The
SEASONAL
Quarterly Newsletter of the NCAAIS - Fall 2026

FELLOW SPOTLIGHT: HUNTER SMITH, MD

The Fellow Spotlight is an opportunity to highlight the outstanding fellows across North Carolina, giving readers a chance to get to know the individuals behind the work being done in our specialty. Through these spotlights, we hope to showcase fellows' personal journeys, clinical interests, research endeavors, and future aspirations while celebrating the diverse perspectives and contributions of the next generation of allergists and immunologists.

Tell us about yourself.



Hunter Smith, MD, MPH
UNC School of Medicine

My name is Hunter Smith, and I am a second-year Allergy & Immunology fellow at the University of North Carolina at Chapel Hill. I completed pediatric residency and chief residency at Ann & Robert H. Lurie Children's Hospital of Chicago/ Northwestern University before coming to UNC for fellowship. Originally from North Carolina, I was excited to return home for fellowship training. Outside of medicine, I enjoy spending time with my family, following Notre Dame athletics (Go Irish!), playing board games, and staying active. A fun fact about me is that I played football at the University of Notre Dame.

Why did you go into Allergy & Immunology?

I was drawn to Allergy & Immunology for its blend of longitudinal care and meaningful patient relationships across the lifespan. As someone with a peanut allergy, I've been inspired by the field's rapid innovation and the advances that continue to improve patients' lives. I've also been fortunate to learn from an outstanding community of allergy mentors whose curiosity and collaborative spirit have motivated me to contribute to the growth of the field and the education of future learners.

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What are your research interests/ current projects?



Dr. Smith back in his days playing for Notre Dame

My research interests focus on food allergy, particularly the intersection of food allergy management and quality of life, with my recent research supported by the ACAAI Allergists' Foundation Community Grant. My current work examines anxiety, quality of life, and treatment preferences among adolescents with food allergy and their caregivers. I am especially interested in understanding the lived experiences of patients and families and how psychosocial factors can be better integrated into patient-centered care, shared decision-making, and educational initiatives for both families and healthcare providers.

What would you like to do following fellowship?

Following fellowship, I hope to build a career centered on providing high-quality allergy and immunology care while remaining involved in education, mentorship, and clinical research. Next year I will serve as the Chair of the AAAAI FIT Committee – I enjoy collaborating on projects that improve patient care. I look forward to continuing to serve patients and families across North Carolina while contributing to the growth of the specialty.

SHARE DR. HUNTER SMITH'S STUDY ON PEDIATRIC ALLERGIES

This UNC Health Children's study is enrolling adolescent-caregiver dyads (adolescents ages 11-17 years) with food allergy and seeks to better understand how different management strategies, including strict avoidance, OIT, SLIT, and omalizumab, influence psychosocial outcomes and treatment preferences. Adolescents and caregivers each complete an online survey using validated questionnaires, and the findings will help inform more patient-centered food allergy care and shared decision-making.

Please share or distribute the informational flyer to your patients. Download it here.



ADVOCACY UPDATE: ELECTION RESULTS

2026 Election Results and How They Could Impact Your Practice

By Hannah Rice



The 2026 elections brought significant changes to North Carolina's political landscape at both the state and federal levels. Former Governor **Roy Cooper** defeated **Michael Whatley** in the U.S. Senate race, while several congressional races remain too close to call. In Raleigh, **Democrats are set to take control of the NC House for the first time since 2010**, gaining approximately 21 seats. **Republicans are expected to maintain a narrow majority in the NC Senate,** although a few close races could impact the final makeup of the chamber. One notable loss for the physician community is **Rep. Tim Reeder, MD,** who lost his reelection bid after serving as a strong advocate for physicians, PAs, and their patients in the General Assembly.

These changes could have a significant impact on NCMS' **legislative priorities heading into 2027: prior authorization reform, an All-Payer Claims Database (APCD), and scope of practice.** With Democrats taking control of the House, we anticipate more challenges surrounding scope-of-practice legislation, as many Democratic legislators have historically supported expanding independent practice authority. At the same time, potential changes in Senate leadership could create new opportunities to advance meaningful prior authorization and insurance reform. NCMS will also be navigating the loss of several strong legislative advocates for physicians and PAs, making relationship-building with new lawmakers even more important.

