



Spotlights and microphones are turned on Immunology

Holofotes e microfones estão voltados para a Imunologia

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Dear AAAI readers,

The challenges of our specialty of Allergy and Immunology in the current times and after the pandemic of COVID-19 are huge. Terms and phrases typical of our specialty have become commonly used by the population. People talk about immunity, antibodies, lymphocytes; in short, they started to use the specific vocabulary about immune response in daily conversations. In the various media and social networks, information about how the immune system works, particularly explaining immunization strategies, have completely changed the imaginary about science and real life. What seemed like distant scientific knowledge that was only of interest to medicine has become the talk of the moment. Everyone wants to know how their immunity is doing. In this context, specialists in Allergy and Immunology ended up facing enormous challenges in clinical care and communication with people.

With the pandemic of COVID 19, in a period of a little more than a year, an exponential evolution occurred in the diffusion of knowledge about immunology. New immunization strategies were developed for a disease with global dissemination, directing the attention of humanity on science and medicine, particularly in the area of immunology. From the beginning of the year 2020, the articles published in AAAI reflect this new reality. In this issue, the subject

of urticaria and COVID-19 is particularly highlighted in the special article section. The clinical communication on systemic mastocytosis and COVID-19 expresses in an exemplary way the relevance of the Allergist and Immunologist at this moment of humanity, I believe that our specialty is certainly the only one able to possess a solid knowledge to address immunization in patients with systemic mastocytosis.

This phenomenon of the “communication spotlight” being turned to immunology happens concomitantly with the revolution we are living with the era of the use of monoclonal antibodies in the treatment of diseases. We have all heard these phrases in the recent past: “this monoclonal antibody business is a pharmaceutical industry thing”; “the population will hardly have access to treatment with biologics”; “monoclonal antibodies will only be used in the future and in developed countries”. Well, dear readers, the use of biologics in the treatment of allergic and immunological diseases is part of our present. With the new legislation of the National Health Agency on the subject, access to biologics has become easier in Brazil. I dare say that with this new scenario our specialty has reached a new professional level. The doctor who deeply knows immunology is prepared for the present and for the future. The articles published in this issue of AAAI on the efficacy and safety of dupilumab in the treatment

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of chronic rhinosinusitis with nasal polyposis and the use of this biologic in chronic spontaneous urticaria (CSU) refractory to omalizumab address this current reality of our specialty.

This year allergen immunotherapy (AIT), which represents the state of the art of our specialty, is turning 110 years old. Only Allergists and Immunologists are qualified to perform allergy tests, identify the cause of the allergic process, and modulate the immune system using immunotherapy with allergenic extracts. As incredible as it may seem, the century-old strategy of immunotherapy with allergens represents the beginnings of modern Precision Medicine. What characterizes Precision Medicine is the recognition of specific molecules and the use of strategies to modulate the immune system acting on specific targets of pathophysiology and allowing the control of diseases. In fact, Allergists and Immunologists have been doing Precision Medicine for a long time. Our specialty has a window of opportunity to demonstrate our preparedness in our ability to modulate the immune system. Our past and our origins in the use of immunotherapy with allergens has met with the present moment of the use of biologics in the treatment of allergic and immunological diseases. We know how to do AIT as well as therapy with biologics and we

can contribute to the improvement of people's health especially in this new context in which immunology is highlighted. In this issue of AAAI, the original article "Molecular diagnosis and selection of immunotherapy in a Portuguese population sensitized to grass and olive tree pollen" represents unequivocally how our specialty can contribute in the era of Precision Medicine using knowledge that we began to develop 110 years ago associated with the new knowledge of molecular immunology.

In the difficult moments of humanity, great changes occur, new opportunities arise, new leaderships emerge and history builds new pathways. Our specialty has the opportunity to evolve a lot in this current scenario. I believe in our leadership in this process of making immunomodulation increasingly viable in the treatment of various diseases. We need to invest in the qualification of Allergists and **Immunologists** so that we can face the challenges of the present and post pandemic of COVID-19. The AAAI, the official scientific journal of ASBAI and SLaaI, is certainly a valuable instrument to prepare our specialty for the professional and academic practice in these new times.

Good reading and good study to all!