Allergology has now reached a status in South Africa where its importance is well recognised by the medical fraternity, a substantial body of local research into the allergens of the region has been published, a large proportion of the health budget goes into the treatment of allergic diseases and patients expect and deserve the best possible medical care. The rapid growth of expertise in the field of allergology in the region has been greatly assisted by the support of funding bodies for research, such as the Allergy Society of South Africa, the Medical Research Council, the universities, the pharmaceutical industry and the convening of regular allergy congresses and symposia about allergy in South Africa each year.

The dramatic increase in allergic diseases observed in Southern Africa during the past 25 years has precipitated a great need for services in allergology in the region. Increased morbidity and mortality for allergic diseases has put further demands on the health budget of individuals and of the nation.

In order to address the current burden of allergic disease in Southern Africa, it is necessary for the speciality of allergology to be fully recognised, in line with new recommendations of the World Allergy Organisation for training and specialisation in allergology. Currently, there is a need for full recognition of allergology as a subspecialty of paediatrics and/or internal medicine, in addition to other existing training programmes in allergy. This issue of Current Allergy & Clinical Immunology presents an overview specifically of the indigenous allergens of Southern Africa, a knowledge of which is now essential for any doctor wishing to practise state-of-the-art allergy in the region. There is now a substantial body of research on broader aspects of allergic conditions in Southern Africa, many of which have been published in previous editions of the journal and internationally, which allergists in the region need to be familiar with. These aspects are beyond the scope of our review in this November 2007 issue. These broader issues refer particularly to the epidemiology of allergy in the region, cultural differences in the expression of allergy, allergy diagnostics as a field, guidelines for specific disease management (asthma, rhinitis, urticaria, food allergy, drug allergy and occupational allergies), regional considerations for care of asthmatics and allergy, availability of allergy treatment and devices in the Third World (e.g. asthma spacers) and essential drug lists provided for state patients. In all of these areas the allergist has an important role to play.

What has been done to date?

The following achievements have begun to address the needs for further education, training, specialisation and expertise in allergology for the Southern African region and the education of doctors and the public:

1. The establishment of the Allergy Society of South Africa (ALLSA), its executive committee and head office and its mission statement to promote all aspects of allergy.
2. The establishment of allergy clinics at most of the teaching hospitals and also in the private sector, for the assessment and management of allergic diseases.
3. The establishment of a quarterly ALLSA journal with a mailing list of approximately 5000, providing regular reviews, updates and new information on medications, tests, vaccines and guidelines for patients with allergic diseases.
4. The establishment of a Handbook of Allergy (the ALLSA Handbook of Practical Allergy, 2nd ed), providing basic practical management for allergic diseases in the region (a new edition is envisaged for 2008).
5. The establishment of the ALLSA Research Fund for basic research in allergy (supported by industry donations, e.g. GlaxoSmithKline, UCB, MSD, Cipla Medpro) for which investigators can obtain funding for self-initiated research into local allergic conditions.
6. The establishment of a Diploma in Allergy obtained through the Colleges of Medicine in South Africa which has been awarded to over 18 South African doctors to date.
7. The establishment of patient information resources on allergy available from ALLSA and on the ALLSA website.
8. The regular convening of annual congresses in allergology in the major provinces to bring international expertise and as a forum for research presentations.
9. The convening of regional workshops, journal clubs, intercity meetings and working groups on various aspects of allergic diseases.
10. The funding and sustaining of dedicated allergy research units at major universities both at basic science and clinical investigative level.

What is now required?

There are two main areas currently identified in allergology in South Africa where greater emphasis is required; the first is in the area of undergraduate training. It is felt that medical students at South African universities do not get a broad enough exposure to allergic diseases, allergy diagnostics, immunotherapy, food allergy and drug allergies during their training period, to be competent in basic allergy investigation and management, once qualified as a medical practitioner. The undergraduate curriculum needs urgent revision.

The second pressing need is for a 2-year postgraduate training course for subspecialists in allergology. In order for this to take place, the subspeciality of allergology needs to be recognised by the Health Professions Council of South Africa (HPCSA), once the required motivation for such recognition has been received.
Subspecialists need to be trained to gain the expertise to diagnose and treat the increasing numbers of more complex allergic diseases, often involving multisystems, at a tertiary level and within the context of many other clinical scenarios, including infectious diseases (AIDS), patients in ICU with life-threatening allergies, anaphylaxis, occupational diseases and during anaesthesia. They are also required to provide cost-effective services for the management of day-to-day allergic diseases in the clinic situation, the care of asthmatics, children with food allergies, urticarias, rhinitis, atopic dermatitis and venom hypersensitivities. The NHS Royal College of Physicians UK has recommended that there should be one allergy specialist per 750 000 members of the population.

ALLSA has supported the process of drafting the syllabus for postgraduate subspecialisation in allergy, which will take place at various universities in South Africa, once it has been recognised by the HPCSA. Undergraduate training and allergology specialisation will be major foci in the foreseeable future in order to bring South Africa in line with the World Allergy Organisation’s global recommendations and standards for the care of patients with allergic diseases.

Paul C Potter
Guest Editor

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