With more than 20 new legislators potentially heading to Raleigh, education and physician engagement will be major priorities for NCMS in 2027. We will focus on building relationships with new legislative leadership, educating lawmakers on issues impacting physicians and patients, and encouraging our members to become more involved in advocacy. As the political landscape continues to shift, ensuring physicians and PAs have a strong voice in healthcare policy discussions will be more important than ever.



Hannah Rice
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About the Author: Hannah Rice is the Director of Legislative Affairs at the North Carolina Medical Society (NCMS), a role she has held since 2022. Based in Raleigh, she leads legislative advocacy initiatives on behalf of the organization.

The 2025 Inborn Errors of Immunity Practice Parameter

By Dr. Niraj Patel

In this edition, we highlight the newly published 2025 Inborn Errors of Immunity Practice Parameter (Ann Allergy Asthma Immunol 2026;136:426–493). It was developed by the Joint Task Force on Practice Parameters with AAAAI, ACAAI, and the Clinical Immunology Society, and is the first update since 2015. The terminology has changed: "primary immunodeficiency" now falls under the broader term inborn errors of immunity (IEI). The field spans more than 500 genes, and many of these conditions present with autoimmunity, inflammation, or severe atopy rather than infections alone.

What's New for Your Practice

Think beyond infections. The parameter recommends evaluating for IEI in patients with recurrent, severe, or unusual infections, autoimmunity, autoinflammation, severe atopy, atypical malignancy, or bone marrow failure, especially when these occur together. Secondary causes should always be excluded, including corticosteroids, B-cell–depleting agents such as rituximab, and protein-losing states.

Genetics belongs early in the workup. Diagnosis should integrate clinical, immunologic, and genetic findings. A targeted IEI gene panel or exome is the recommended first step, and clinicians with IEI expertise can order testing without a mandatory genetics referral.

Diagnostic vaccination is changing. PCV20 is now widely used, which leaves only four PPSV23-unique serotypes (2, 9N, 17F, 20) for assessing polysaccharide responses. The parameter introduces a new diagnosis, specific antibody deficiency to protein antigens. It also recommends running pre- and post-vaccination titers in the same laboratory.

Practical immunoglobulin replacement guidance:

- Start at 400–600 mg/kg/month and target troughs above 800 mg/dL. Pneumonia incidence falls with each 100 mg/dL increase, up to about 1000 mg/dL.
- Low or absent IgA is not a contraindication.
- Route (IV vs. SC) should follow patient tolerance and preference.
- For specific antibody deficiency and transient hypogammaglobulinemia of infancy, a trial of antibiotic prophylaxis is a reasonable first-line alternative.

Less is more. The parameter recommends against routine autoantibody panels. Also remember that patients on immunoglobulin replacement can have false-positive serologies from donor antibodies.

Precision medicine has arrived. A genetic diagnosis increasingly changes treatment.

Examples include:

- leniolisib for APDS
- abatacept for CTLA-4 haploinsufficiency and LRBA deficiency

- » JAK inhibitors for STAT1/STAT3 gain-of-function
- » mavorixafor for WHIM syndrome

Close to home. Cultured thymus tissue implantation for congenital athymia is available at only two centers worldwide: Duke and Great Ormond Street Hospital in London.

Bottom Line

The 2025 parameter moves IEI care toward earlier genetic diagnosis, wider recognition of non-infectious presentations, and mechanism-targeted therapy. Community allergists are often the first to see these patients, so they remain essential to recognizing IEI and managing antibody deficiency. Join us at the 2027 NCAAIS Annual Meeting in Asheville (May 14–16), where I will review the parameter in more depth, including case-based approaches to workup, interpreting genetic results, and when to refer.



Niraj C. Patel, MD, MS, FACAAI
Duke Health;
NCAAIS President-Elect

About the Author: Dr. Niraj C. Patel, MD, MS, FACAAI is an Associate Professor of Pediatrics in the Division of Allergy and Immunology at Duke University and a practicing allergist and immunologist at Duke Health. He is one of only three physicians in the United States who is double-board certified in both pediatric infectious disease and allergy and immunology.

