

Insect sting allergy

Refer **all** patients who have experienced **systemic reaction to insect venoms** (anaphylaxis) for investigations and consideration of venom immunotherapy.

Adrenaline auto-injectors should be prescribed for all patients who have experienced a systemic allergic reaction.

What are systemic symptoms?

Large local reactions followed by breathing difficulty (or asthma exacerbation), 'feeling of impending doom', chest pain, vomiting, dizziness, or loss in consciousness.

Which patients are not eligible for referral?

Do not refer patients who have experienced only large local reactions to insect bites. In the absence of systemic symptoms, they do not normally require further investigations, and adrenaline auto-injectors are not usually recommended.

What tests to do before referral?

The following tests should ideally be done 6-8 weeks after the event and before referral:

1. Total IgE
2. Specific IgE to Bee, Wasp, Bumble bee, European Hornet venom
3. Mast Cell Tryptase

What advice can I give to patients who get large local reactions?

To try and prevent severe local reactions, in particular while on holiday, consider the use of prophylactic antihistamines such as Cetirizine 10 mg twice daily or Fexofenadine 180 mg twice daily. If symptoms still occur, a short course of oral steroids such as Prednisolone 20 to 30 mg once daily for up to 5 days combined with moderate potency topical steroid creams (Eumovate or Betnovate-RD) may be recommended. If the symptoms continue to progress despite the above treatment and there are concerns about possible infection (cellulitis) then the patient should seek medical advice immediately.

For more information see:

M. T. Krishna et al. Diagnosis and management of hymenoptera venom allergy: British Society for Allergy and Clinical Immunology (BSACI) guidelines. Clin Exp Allergy 2011 (41) 1201–1220.