



Centre For Research On  
Nutrition Support Systems

# Nutrition In Disease Management

**UPDATE SERIES 70**  
**April 2016**

- **Prevalence of food allergy –  
A global perspective**
- **Important Upcoming Events**

# To Our Readers

Dear Friends and Colleagues,

The current issue (70) of the CRNSS Update Series consists of a review article discussing food allergy which is an important issue to be considered in planning nutritional intervention. The authors of this article are scientists at the well-known National Institute of Nutrition, Hyderabad. Furthermore, the article addresses prevalence of food allergy from a global perspective. Although, the subject of food allergy has been discussed in an earlier issue of this publication, the epidemiology of food allergy has not been discussed in such detail.

This issue also provides information regarding three academic events this year (2016) - 8th Apollo Hospitals Clinical Nutrition Update at Colombo, Sri Lanka (organized by the Apollo Hospitals Dietetic Group), Workshop on Clinical Nutrition organized jointly by Department of Dietetics, Indraprastha Apollo Hospital, New Delhi and Centre for Research on Nutrition Support Systems (CRNSS), New Delhi and the 49th Annual Conference of the Indian Dietetic Association (IDACON) organized by the IDA Mumbai Chapter.

**Dr. Sarath Gopalan**  
Executive Director, CRNSS  
and Editor

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# Prevalence of food allergy – A global perspective

Vasanthi Siruguri and Uday Kumar Putcha

## Introduction

Food allergies are adverse reactions to an otherwise harmless food or food component that involves an abnormal response of the body's immune system to specific proteins in foods [Taylor 2006]. The most common type of food allergy is mediated by allergen specific immunoglobulin E (IgE) antibodies that are known as 'Immediate Type I hypersensitivity reactions'. Food induced allergic reactions are responsible for a variety of symptoms involving the skin, gastrointestinal and respiratory tracts.

Development of food allergy involves 2 phases, with the first phase being the 'sensitization phase' which involves the first encounter with allergen by immune system of an atopic individual. This results in a series of responses involving binding of proteins to B and T cells, formation of IgE antibodies and binding of IgE antibodies to mast cells or basophils. The second phase is 'elicitation phase' when the allergen is encountered for the second time, which cross links with two IgE antibody molecules bound on surface of mast cells. This results in the release of mediators and elicitation of various clinical symptoms. (Wood, 2003).

The International Food Safety Authorities Network (INFOSAN) of the World Health Organisation (WHO) recognise food allergy as a significant public health concern due to the high prevalence and potential severity of the condition and the impact it has on the quality of life and economy (INFOSAN 2006). In recent times there has been an increase in food allergy prevalence in both developed and developing countries and is in parallel to the increase in international food trade (Allen et al 2014). The following is an attempt to update the current status of food allergy problem in the global context.

## Sources of Food allergens

The foods responsible for the majority of significant food induced allergic reactions include 8 food groups namely, eggs, milk, peanuts, soybeans, tree nuts, wheat, fish, and crustacean (Hefle et al 1996; Boyce JA et al 2011). These allergens account for more than 90% of food allergies around the world. Almost all food allergens are protein in nature. Many of the known food allergens fall into certain classes of proteins, which may aid in the identification of unknown allergens from other sources. Most plant/ food allergens have certain common biochemical characteristics like resistance to proteases, heat and denaturants,



are glycosylated and have molecular weights in the range of 10-70kDa (Brieteneder and Mills 2005). The Codex Alimentarius Commission Committee on Food Labelling (CACFL) has listed 8 foods and ingredients that contain the major allergens on a world-wide basis and which cause most cases of food hypersensitivity and most severe reactions and should always be declared on the label of pre-packaged foods (Codex Labelling of Prepackaged Foods) (Table 1).

Table 1. Codex identified food allergen sources

S.No.	Food group
1.	Cereals containing gluten: wheat, rye, barley, oats, spelt or their hybridized strains and products of these.
2.	Crustacea and products of these
3.	Eggs and egg products
4.	Fish and fish products
5.	Peanuts, soybeans and products of these
6.	Milk and milk products (lactose included)
7.	Tree nuts and nut products
8.	Sulphite in concentrations of 10 mg/kg or more

The EU, and Japan have included additional foods on their national list of foods and ingredients that must be declared on food labels (Heeres 2006) (Table 2). In the EU celery, mustard, sesame seeds, lupine molluscs and products thereof are added to the list of allergens, which must be declared on food labels. In Japan a total of 27 food sources are considered allergenic to Japanese population and among these, 7 are considered major allergenic sources that require “mandatory labelling”, while for 20 sources which are considered as minor allergens, labelling is “recommended” only (<http://farrp.unl.edu/77c3494f-6568-42f3-b62c-f97d21eb2586.pdf>).