UPCOMING NCAAIS EVENTS

Mark your calendar today and make plans to join us!

2027 White Coat Day | Wednesday, April 14, 2027

Join us at NCMS Headquarters (222 N. Person Street, Suite 101, Raleigh, NC 27601) for our 2027 White Coat Day! Breakfast and lunch will be provided. We look forward to bringing our members together for a day of advocacy, engagement, and connection.

2027 Annual Meeting | May 15–16, 2027

Mark your calendars for the NCAAIS 2027 Annual Meeting at the Embassy Suites Asheville Downtown! Join us for a weekend of education, networking, and collaboration with colleagues from across the state.

Book Your Hotel: NCAAIS Room Block

Allergy & Immunology Case Report

By Dr. Alexander Fender

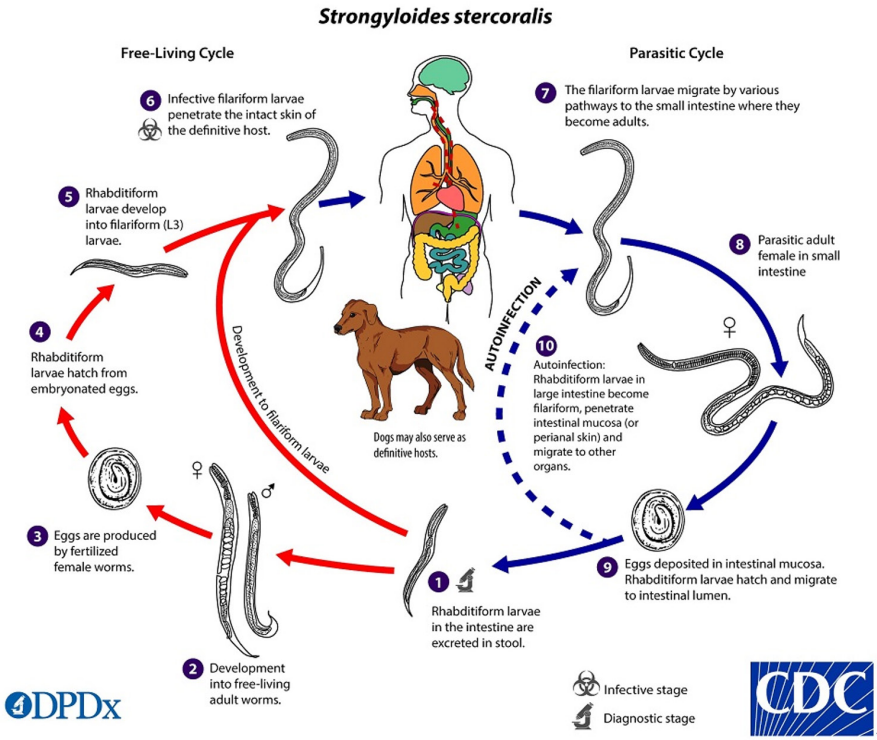
Case Presentation

A 48-year-old woman with a history of hypertension treated with hydrochlorothiazide presented to a free medical clinic with two weeks of cramping abdominal pain, globus sensation, and intermittent non-bloody diarrhea. She immigrated from Ecuador to the United States in 2005 and had not traveled internationally since her arrival.

She was referred to otolaryngology for evaluation of her globus sensation. Neck ultrasonography demonstrated mild submandibular lymphadenopathy, while subsequent computed tomography of the neck revealed mild unilateral tonsillar hypertrophy. Gastroenterology evaluation included a negative Helicobacter pylori breath test. Amitriptyline was prescribed for persistent abdominal pain, but the patient did not initiate treatment.

During the evaluation, laboratory testing revealed peripheral eosinophilia of 2,100 cells/μL. Repeat testing two weeks later demonstrated an increase to 3,400 cells/μL, prompting referral to an allergist for further evaluation. Stool ova and parasite examination and Strongyloides antibody testing confirmed Strongyloides infection.

The patient received treatment for strongyloidiasis, with subsequent resolution of her gastrointestinal symptoms and normalization of her peripheral eosinophil count.



