunology (EAACI)
6 - 10 June 2015 / Barcelona, Spain (www.eaaci.org)

6th Congress of the Federation of Immunological of Asia Oceania (FMSIA)
30 June - 3 July 2015 / Singapore (www.fimsa2015.org)

British Society for Allergy & Clinical Immunology (BSACI)
4 - 6 September 2015 / Telford, United Kingdom (www.bsacimeeting.org/)

European Congress of Immunology (ECI)
6 - 9 September 2015 / Vienna, Austria (www.eci-vienna2015.org)

26th Annual Conference of Australasian Society of Clinical Immunology and Allergy (ASCIA)
9 - 12 September 2015 (www.ascia2015.com)

European Respiratory Society (ERS)
26 - 30 September 2015 / Amsterdam, Netherland (www.ersnet.org)

World Allergy Congress (WAO)
14 - 17 October 2015 / Seoul, Korea (www.worldallergy.org.wac2015)

American College of Allergy, Asthma and Immunology (ACAAI)
5 - 9 November 2015 / San Antonio, Texas, USA (www.acaai.org)

Australian Society for Immunology (ASI)
29 November - 3 December 2015 / Canberra, Australia (www.immunology.org.au)

Winter Meeting of British Thoracic Society (BTS)
2 - 4 December 2015 / London, United Kingdom (www.brit-thoracic.org.uk)

American Academy of Allergy Asthma and Immunology (AAAAI)
4 - 7 March 2016 / Los Angeles, USA (www.aaaai.org)

Local Meetings

Certificate Course on Diagnosis and Management of Allergy (HKIA)
6 October - 10 November 2015 (every Tuesday) (www.allergy.org.hk)

Autumn Respiratory Seminar of Hong Kong Thoracic Society (HKTS)
15 November 2015 (www.hkresp.com)

9th Hong Kong Allergy Convention (HKIA)
October / November 2016 (www.allergy.org.hk)

Acknowledgments