Table 2. Food allergen sources identified in different countries

Country	No. of food allergens	Food sources
EU	14	Cereals containing gluten, crustaceans, eggs, fish, peanut, soybeans, milk, tree nuts, celery, mustard, sesame, sulfur dioxide and sulphites, lupin, molluscs.
USFDA	8	Peanut, soybeans, milk, eggs, fish, crustacea, wheat, and tree nuts
Japan	7	Shrimp/prawn, crab, wheat, buckwheat, egg, milk and peanuts
	20	abalone, squid, salmon roe, oranges, cashew nut, kiwifruit, beef, walnuts, sesame, salmon,

In recent times due to increase in international food trade, a wide variety of foods are being traded across several countries and new allergen sources have been identified. Among these are allergies reported from kiwifruit which is now reported as the top ten sources of food allergy in Europe (Alvarez et al 2015).



Another new allergen source is Lupine (*Lupinus albus*) whose usage has increased notably in several European countries, since the time lupine flour was permitted to be used as a substitute for or as additive to other flours such as wheat flour. The first case of IgE mediated food allergy from ingestion of lupine flour was reported in 1994 from consumption of pasta containing lupine (Jappe and Vieths 2010) and several incidents were documented since then. It is observed that allergy to Lupine may occur by cross-reactivity in people who are allergic to peanut (Peeters et al 2008).

### Prevalence of food allergy in the global context

Food allergy is now recognized as an important food safety issue, with very different characteristics than infectious diseases such as listeriosis, salmonellosis and various mycotoxicoses. The incidence of allergy to any one food allergy is relatively rare, with 1% or less of the general population being allergic to even the most commonly allergenic food. Data from US and EU indicate 1-2% allergy prevalence in adults and 8-10% in children (Lehrer et al 2002). Recently data from 89 countries were compiled by the World Allergy Organization to evaluate global patterns and prevalence of food allergy in children that showed that although food allergy prevalence has been increasing in both developed and developing countries lack of quality comparative data made it difficult to judge the true extent of the problem (Prescott et al 2013).

A comprehensive survey was carried out to evaluate prevalence, basis and cost of food allergy across Europe and other countries under the EU-funded multidisciplinary Integrated project “The Euro-Prevall study”, so as to plan effective prevention strategies. The EuroPrevall project was designed to provide a more accurate picture of food allergy in Europe using controlled diagnostic procedures and sampling techniques as well as birth cohort studies to identify the more common allergens in diverse environments (Keil et al., 2010).

The study established food allergy prevalence in Europe through a literature review of more than 900 published studies on the prevalence of food allergies in Europe as well as an actual study to establish the true percentage of infants, children and adults with food allergies across Europe. It was observed that considerable discrepancies occurred between people with perceived allergies and those with actual allergy diagnosis. For example in studies where food allergy was clinically confirmed, the percentage of people with perceived allergies ranged from 1 to 5% while in studies consisting of self-reported food allergies the percentage ranged from 3 to 38%, with only 1 to 11% of these people with confirmed allergies. Further the EuroPrevall study found that family history, obstetrical practices and pre- and post- natal environmental exposure influenced food allergy prevalence in infants, children and adults (Wong et al., 2010).

These factors were identified based on IgE mediated allergies to a priority set of food allergen sources that required mandatory labeling in the EU. In addition, the study also examined sensitization to soy, wheat, buckwheat, corn, carrot, tomato, melon, kiwi, banana, lentil, sesame seed, mustard seed, sunflower



seed and poppy seed. In Asia, the prevalence of food allergy is perceived to be low as per clinicians' opinion (Lee et al 2013). A review on published studies on food allergy in Asia indicated that the prevalence of food allergy was higher in surveys that relied on questionnaires alone, compared to those that incorporated allergy skin prick and oral food challenge testing. In the case of food induced anaphylaxis it was observed that the spectrum of foods responsible for causing anaphylaxis varied with age and was also specific to a country. In a study in Singapore, peanut was found to be the most common trigger overall, whilst seafood and bird's nest were important local triggers.