Discussion

This case highlights the importance of considering parasitic infection in patients presenting with gastrointestinal symptoms and unexplained, progressive eosinophilia. Strongyloides stercoralis can establish chronic infection through autoinfection, allowing persistence for decades after exposure. Consequently, the absence of recent international travel does not exclude infection in individuals who previously lived in endemic regions.

Although eosinophilia is not universally present in strongyloidiasis, persistent or increasing eosinophil counts should prompt consideration of parasitic etiologies alongside other causes. Early recognition is particularly

important because untreated infection can lead to life-threatening hyperinfection or disseminated disease, especially in patients subsequently receiving immunosuppressive therapy.

Conclusion

Strongyloidiasis should remain in the differential diagnosis of unexplained eosinophilia accompanied by gastrointestinal symptoms, even decades after immigration from an endemic region. Recognition of this association can facilitate timely treatment, symptom resolution, and prevention of potentially severe complications.



Alexander Fender, MD
Allergy Partners
NCAAIS Secretary-Treasurer

About the Author: **Dr. Alexander "Alex" Fender, MD** is a board-certified physician specializing in Allergy & Immunology and Pediatrics in Western North Carolina. He practices with Allergy Partners across multiple locations in the Asheville area.

APA 7th Edition:
Centers for Disease Control and Prevention. (2019, July 30). Strongyloidiasis. DPDx. https://www.cdc.gov/dpdx/strongyloidiasis/index.html

In-text citation: (Centers for Disease Control and Prevention [CDC], 2019)
Subsequent citations: (CDC, 2019)



We want to hear from you! NCAAIS is always looking for ways to better serve and engage our members, and we would love for you to get involved.

Help Shape Our Quarterly Newsletter!

We want this newsletter to be valuable, informative, and relevant to you! What topics would you like to see featured? Are there resources, updates, or educational opportunities you would find helpful? Would you be interested in contributing content?

We would love your feedback!

Take Our Quick Member Survey

Your input helps us make NCAAIS stronger, more connected, and more valuable to our members. We hope you'll take a few minutes to share your thoughts!

Congratulations to Niraj Patel, MD, MS, FACAAI – 2026 Distinguished Fellow Award Recipient!



Niraj C. Patel, MD, MS, FACAAI

The North Carolina Allergy, Asthma & Immunology Society is proud to congratulate **Niraj Patel, MD, MS, FACAAI,** on receiving the 2026 Distinguished Fellow Award from the American College of Allergy, Asthma & Immunology (ACAAI). This prestigious award recognizes Fellows who have made significant contributions to the fields of allergy, asthma, and immunology, demonstrating excellence in clinical care, teaching, scholarly achievement, leadership, and dedication to the College.

Dr. Patel received this honor at the 2026 ACAAI Annual Scientific Meeting, held November 12–16 in Phoenix, Arizona.

Please join us in congratulating Dr. Patel on this well-deserved recognition!

Get Connected with NCAAIS!

Join NCAAIS

Stay connected with colleagues, informed about important issues affecting allergy, asthma, and immunology care, and engaged with the Society's work across North Carolina. Membership is free!

Sign up for the Practice Managers Listserv!

Practice managers can also join our dedicated listserv to receive timely updates, resources, and information relevant to managing and supporting your practice.

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UPCOMING EVENTS



2027 NCAAIS ANNUAL MEETING

May 14-16, 2027

Embassy Suites by Hilton Asheville Downtown

192 Haywood Street, Asheville, NC 28801

2027 NCAAIS WHITE COAT DAY

April 14, 2027 | 8:30AM-3:00PM

NC Medical Society Headquarters

222 N. Person Street, Ste. 101, Raleigh, NC 27601

Join us for our inaugural Legislative Advocacy Day! Kick off the day with an overview of the latest issues affecting your practice, then head to the General Assembly to connect with legislators and participate in key committee meetings. It's a great opportunity to make your voice heard and advocate for the issues that matter most to your profession.



For more information on these upcoming events, contact **Megan Eberle-Gliarmis**, NCAAIS Executive Director. Additional details to be posted soon: ncmedsoc.org/ncaais