

Pedia 260 Sub-module: Allergy & Immunology

Introduction

There is no actual in-patient rotation of interns in Allergy and Immunology. Their exposure will depend on whether they will have in-patients with allergy and immunology diseases in their ward, nursery or PER rotations. These patients are usually referred to the Allergy and Immunology Service for co-management. The interns are encouraged to read up on common in-patient allergy and immunology diseases to supplement their ward exposures.

At the out-patient department, interns may be able to rotate at the Allergy and Immunology Clinic during their subspecialty clinic rotations or they may encounter similar cases at the general pediatrics clinic

Objectives

After the one-day didactics and after the clinical rotation in Pediatrics, the intern should be able to:

1. Know how to do a proper evaluation of a patient in an allergy and immunology consult by history-taking, physical examination, and appropriate diagnostic requests.
2. Know and understand the pathophysiology and clinical presentation of common allergy and immunology conditions, including, but not limited to:
 - a. Asthma
 - b. Allergic rhinitis
 - c. Atopic dermatitis
 - d. Primary immunodeficiencies
 - e. Food allergy
3. Formulate appropriate differential diagnosis, order relevant diagnostic tests, and prepare a management plan for a patient presenting with allergic conditions.

Roles of the Online Teachers

The teachers should be capable of conducting an online updated lecture or activity on the topic assigned either asynchronously or synchronously. These should help the interns in their preparation for the medical boards and for their clinical rotations. The recommended reference is the Nelson's Textbook of Pediatrics 21st ed. Other references may be used, as necessary.

Roles of Interns

The intern should be capable of accessing online platforms and fully participate in online lectures. It is advised for the student to have read the assigned topics to better maximize the learning process. They should list down important questions which they think need to be addressed in future online encounters.

The intern should also study the rest of the topics for self-directed learning during their internship. We encourage the use of Nelson Textbook of Pediatrics 21st edition and updated guidelines and practice parameters on common allergy and immunology conditions.

Activities

A. Didactics – August 9, 2020

Time		Topic	Lecturer
10:00-11:00 AM	Asynchronous (VLE)	Allergy History-taking Allergy PE Diagnostics	Dr. Aimee Lou Nano Dr. Mary Anne Castor Dr. Marysia Recto
11:00-11:45 AM	Synchronous (Zoom)	Open Forum (Q & A)	All lecturers

B. Clinical Rotation – OPD, Ward, (PER)

During their clinical rotations, the interns may have exposure to patients with allergy and immunology conditions. They are encouraged to read up on these common diseases to supplement their ward, OPD, (or PER) exposures.

Small group discussions for allergy and immunology cases may be assigned to some of the interns. It is encouraged that other interns in the group read on these said cases as well and be able to participate in the discussions.

Other topics for Self-directed Learning

1. Asthma
2. Allergic rhinitis
3. Atopic dermatitis
4. Primary immunodeficiencies
5. Food allergy
6. Anaphylaxis
7. Adverse drug reactions
8. Urticaria and angioedema

Recommended references and supplemental readings:

1. Nelson's Textbook of Pediatrics 21st ed.
2. Abbas, AK, et al. Cellular & Molecular Immunology, 8th ed.
3. Steihm, RE, et al. Immunologic Disorders in Infants & Children. 5th edition.
4. Middleton's Allergy: Principles & Practice. 9th ed.
5. Bernstein, IL, et al. Allergy Diagnostic Testing: an updated practice parameter. Annals of Allergy, Asthma, and Immunology. 2008; 100 (3): S1-149.
6. Bonilia, FA, et al. Practice parameter for the diagnosis and management of primary immunodeficiency. J Allergy Clin Immunol. 2015; 1186-1205.
7. Brozek JB et al. Allergic Rhinitis and its Impact on Asthma (ARIA) 2010 Revision.
8. Global Initiative for Asthma guidelines

9. Lieberman, P, et al. The diagnosis and management of anaphylaxis practice parameter. *J Allergy Clin Immunol*. 2010; 126:477-80.
10. Solensky, R. et al. Drug allergy: An updated practice parameter. *Annals of Allergy, Asthma, and Immunology*. 2010; 105 (273): e1-78.
11. Wallace DV et al. The diagnosis and management of rhinitis: an updated practice parameter. *JACI* 2008 Aug;122(2):S1-84
12. Zuberbier, T, et al. EAACI/GA2LEN/EDF/WAO guideline: definition, classification, and diagnosis and management of urticaria. *Allergy*. 2018 Jul;73(7):1393-1414.
13. Lopes JP, Sicherer S. Food allergy: epidemiology, pathogenesis, diagnosis, prevention, and treatment. *Curr Opin Immunol*. 2020; 66:57-64.
14. Boyce JA, Assa'ad A, Burks AW, et al. Guidelines for the diagnosis and management of food allergy in the United States: report of the NIAID-sponsored expert panel. *J Allergy Clin Immunol*. 2010; 126(6): S1-S58. doi: <https://doi.org/10.1016/j.jaci.2010.10.007>.
15. Nowak-Wegrzyn A, Katz Y, Mehr SS, et al. Non-IgE-mediated gastrointestinal food allergy. *J Allergy Clin Immunol*. 2015; 135(5): 1114-1124. doi: <http://dx.doi.org/10.1016/j.jaci.2015.03.025>.