In India, legumes, particularly chickpeas, and blackgram (*Phaseolus mungo*) are a major allergen due to high consumption among vegetarians (Patil et al 2001, Kumari et al 2006). Allergy to brinjal or eggplant is being widely reported in India and allergens have been characterized (Pramod and Venkatesh 2008). The extent of the problem of food allergy is less documented in India as compared to respiratory allergic diseases from fungal/ aeroallergens (Singh et al., 2004, Acharya and Sahoo, 2006). Data on prevalence of food allergy in Indian population is yet to emerge.

#### **Diagnostic/Testing Tools for FA:**

Diagnostic tests for food allergy consist of both in vivo tests and in vitro tests. This includes three levels of diagnostic criteria: (1) Questionnaire-based histories, (2) Specific IgE and/or skin prick testing (SPT) and (3) Food challenges. (Khakoo & Roberts 2000). The double-blind placebo-controlled food challenge (DBPCFC) is an important in vivo test that involves patient themselves. Other in vivo tests include assessment of the presence of specific IgE, using skin tests. In vitro or laboratory-based tests involve serum assays for specific IgE.

Detailed patient's history is being considered as of utmost importance in the diagnosis of food allergy (Robinson 2014). SPT and serum IgE testing are routinely used to confirm food allergy. While SPT tests are inexpensive and results obtained rapidly, acceptance of these tests to represent true food allergy has been limited in view of lack of uniform procedures and criteria for performing the tests and grading the results as positive or negative, difference in the characteristics of natural, purified, and recombinant test allergens, and also the differential sensitivity of individuals sensitized to the same allergen (Bernstein et al 2008).

On the other hand in vitro specific serum IgE testing is considered to be more quantitative to measure the amount of food specific IgE through an enzymatic assay. In recent times several commercially assay kits for measuring serum IgE are available. However, not all kits are shown to display comparable results and there is a scope for over- or under-estimation of the food-specific allergy diagnosis. Although a positive specific serum IgE or SPT denotes a sensitized state it is not considered equivalent to clinical diagnosis (Sicherer et al 2012).

Under these limitations clinicians often rely on the use of a detailed medical history and knowledge of the features of the specific illness when selecting and interpreting tests. To assess the prevalence of allergies to plant foods according



to the different subjective and objective assessment methods, 36 studies with data from a total of over 250,000 children and adults were evaluated (Zuidmeer et al. 2008). It was observed that the prevalence of 'sensitization' against any specific plant food item assessed by SPT was usually <1%, whereas 'sensitization' assessed by IgE against wheat ranged as high as 3.6% and against soy as high as 2.9%.

In the past 15 years, studies in the US, Japan and some countries of the EU have demonstrated improvements in diagnostic tools for identifying allergic subjects, identifying the allergenic foods, and proteins the patients are sensitized to/likely allergic to, and also provided some data on prevalence of allergy to a variety of common foods. (Sicherer and Sampson, 2010; Borres et al., 2011; Sato et al., 2011).

#### **Management of food allergy:**

Various criteria have been proposed for management of food allergy that include clinical issues (diagnosis, potency of allergen, severity of reactions), population elements (prevalence, exposure) and modulating factors (food processing) (Björkstén et al 2008). Recently, the National Institute of Allergy and Infectious Diseases (NIAID), of the National Institutes of Health USA established guidelines for the diagnosis and management of food allergy in the United States based on a comprehensive review and objective evaluation of the recent scientific and clinical literature on food allergy (NIH 2010).

Regulatory frameworks on food safety in the US, EU, Japan, Canada, Australia, and others have adopted food labeling laws that specifically require all, or nearly all ingredient fractions from common food allergens to be clearly labeled (Mills et al 2004). The Food Safety and Standards Authority of India (FSSAI) is yet to adopt food labeling regulation for allergens that would provide guidance to food producers or consumers. In recent years, there has been an increase in demands in the food processing sector on the use of precautionary allergen statements, which range in wording from "May Contain" and "Processed in a Facility" etc. In Canada, the Food and Drug Regulations introduced new labelling rules for food allergens where most prepackaged foods are required to carry a label indicating the ingredients, in decreasing order of proportion (<http://www.hc-sc.gc.ca/fn-an/label-etiquet/allergen/index-eng.php>).

