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PATHCHAT

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Screening for inhalant allergy in South Africa

Allergic rhinitis and inhalant allergy are common problems in primary care. Their diagnosis and subsequent management are often suboptimal. This may impact on a patient's quality of life, asthma control and exacerbations, and the patient's healthcare expenditure. It is therefore essential to adopt a rational and cost-effective approach to appropriate screening and subsequent testing for inhalant allergies.

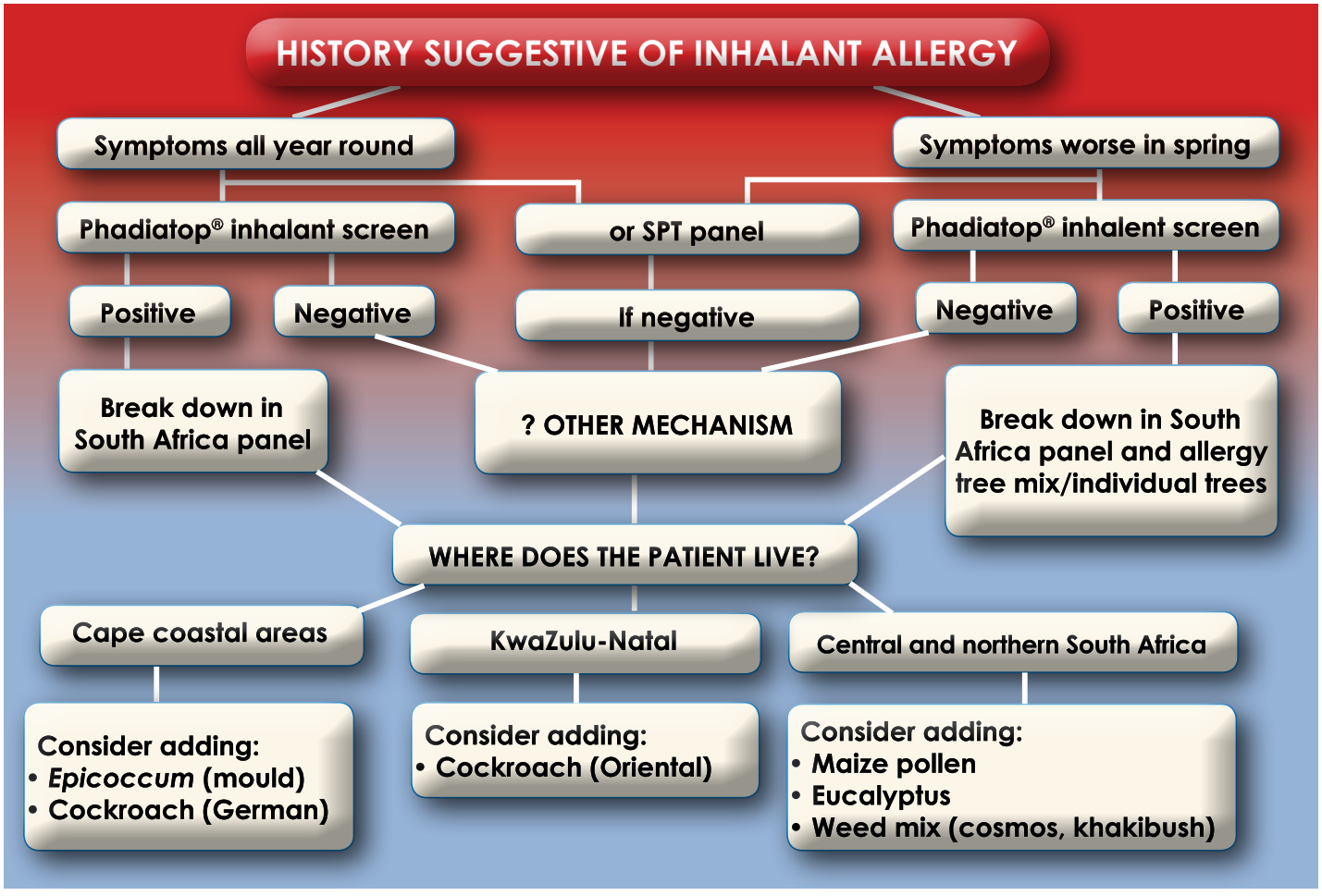

Figure 1: A flow diagram to represent the guidelines on the diagnosis of inhalant allergies in South Africa

Patients with a history suggestive of inhalant allergy should be screened using a Phadiatop® inhalant screen or a panel of inhalant skin prick tests. Please note that the Phadiatop® is a screening test for atopy (atopy is a personal or familial tendency to become sensitised and produce IgE antibodies in response to ordinary exposure to allergens) and not an allergen mix consisting of the most common inhalant allergens. The Phadiatop® is designed as an atopy screening test by utilising proteins with broad allergenic coverage and cross-reactivity, and is efficient in detecting atopy, regardless of the specific local allergens. This has also been proven to be true for South Africa.

A positive Phadiatop® result only indicates that a patient is atopic, but does not indicate which inhalant allergen the patient may be sensitised to. It is therefore extremely important to do additional inhalant allergen testing to identify the offending allergen for optimal patient management. This may mean advice on allergen avoidance or the selection of patients for allergen immunotherapy.

As allergy tests may be costly, the South African Rhinitis Working Group (SAARWG) and the Allergy Society of South Africa (ALLSA) recognised the need to provide guidelines for the appropriate diagnosis of inhalant allergies.

The guidelines state that a positive Phadiatop® inhalant screen in patients with persistent allergy symptoms should be followed by testing specific IgE antibodies to *Bermuda grass, rye grass, Dermatophygoides pteronyssinus and Blomia tropicalis mites, Alternaria alternata, Cladosporium herbarum and Aspergillus fumigatus moulds,* as well as cat and dog allergens. If patients have seasonal exacerbations during springtime, additional testing for tree pollen IgE should be requested (use an appropriate tree mix screen or determine IgE to the individual tree pollen allergens in the patient's environment). The next consideration should be where the patient lives.

It is recommended that *Epicoccum* mould spores and German cockroach IgE be added in the Western Cape and Eastern Cape, Oriental cockroach IgE in KwaZulu-Natal and maize pollen, weed pollen mix (cosmos and khakibush) and Eucalyptus tree pollen IgE in the central and northern areas of South Africa. See Figure 1 for a representation of the guidelines on the diagnosis of inhalant allergies in South Africa.

Ampath supports the South African inhalant allergy testing guidelines and has an excellent team of consulting pathologists to advise and assist with the management of your allergic patient.

Nine allergens according to the SAARWG panel

Please contact your local Ampath pathologist for more information.