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WASP AND BEE STING ALLERGY

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Anyone can become allergic to bee and wasp stings but those most likely to become bee allergic are bee keepers. Those who work in gardens are also more likely to become either wasp or bee allergic. It is unusual to be allergic to both insects. Anyone who has suffered an anaphylactic reaction (see below) should be investigated in an allergy clinic and should preferably be desensitised to the relevant insect or alternatively carry an injectable form of adrenaline around with them all of the time. To put things in perspective, deaths from stings are extremely rare, and mainly affect older people. Most people survive sting allergy reactions, even if they receive no effective treatment, so **DON'T PANIC**.

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Symptoms

1. Localised reactions

Swelling at the site of the sting, which can be more than 10 cm in diameter and last for more than 24 hours. The rest of the limb may be involved but no generalized symptoms are present.

2. Anaphylactic = Moderate / severe reactions

Any or all of the following symptoms may be present:

- Swelling of throat and mouth
- Difficulty in swallowing or speaking
- Difficulty in breathing – due to severe asthma or throat swelling
- Hives anywhere on the body, especially large hives
- Generalised flushing of the skin
- Abdominal cramps, nausea and vomiting
- Sudden feeling of weakness (drop in blood pressure)
- Collapse and unconsciousness

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Allergy UK is the operational name of The British Allergy Foundation, a charitable company limited by guarantee and registered in England and Wales.
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Diagnosis

Your insect allergy should be confirmed by measurement of the allergen specific IgE antibody in blood commonly known as RAST testing (this involves no risk to the patient) or by skin prick testing. These tests are available at NHS allergy clinics. Some NHS allergy clinics offer desensitisation. This involves injections of diluted wasp or bee venom, initially at weekly intervals for at least 8 weeks, followed by monthly to 6 weekly intervals for up to 3 years. Desensitisation must be performed in a hospital as there is a slight risk of a reaction to the injection.

Clinics require one to wait at least one hour following injection for observation.

Many allergy clinics are reluctant to desensitise small children, as children sometimes become less allergic after repeated stings, and also because most small children would be reluctant to have regular injections. Deaths from stings in childhood are almost unknown. Many children outgrow their venom allergy.

MANAGEMENT

Localised reactions: Involving swelling of affected area, urticaria and flushing

Use a non-sedating, rapid acting antihistamine as advised by your GP or pharmacist. These take 15 minutes to start working, e.g.:-

- acrivastine 8mg tablets from the pharmacy counter
- cetirizine - 10 mg tablets from the pharmacy counter
- loratadine- 10 mg tablets from the pharmacy counter
- fexofenadine 120mg (prescription only)
- desloratadine (prescription only)
- levocetirazine (prescription only)

Adult dose: 1 of either tablet

Child dose: as prescribed by specialist, may be in the form of a syrup.

Large local reactions can also be treated with oral steroid tablets 20-30 mg prednisolone as soon as one is stung and repeated daily for up to 3 days. These tablets will need to be prescribed by your GP.

Anaphylactic reactions:

- An ambulance should be called immediately (Tel No: 999). The controller must be told that the patient is suffering from anaphylaxis.
- Immediately give an adrenaline (epinephrine) injection.
- Keep the patient lying in the recovery position and stay with them.
- If they have not recovered in 5 minutes, give the second adrenaline (epinephrine) injection.
- Even if the patient recovers quickly, they must still go to hospital for observation in case of delayed or repeated reactions.
- If the patient has an asthma blue inhaler, they should use it AFTER the injection. Do not delay administering the adrenaline injection.
- Take care with the used injector as it will have an exposed needle. Give it to the paramedic on arrival.

It is essential that sufferers and families/ associates of anaphylactic individuals are experienced in the administration of adrenaline using one of the prescribed devices. All the companies can

provide placebo practice devices. The necessary techniques should be practiced under the supervision of a trained allergy nurse or specialist. It is essential to ensure that the injection is not out of date. Allergic people should keep two dose units of adrenaline with them at all times. A repeat dose may be needed while awaiting the arrival of emergency services.

When stung, if the sting has been left behind this will need to be gently eased out so as not to increase your dose of bee venom. This is best achieved by flicking the sting out with your nail, do not squeeze the area. Generally speaking wasps do not leave their sting behind, this means that they may sting you more than once. If possible place an icepack (pack of peas will do) on the area of the sting and ideally sit down or lie down, especially if feeling faint. Hopefully by now the ambulance would be close to home or where you are and trained staff will be able to assess your needs and deal with them if necessary. If you work some distance from a phone and are very sensitive to stings and have not been desensitized, then it may be wise to carry a mobile telephone with you, because even with the adrenaline one may need additional treatment. The adrenaline is really to make sure you have enough time to reach hospital where you can be supervised for some hours and given extra treatment as required.

Useful ideas

1. Wear a Medic Alert bracelet or medallion. This will have details of the allergy and treatment required.
2. Inform teachers/work colleagues and occupational health advisors of your insect allergy, and treatment required.
3. Do not drink out of cans (beer or soft drinks), as wasps can crawl inside cans where they are not seen until the drinker puts the can to their lips.
4. Avoid walking barefoot on grass, especially if clover is present.
5. Don't pick up fallen fruit, the side you cannot see may have a wasp in it.
6. Get professional help if there is a wasps' nest in or near your home.

PRESCRIPTION DRUGS ONLY

EPI-PEN AUTO-INJECTOR

ADULT or PAEDIATRIC (EPI-PEN JUNIOR).

A second dose may be required.

Shelf life of 18 months.

Has full UK licence, available on prescription through your pharmacist

Alk (UK) Limited, Tel: 01488 686 016

2 Tealgate, Hungerford, Berkshire, RG17 0YT

ANAPEN AUTO-INJECTOR

Administration based on body weight for either

Anapen 0.3mg solution or

Anapen 0.15mg solution

A second dose may be required

Shelf life.8 months.Available on Standard NHS Prescription. Price £22.44

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