#### **Conclusions:**

Food allergy is now being considered as significant public health problem in various countries. Studies from India show that documentation of food allergy is very limited. A detailed epidemiological investigation on prevalence of food allergies in various regions of India is urgently needed so as to gain an insight into the extent of the problem in the country and plan risk management strategies. This would require coordination among clinicians, allergists, researchers, diagnostic labs and other working groups so that a database on prevalence of food allergies in India could be evolved that would in turn facilitate in the development of appropriate framework for risk assessment and managing food allergies in India.



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**This is to inform you of the upcoming Workshop on  
'Clinical Nutrition'  
which is scheduled**

on  
30<sup>th</sup> July, 2016  
at

Auditorium Indraprastha Apollo Hospitals, Sarita Vihar, New Delhi.  
from 9:00 am to 4:30 pm

This is being jointly held by Dietetics Department of Apollo hospitals, Delhi and Centre for Research on Nutrition Support Systems (CRNSS).

The aim of this programme is to focus on latest trends in treatment of various diseases and most of the presentations will have the topic presented by a clinician (clinician's perspective) and the clinical nutritionist (nutritionist's perspective)

The topics of this clinical workshop are diabetes, pediatric oncology, inborn errors of metabolism, trauma and wound management, pediatric nephrology and research presentation.

There will be poster competition and quiz along with prizes for both at the end.

- Registration (Complementary):
- Submission of soft copy of poster before 20th July, 2016 on email-I'd given below:
- Exhibit of selected posters by the author on 30th July 2016 from 8:30 am onwards anita\_j@apollohospitalsdelhi.com

Following will be awarded:

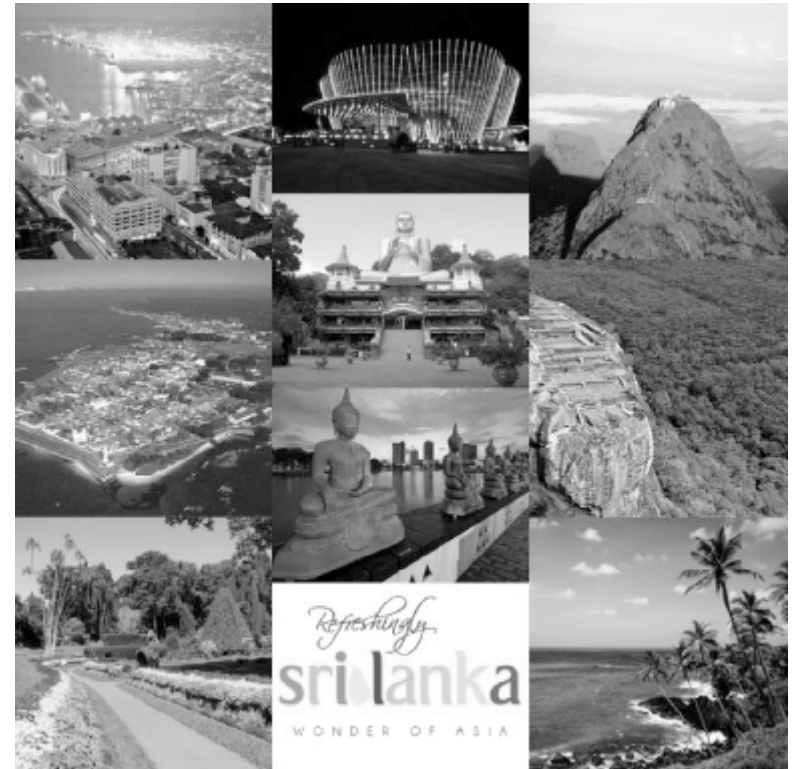
- Certificate of participation
- Certificate plus prizes for winners (as decided by the panel on 30th July 2016)

Poster Size - 100cm Height, 75cm Wide (portrait form)



## SECOND ANNOUNCEMENT

**8<sup>th</sup> APOLLO INTERNATIONAL CLINICAL  
NUTRITION UPDATE 2016  
COLOMBO, SRI LANKA  
13<sup>th</sup> & 14<sup>th</sup> AUGUST, 2016  
[www.clinicalnutritionupdate.in](http://www.clinicalnutritionupdate.in)**



**“Building Excellence & not Islands of Knowledge”**



## WELCOME MESSAGE

On behalf of the organizing committee, we would like to invite you for the 8<sup>th</sup> Apollo International Clinical Nutrition Update (AICNU) 2016, which for the first time will be held in Colombo, Sri Lanka. Today's Clinical Dietitians are challenged to stay abreast of current science in an ever-changing Clinical Nutrition environment to ensure their advice is grounded in the latest evidence. To address the need of health professionals to be effective knowledge managers with ready access to timely, current and authoritative guidance on medical nutrition therapy questions encountered in every day clinical practice.

