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HOW TO MINIMIZE YOUR RISK OF INSECT STING ALLERGIES

How to Reduce Your Risk of Being Stung

You can reduce your odds of being stung by using several key strategies:

- be especially vigilant during insect “season” (April through October in New England).
- avoid settings where stinging insects are likely to be encountered: gardening (mowing the lawn, clipping hedges); flower gardens, orchards, fields of clover; outdoor food or cooking areas (picnics and barbecues); garbage cans.
- avoid insect-attracting attire and fragrances: dark, flowery, or brightly-colored clothing (white or khaki is best); perfumes, colognes, scented sunscreens.
- dress wisely: the less exposed skin, the less likely you are to be stung. It’s best to wear long sleeves and pants, keep your shirt tucked in, and wear shoes and socks rather than sandals or going barefoot.
- keep home and automobile windows closed.

General Measures

- keep injectable epinephrine (Epi-Pen) and an oral antihistamine (Benadryl) with you at all times. Epi-Pens come in two-packs – about one-third of reactions require a second injection, which can be administered 15 to 20 minutes after the first if the reaction is severe or if medical care is not immediately available. If you’re stung and need to use your epinephrine, don’t wait around to find out what happens - call 911 or have someone take you to the emergency room, even if you are feeling better – the beneficial effects of epinephrine can wear off quickly. Ask our staff to demonstrate proper use of your injector. When should you use your Epi-Pen? If you are having trouble breathing, swallowing, or talking, or if you feel lightheaded or like you are going to pass out. Then take your Benadryl and call 911. For milder reactions such as itching or hives, take your Benadryl, get your Epi-Pen ready just in case, and watch for any progression of symptoms. If in doubt, use the Epi-Pen – it’s better to be safe than sorry.
- wear a MedicAlert bracelet or pendant (ask our staff for an order form). If you lose consciousness or can’t communicate because of a severe sting reaction, valuable time may be lost as caregivers try to determine what happened to you.
- in case of any future adverse reaction to a sting, notify us right away.

What About Venom Immunotherapy?

-if you've had a systemic reaction to a venomous stinging insect (honey bee, wasp, yellow jacket, hornet) and are skin test-positive, your risk of a future reaction if re-stung is approximately 60%. Therapeutic insect venom injections (immunotherapy) greatly reduce this risk to approximately 2%.

-you should continue to carry injectable epinephrine and an oral antihistamine with you at all times, even while on venom immunotherapy.

-according to current guidelines, venom immunotherapy is not appropriate for patients who have had only large local reactions or those with negative venom skin tests and blood tests (called RAST tests), even if the history of a systemic reaction was convincing. However, the risk of a future reaction with a positive history and negative skin and blood tests is 5-10% for each sting. You should therefore keep injectable epinephrine and Benadryl available at all times indefinitely, even if your tests were negative.

-studies show that children under the age of 16 whose reaction was confined to the skin (hives, itching, mild swelling of the lips) have a much lower risk of more dangerous future reactions than adults. However, since there remains an estimated 3-5% risk of a systemic reaction, the decision to test and/or treat children under these circumstances is an individual one that should be discussed with your physician.

-how long do you need to continue venom immunotherapy? Unfortunately, there is no clear-cut answer at this point, although long-term studies are in progress. Because of conflicting or inconclusive data, experts disagree on the best approach. These are the current options:

1. treat for five years, then discontinue. Some studies suggest long-term risk is sufficiently reduced that stopping is a prudent option, although the risk is never zero
2. treat for four years, then repeat venom skin tests to see if you have lost your sensitivity. If tests revert to negative, your risk after stopping should be low, although again never zero
3. continue treatment indefinitely. Some studies suggest that your risk of a future reaction after stopping immunotherapy (either after five years of treatment or after skin tests revert to negative) may increase to 10 to 15% for each future sting (versus 2% while being treated). While this is still far lower than the 60% risk before treatment, and while most reactions are likely to be mild, there remains a small chance a future reaction could be serious or even life-threatening. Since the only way to keep the risk at 2% is to continue treatment, you may prefer to continue immunotherapy indefinitely. Many experts recommend life-long treatment for all individuals who fall into certain higher-risk categories: your initial insect sting reaction was especially severe or life-threatening, your reaction was to a honey bee, you're over age 65 or have significant underlying health problems, you had a severe systemic reaction to a sting or injection while on immunotherapy, you're frequently exposed to stinging insects, or your access to emergency medical care is limited

-if you do choose to stop immunotherapy, some experts recommend repeat venom skin testing four years after stopping to be certain re-sensitization has not occurred. Other experts recommend repeat venom testing after each subsequent sting to rule out re-sensitization. Since your future risk of a reaction after stopping immunotherapy is never zero, many experts recommend that you continue to carry your epinephrine injector and Benadryl indefinitely