What is an insect allergy?

Allergies to venoms from stinging insects such as bees, wasps and Jack Jumper Ants are one of the most common causes of severe allergic reactions (anaphylaxis) in Australia.

Most reactions to insect bites and stings are not severe, however anaphylaxis can occur.

Symptoms of anaphylaxis can include hives all over the body, persistent dizziness (due to a sudden drop in blood pressure), abdominal pain, vomiting, swelling of tongue or throat and difficulty breathing.

Anaphylaxis from stinging insect allergy results in an average of three deaths per year in Australia even though we have access to affordable treatment that can make people less allergic to some stings called Venom Immunotherapy (VIT).

Those at greatest risk of anaphylaxis to insects are those who have experienced anaphylaxis following a sting/bite previously, and those with significant heart and lung disease.

Allergic reactions to stinging insects in adults tend to be lifelong.

Adults are at greater risk of anaphylaxis from insect stings than children.

What are the common causes of severe insect allergy?

- Honeybee – is the most common cause of allergic reactions to insects.
- Wasp (Paper wasp and European wasp) – can sting multiple times.
- Jack Jumper Ant (sometimes known as hopper ant) - a medium sized black bull ant most commonly found in Tasmania, South Australia, and down the eastern side of Australia.
- Although insects may appear similar, the venoms are very different so that allergy to one type of insect does not usually increase the risk of an allergy to another insect.
- Anaphylaxis to insects is usually due to stinging insects (bees, wasps, Jack Jumper Ants). Anaphylaxis to biting insects (such as mosquitoes, midges and March flies) is very rare.

Always follow the treatment plan as prescribed by your doctor. Contact your doctor if you have any questions or concerns.

For more information on immunotherapy visit the Australasian Society of Clinical Immunology and Allergy (ASCIA).

www.allergy.org.au

For more information and support on allergy management contact Allergy & Anaphylaxis Australia.

Call: 1300 728 000
Visit: www.allergyfacts.org.au

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Managing and Treating Insect Allergy

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Managing Insect Allergy

What to do if you are stung

- Bees usually leave their barbed stinger in the skin and then die.
- Flicking the stinger out quickly (not squeezing) may reduce the amount of venom injected.
- Use the edge of your fingernail, a car key or credit card to flick out the stinger.

Remember, most reactions to insect stings/bites are not life threatening.

Mild or Moderate Reactions

Most insect stings and bites cause itch/swelling on the body in the area of the sting/bite. This usually settles within a few days.

Management-

- Cold packs and creams can decrease itch and swelling around the sting/bite.
- Oral antihistamines can help decrease itch.
- See your doctor if symptoms do not go away within a few days.

Note: There is less than a 10% chance of developing anaphylaxis with further stings/bites.

Some people develop rash/hives (urticaria) all over their body, without dangerous features of anaphylaxis. *Those with all over rash (even if serious symptoms are absent) should be referred for assessment to a clinical immunology/allergy specialist.*

Anaphylaxis

- Signs and symptoms include breathing difficulty, feeling faint, dizzy or passing out (meaning a drop in blood pressure) or severe abdominal pain/vomiting. **Note abdominal pain/vomiting are signs of anaphylaxis for insect allergy.**

Management-

- Adrenaline (epinephrine) is the treatment for anaphylaxis.
- Lay person flat.
- Follow your ASCIA Action Plan for Anaphylaxis if you have one.
- Phone ambulance- triple zero (000).

Every person who has experienced anaphylaxis to an insect should be referred to a clinical immunology/allergy specialist for follow up. The specialist will:

- Ask questions and perform tests.
- Prescribe an adrenaline injector.
- Complete an ASCIA Action Plan for Anaphylaxis.
- Recommend medical identification jewellery should be worn.
- **Importantly,** consider whether insect venom immunotherapy (VIT) should be offered to reduce the likelihood of anaphylaxis if stung again.

What is Venom Immunotherapy (VIT)?

VIT (also known as desensitisation) can help to decrease how severe an allergy is over time. VIT is an effective and successful treatment for severe allergies to bee, wasp and Jack Jumper Ant stings.

Identification of the insect that caused the reaction is critical in selecting the right venom for VIT.

VIT is a series of injections that introduce very small amounts of insect venom into your body. The amount is slowly increased over time to help your immune system become less allergic to the venom proteins that you are allergic to.

Treatment is via a tiny injection under the skin and consists of 2 phases:

Initiation phase: injections of increasing doses of venom given in hospital by an allergy specialist until the right dose of venom has been reached.

Maintenance phase: regular injections (usually given monthly) of a constant dose, either given in hospital or in general practice by your GP. Although VIT can provide protection early in treatment, continued maintenance treatment for 3 to 5 years ensures the protection is maximised and long lasting.

It is important that people see their clinical immunologist/allergist regularly during VIT treatment. Stopping treatment too early can result in symptoms of a severe allergic reaction/anaphylaxis returning sooner.

An adrenaline injector should be carried during the course of VIT and thereafter unless your doctor advises it is safe to stop.

Government subsidies are available for VIT to bees and wasps on the Pharmaceutical Benefits Scheme (PBS) making it more affordable for people in Australia. There is currently only limited access to Jack Jumper Ant VIT in some states.

Who should consider VIT?

Anyone who has a history of anaphylaxis to an insect should seriously consider VIT. VIT is not helpful in patients with large swelling around the bite or sting site alone. VIT is sometimes considered for adults (not children) who only have a rash/hives all over the body. People should be seen by a clinical immunology/allergy specialist before VIT treatment is considered.

How effective and safe is VIT?

There is a small risk that people having VIT will have anaphylaxis, and this is why VIT is done in a medical setting and people stay for a period of observation after the VIT injection. Most people on maintenance VIT can be considered likely to be protected from dangerous reactions to stings whilst maintenance therapy continues. There is still some risk (5 – 20%) of a severe allergic reaction to a sting during maintenance VIT but reactions are usually milder than before treatment. Once a course of VIT is completed there is less than a 10% chance of a severe allergic reaction occurring.

There are risks associated with VIT just as there are risks with not having VIT when you have had a previous anaphylaxis to an insect sting. Discuss the risks with your clinical immunology/allergy specialist.