The annual AICNU is designed to provide Healthcare practitioners with an understanding of the central role of nutrition in health care setting. This Clinical Nutrition update is aimed to provide a distinguished opportunity to the Healthcare professionals to discuss latest advancements and challenges in the field. It is a 1½ day event held around the 2<sup>nd</sup> week of August. We are delighted to share the 2<sup>nd</sup> announcement of the 8<sup>th</sup> AICNU 2016.

## When and Where?

13<sup>th</sup> & 14<sup>th</sup> August 2016

## Conference Venue

Cinnamon Lakeside, Colombo,  
Sri Lanka



**Direction to venue:** Just 30 minutes drive from Bandaranayake International airport

## Target Audience

- Doctors
- Clinical Dietitians
- Nutritionists
- Nutrition Scientists & Researchers
- Lecturers of Clinical Nutrition
- Students of Nutrition and Dietetics and aspiring Nutritionists

## Why you should attend?

All educational sessions at AICNU are designed for professional advancement. In addition, practice applications are incorporated into every session to ensure that what you learn can be implemented on the job. This update provides an overview and practical summary of the latest information on nutrition and health presented by internationally-recognized content experts.



## What you will learn on conclusion of this update?

You will be able to:

- Incorporate nutritional information into clinical practice and advise patients about eating for optimum health as well as using dietary change as a therapeutic intervention
- Evaluate the benefits and risks of nutritional recommendations for specific health conditions through an analysis of the existing scientific and clinical evidence.
- We anticipate to gather a great deal of useful information from the attending pool of experts

## Theme: “Building Excellence & not Islands of Knowledge”

### Thematic Focus







Delegates can expect robust clinical research and education that will impact your practice now and in the future, such as:

- Critical Care Nutrition: What, When, Why, How???
- Importance of nutritional optimization towards better organ transplant outcome
- Paediatric Nutrition: Cow's milk protein allergy – A case-based approach
- Malnutrition in Hospitalized patients: Is there a role for Oral Nutrition Supplement (ONS)?
- Oncology Nutrition: Research Evidence on the use of ω-3 fatty acids (DHA) in head and neck cancer patients' nutritional status and inflammatory markers
- Nutrition Support in Complications during pregnancy – Pre Eclampsia, Gestational Diabetes
- How to measure Gastric Residual Volume in ICU Patients?
- Total Parenteral Nutrition – Basics to Practice
- Using motivational interview for behaviour Changes in patients' dietary habits











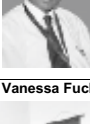



## Important Dates & Deadlines

Important Dates to Remember	
Call for Abstract	1 <sup>st</sup> February 2016
Abstract Deadline	31 <sup>st</sup> May 2016 (23:59 GMT)
Author notification	1 <sup>st</sup> July 2016
Registration Early Bird	until July 1 <sup>st</sup> 2016

## Confirmed Speakers

Name of the Speaker	Country	Profile	Topics
 Prof. Anupam Sibal		Group Medical Director, Apollo Hospitals Group; Senior Consultant Paediatric Gastroenterology and Hepatology, Indraprastha Apollo Hospitals, New Delhi, Secretary General, Global Association of Physicians of Indian Origin (GAPIO), Adjunct Professor of Paediatrics, University of Queensland, Brisbane, Australia	Nutritional issues to be addressed in Liver Transplantation – Pre - Peri - Post Operative Phase
 Dr Dilhar N Samaraweera		President of the Sri Lanka Association of Geriatric Medicine Consultant Physician, Base Hospital, Pimbura, Agalawatte	Impact of nutrition on Frailty in Elderly
 Dr. Jonathan Tan		Senior Consultant, Department of Anaesthesiology, Intensive Care and Pain Medicine, Director, Surgical Intensive Care Unit, Tan Tock Seng Hospital, Singapore	Optimizing the Energy and Protein in ICU



