

Situation (nearly) vacant!

At the end of my penultimate year as Editor of Clinical and Experimental Allergy, it is time to start to find a successor. Editing the Journal has been a pleasure. The current editorial team has been blessed by the submission of excellent manuscripts and the input of many thoughtful, expert reviewers. It is great to see the Journal continue to be one of the leading allergy journals. Hopefully, I have also successfully used the platform to help invigorate and move forward some of the political and policy issues in the world of allergy. The British Society of Allergy and Clinical Immunology will be putting out a call for a new Editor to start in January 2021. If you are reading this and think this might be you why not seize the moment and respond to the call.

Allergy in the United Kingdom has been seen as a tertiary specialty. This is at odds with allergy being a common condition affecting around a third of the population. It is therefore not surprising that the provision of tertiary allergy services is struggling with the current service demand. The answer of course is to increase the number of healthcare professionals who are able to deliver a competent clinical allergy service.^{1,2} This has happened across paediatrics with the establishment of secondary care regional paediatric

allergy networks across the country. Without these, the relatively small numbers of tertiary paediatric allergy services would find it impossible to operate. This success needs to be extended across the health system with the upskilling of more healthcare professionals, particularly in adult medicine and primary care.^{3,4} In this month, issue of the Journal, Michaelis and colleagues set out how this could be achieved.⁵

Blood eosinophil count is now being seen as a simple but helpful biomarker in asthma. Yii and colleagues look at whether it may also predict the risk of future exacerbations.⁶ They looked, retrospectively, at 376 life-threatening asthma exacerbations in Singapore from a five year period. For these episodes, eosinophil count was associated with worsening of oxygen and carbon dioxide indices on the admission blood gas. Additionally, a blood eosinophils of $1.200 \times 10^9/L$ or more was associated with an increased risk of a further asthma attack (hazard ratio 1.8, 95% confidence interval 1.1-2.9, $P = .02$) (Figure 1). Might more aggressive therapy with corticosteroids or biologicals prevent these subsequent asthma attacks in patients with elevated eosinophil counts?^{7,8}

A major trigger for asthma attacks is viral infections. Ravi and colleagues have looked at gene expression over time in nasal epithelial cells challenges in vivo with rhinovirus-16 to observe how nasal symptoms and viral clearance are related.⁹ They challenged patients with mild to moderate, stable asthma nasally with rhinovirus-16. Nasal and blood samples were taken before and up to 14 days after infection. They found large increases in the expression of interferon alpha and gamma response genes 3 and 6 days after infection. The interferon response was associated with the magnitude of the cold symptoms. Also, a higher interferon response at day 6 was associated with increased likelihood to clearing the infection by day 6. So different patients have different abilities to clear respiratory tract viral infections; this may explain why some patients have frequent viral driven asthma attacks.

Graham Roberts^{1,2,3}

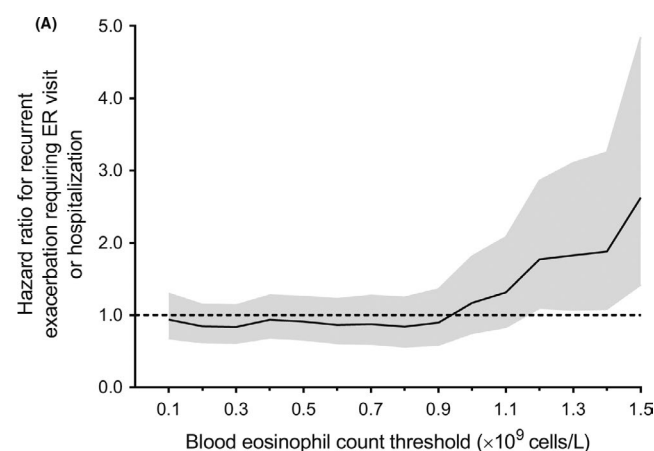


FIGURE 1 Hazard ratios for recurrent asthma attack at different blood eosinophil thresholds. Black solid line represents hazard ratios (95% confidence intervals as grey bands) for recurrent asthma attack leading to emergency room visit or hospitalization after surviving life-threatening asthma. Blood eosinophil counts were obtained at life-threatening asthma attack. For more details, see figure 4A, Yii *et al* (pages 1578-1586)

¹Clinical and Experimental Sciences and Human Development and Health, Faculty of Medicine, University of Southampton, Southampton, UK

²NIHR Southampton Biomedical Research Centre, University Hospital Southampton NHS Foundation Trust, Southampton, UK

³The David Hide Asthma and Allergy Research Centre, St Mary's Hospital, Isle of Wight, UK

Caption to cover illustration: The cover image is based on the Original Article Rhinovirus-16 induced temporal interferon responses in nasal epithelium links with viral clearance and symptoms by Ravi *et al*, DOI: 10.1111/cea.13481.

EP This logo highlights the Editor-in-Chief Editorial articles on the cover and the first page of each of the articles.

Correspondence

Graham Roberts, Paediatric Allergy and Respiratory Medicine (MP803), Clinical & Experimental Sciences & Human Development in Health Academic Units University of Southampton Faculty of Medicine & University Hospital Southampton, Southampton SO16 6YD, UK.
Email: g.c.roberts@soton.ac.uk

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