 <b>Dr. Krishnan Sriram</b>		Tele-Intensivist, Advocate Health Care, Oakbrook, Illinois, USA; Voluntary Attending & former Fellowship Program Director & Division Chair/Surgical Critical Care; & Director, Nutrition Support Team, Stroger Hospital of Cook County, Chicago, USA	<ol style="list-style-type: none"> <li>1. Is there a role for Oral Nutritional Supplement (ONS) in hospitalized patients?</li> <li>2. Home-based versus Scientific Enteral formulations for critical care – What is the evidence?</li> </ol>
 <b>Dr. Luciana B. Sutanto</b>		Indonesian Nutrition Association (INA) Wisma Nugraha suite 501, Jl. Raden Saleh No. 6 Jakarta 10450, Indonesia	<ol style="list-style-type: none"> <li>1. Nutritional Support in complications during pregnancy – Pre-eclampsia and Gestational Diabetes (GD)</li> <li>2. Estimating Gastric Residual Volume (GRV) in critically ill patients</li> </ol>
 <b>Ms. Mary Easaw</b>		Senior Manager and Chief Dietitian Dietetics & Food services National Heart Institute, Kuala Lumpur, Malaysia American Overseas Dietetics Association Representative for Malaysia	Using Motivational Interview for Behaviour Change in Patients' Dietary Habits
 <b>Prof. Pierre Singer</b>		Professor of Anesthesia and Intensive Care, Sackler School of Medicine, Tel Aviv University, Tel Aviv, Israel Past President - ESPEN	The role of Protein in Critically ill
 <b>Prof. Ramakrishnan. N</b>		Senior Consultant in Critical Care & Sleep Medicine and Director, Critical Care Services, Apollo Hospitals, Chennai; Adjunct Professor, Tamil Nadu Dr. MGR Medical University & Apollo Hospitals Education & Research Foundation	Parenteral Nutrition – A to Z
 <b>Dr. Sarath Gopalan</b>		Senior Consultant, Paediatric Gastroenterology & Hepatology, Indraprastha Apollo Hospitals, New Delhi; Executive Director, Center for Research on Nutrition Support Systems	<ol style="list-style-type: none"> <li>1. Planning of Pediatric Parenteral Nutrition</li> <li>2. Cow's milk protein allergy – A case-based approach to nutritional intervention</li> </ol>
 <b>Dr. Vanessa Fuchs.T</b>		Chief of Clinical Nutrition, Research in Metabolism & Clinical Nutrition in Oncology, Mexico General Hospital, Mexico	Practical issues in nutritional intervention in the patients with cancer

## General Information

### Duration:

- Arriving at Sri Lanka – Friday, 12<sup>th</sup> of August 2016.
- The scientific program of the conference will commence on Saturday morning, 13<sup>th</sup> of August 2016 and will end on Sunday, 14<sup>th</sup> of August 2016.



### Registration:

#### Online Registration:

Online registration will be opening soon on the conference website [www.clinicalnutritionupdate.in](http://www.clinicalnutritionupdate.in).

#### Delegate Registration Fee

Delegate	Early Bird (until July 1 <sup>st</sup> 2016)	Full Fee (After July 1 <sup>st</sup> 2016)	Spot Registration on 13 <sup>th</sup> August 2016
Doctors	US\$ 100	US\$ 150	US\$ 200
Dietitians / Dietetics			
Students	US\$ 50	US\$ 100	US\$ 150
Accompanying persons (all ages)	US\$ 70	US\$ 70	US\$ 70
Exhibitors	US\$ 100	US\$ 100	US\$ 100

#### Conference Registration Fee includes the following

- Use of the Banquet Hall (FD – 08Hrs / HD – 04Hrs)
- Morning Tea/Coffee break with Two Snacks
- Lunch
- Evening Tea/Coffee break with Cake & Cookies
- Purified drinking water
- City tour - 3 pm to 6 pm on 12<sup>th</sup> August

There will be ONLY one (1) city tour coach which will be available for any delegate to join on FOC basis and this will be done between 1500 to 1800 Hrs on 12<sup>th</sup> August 2016.

#### Conference Registration Fee does not include the following

- Air tickets & taxes
- Visa fees & processing
- Lunch/Dinner wherever not mentioned
- Early check-in / Late check-out
- Optional Excursions
- Camera / Video permits
- Any expenses of a personal nature
- Any meals not specified above
- Alcoholic and Non-alcoholic beverages at all hotels
- Cost for any services not mentioned in the above

## Accommodation

**Arranging your accommodation** - Conference delegates are responsible for their own accommodation bookings and suggested accommodation at special conference rates are as follows:

Name of the Hotel	Type of Rooms (Deluxe Room)	Rate Per Day	Remarks
<b>CINNAMON LAKESIDE (**** 5 Star) (Conference Venue)</b>	Single	US\$140	<a href="http://www.cinnamonhotels.com/cinnamonlakesidecolombo/">http://www.cinnamonhotels.com/cinnamonlakesidecolombo/</a>
	Double	US\$150	
	Triple	US\$180	
<b>JETWING COLOMBO BOUTIQUE (**** 5 Star)</b>	Single	US\$140	<a href="http://www.jetwinghotels.com/jetwingcolomboserve/">http://www.jetwinghotels.com/jetwingcolomboserve/</a>
	Double	US\$150	
	Triple	US\$150	
<b>OZO COLOMBO (****4Star)</b>	Single	US\$125	<a href="http://www.ozohotels.com/colombo-srilanka/">http://www.ozohotels.com/colombo-srilanka/</a>
	Double	US\$125	
	Triple	US\$165	





<b>THE OCEAN COLOMBO (**3Star)</b>	Single	US\$115	<a href="http://theoceancolombo.com/">http://theoceancolombo.com/</a>
	Double	US\$120	
	Triple	US\$150	
<b>BEST WESTERN ELYON COLOMBO (**3Star)</b>	Single	US\$100	<a href="http://www.bestwesterncolombo.com/">http://www.bestwesterncolombo.com/</a>
	Double	US\$100	
	Triple	US\$120	
<b>FAIRVIEW COLOMBO (**2Star)</b>	Single	US\$90	<a href="http://www.tangerinehotels.com/fairview/">http://www.tangerinehotels.com/fairview/</a>
	Double	US\$90	
	Triple	US\$120	

#### Important Notes

- Special rates have been granted by the conference hotel for the participants of the conference.
- Rooms will be reserved on a 'first come first served' basis.
- You are responsible for making contact with other individuals and setting up your own hotel reservations especially for double / triple occupancy sharing.
- Check in time at hotels : 1400Hrs
- Check out time at hotels : 1200Hrs
- More information on Sri Lanka can be obtained from <http://srilanka.travel/>
- Rates are based on current government taxes and subject to change in case of any new / amended taxes

#### Hospitality Partners

- Jet Wing Events** will be handling AICNU 2016 – Registration, Accommodation, Airport transfers, Extended tours etc.
  - Contact: Mr. Shirosh Seneviratne
  - Email id: [shirosh@jetwing.lk](mailto:shirosh@jetwing.lk)
  - Phone Number: +94777287801
- Isha Travels** will be handling AICNU 2016 – Airline tickets, Visa arrangements etc. Visit Visa for Sri Lanka can also be obtained from <http://www.eta.gov.lk/slvisa/>
  - Contact: Email id: [aicnu@ishatravels.com](mailto:aicnu@ishatravels.com)
  - Phone numbers:
    - ❖ Ms. Rupa :+91 9704750000
    - Mr. Sandeep :+91 7893530012
    - Mr. Pradeep: +91 9000382200
    - ❖ India Office (Hyderabad): +91-40-66205592
  - US office numbers: +1877-359-4742; +1 (732) 283 1511

#### Spread the word

Download the [AICNU 2016 poster](#) to spread the word with your colleagues and peers.

#### Connect with us

Social media provides an easy way to stay connected with AICNU and to build relationships with your fellow attendees and healthcare professionals.



<https://www.facebook.com/pages/Apollo-Dietitians-Forum/314197888607121>



<https://www.linkedin.com/in/apolodietitiansforum>

Connect with us and tell all of your friends and colleagues what they're missing!



## IDACON 2016

### About Mumbai

Mumbai is the biggest metropolis of India. A city that is full of life and is also known for its well known tourist places, commercial hubs and government bodies. It is also known as the financial and fashion capital of India. The city is located on the western part of the India and is the capital of Maharashtra. The city has many beautiful places of tourist's interests like Gateway of India, Marine Drive, Eshwariya Creek, Fashion Street, Film City, Ashi Beach, Chowpatty, Victoria garden, Icon Temple, Haji Ali's Mosque, Siddhi Vinayak Temple, Bandra -Worli Sea Link etc.

### About Venue

Sahara Star is one of India's most desirable destinations. From board meetings to business conferences to grand celebrations, Hotel Sahara Star, is indisputably, the ideal option. Its strategic location near Mumbai's Domestic Airport coupled with myriad cutting – edge facilities and amenities leave no room for compromise. Moreover, its many first and innovations promise to make every moment memorable and event magnificent.

### Conference Secretariat

**Naaznin Husein**  
Organising Secretary, IDACON 2016  
President, IDA, Mumbai Chapter  
Address: 3<sup>rd</sup> Floor, Masjid, Carter Rd, Bandra (W), Mumbai 400050  
Tel: +91-9820111124  
idacon2016@gmail.com / idamumbaichapter@gmail.com  
[www.idaindia.com](http://www.idaindia.com)

FIRST ANNOUNCEMENT  
**49<sup>th</sup> ANNUAL NATIONAL CONFERENCE**  
OF INDIAN DIETETIC ASSOCIATION



**IDACON 2016**

SEPTEMBER 23-25, 2016

Theme  
"Joining Hands To Nourish India -  
Nutrition Beyond Metrics"

Organized by  
INDIAN DIETETIC ASSOCIATION  
MUMBAI CHAPTER



VENUE  
HOTEL SAHARA STAR  
DOMESTIC AIRPORT, MUMBAI

# IDACON 2016

Greetings from IDA, Mumbai Chapter

It gives us immense pleasure to invite you to 49<sup>th</sup> Annual National Conference of Indian Dietetic Association, from 23-25 September 2016 at Hotel Sahara Star, Domestic Airport, Mumbai.

This conference will give an opportunity to the largest chapter of IDA in India to interact after a long gap of twenty years. The objective of this conference is to enable the stakeholders in the field of Dietetics & Nutrition to join hands together for the progressive growth and development in areas of medical nutrition therapy, clinical research, academic enrichment, fitness & wellness and industrial growth in sectors of food, Pharmaceutical, Nutraceutical & Natural. The evidence based scientific knowledge dissemination remains the key focus. This is a never to be missed opportunity, with eminent international and national speakers, workshops and plenary sessions.

The organising team welcomes you warm heartedly. We are sure that participants will be able to facilitate and foster interdisciplinary collaborations with experts and specialists. Looking forward to see you!

## Registration Fees

Early Registration (1 May 2016 to 30 May 2016)		From 01 June 2016 to 15 August 2016	
IDA Life Member*	Rs. 1200/-	Rs. 1200/-	Rs. 1400/-
Associate Member	Rs. 1200/-	Rs. 500/-	Rs. 700/-
Student Member**	Rs. 500/-	Rs. 8000/-	Rs. 10000/-
Non-Member			

\*Type of life membership certificate format required. \*\*Latter from the Day of admission is required

## No Spot Registration

Pre-Conference Fees: Rs. 500/- (Only limited seats)

## Highlights

Pre-Conference Workshops  
Plenary Lectures  
Parallel Workshops  
Founders Dratun  
Award Sessions  
Free Communication Session  
Workshop for clinicians  
Public Forum  
Fitness Boot Camp

Submit your abstracts & full papers to  
IDACON2016@gmail.com  
before 30<sup>th</sup> June 2016

## Organising Committee

 Organising Secretary Nazarin Husain	 Chairperson Dr. Jagmeet Madan	 Co-Chairperson Salama Binjimin	 Scientific Chairperson Shilpa Joshi
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 Scientific Committee Dr. Sushant	 Scientific Committee Dr. Anand	 Scientific Committee Dr. Nishi Kishore	 Scientific Committee Dr. Sushant	 Scientific Committee Dr. Anand	 Scientific Committee Dr. Sushant
 Scientific Committee Dr. Sushant	 Scientific Committee Dr. Anand	 Scientific Committee Dr. Nishi Kishore	 Scientific Committee Dr. Sushant	 Scientific Committee Dr. Anand	 Scientific Committee Dr. Sushant

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