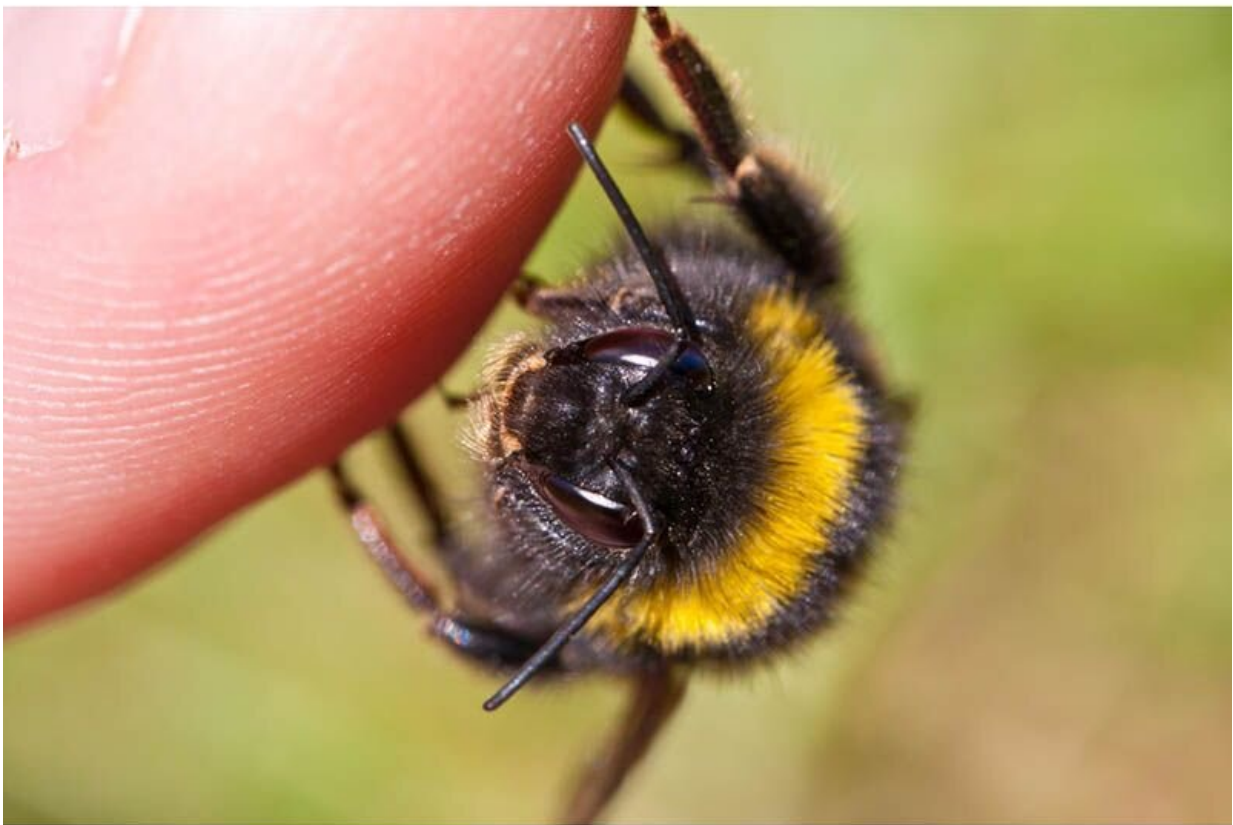


This summer, know your risk for insect sting allergy

June 19 2023, by Todd A. Mahr



If you're dreaming of the perfect summer vacation, one element certain

to be excluded from that scenario would be an allergic reaction to a stinging insect.

Whether you're planning to travel within the United States or to a foreign locale, you'll need to take precautions against stinging insects, especially if you've had an allergic reaction to a sting in the past.

According to a recent article in *Annals of Allergy, Asthma and Immunology*, between 56% and 94% of people are stung in their lifetime. Of those, about 3% involve an allergic reaction.

The article examines types of stinging insects, circumstances under which a sting is likely to take place, precautions to take to avoid stings and treatments to consider if you've been stung.

Know your risk for a sting

It's important to know that developing an allergy to insect venom is unpredictable.

A first-time "systemic reaction" can occur at any time. This is when your body's system reacts—not just the spot on your arm or leg where you were stung—even if a previous sting didn't cause symptoms. Also, if you have had an allergic reaction to a honeybee, yellow jacket or hornet in the Americas, chances are high you're allergic to those same insects in other parts of the world.

If you are traveling in the United States, be aware there is a more "defensive" subspecies of the honeybee, commonly known as "killer bees." Killer bees are found throughout the southeast United States. Unlike the relatively tame European honeybee, this version is more likely to attack in a swarm and to pursue for a long distance.

In terms of ants, most ant stings are from the red fire ant. These ants are now widespread throughout the southeastern U.S. They are also found in the Caribbean, South America, Southeast Asia and parts of Oceania (Australia and New Zealand). Their sting can cause a painful, allergic reaction.

How do you know if you're allergic?

In most people, stings of any kind cause a local reaction, meaning redness, swelling, pain and itching. Symptoms can last several days. About 10% of people develop large local allergic reactions, with lots of swelling where they've been stung. Large local reactions usually develop six to 12 hours after a sting, increase in size for 24 to 48 hours, and last five to 10 days or more.

Approximately 1% to 3% of people have an allergic reaction to insect stings, which can range from mild to life-threatening. Allergic reactions happen less often in children, and children's reactions are often milder. Mild symptoms are usually limited to the skin in the form of rashes, itching, flushing and swelling under the skin. Moderate and [severe symptoms](#) include swelling of the throat, cardiovascular reactions like hypotension and shock, nausea, vomiting, diarrhea, abdominal pain and seizures.

Avoid getting stung

Certain vacation activities pose a higher risk of being stung. Any outdoor activity such as hiking, camping, swimming, golfing and gardening increases exposure to stinging insects. If you're hiking or biking, wear protective clothing (long pants and sleeves, shoes and a hat) and stay on busy paths. Eating or drinking outdoors will also attract stinging insects. Yellow jackets, paper wasps and hornets are drawn to meat and sweet

foods, as well as drinks. Stinging insects are often found near garbage cans, picnics and barbecues. Drinking from open cans or bottles is especially dangerous because an insect can fly into the container, resulting in a sting on the tongue or throat.

Most stinging insects act defensively when their nests are threatened. If you encounter a nest, walk away slowly, without making sudden movements. If many insects have come out and are starting to sting, run away while covering your mouth and nose, as stinging insects tend to target the face.

Next steps if you get stung

Non-allergic reactions usually only require treatment for the symptoms. A lodged stinger should be removed as quickly as possible because venom is released into the tissues within the first 10 to 20 seconds. A non-allergic reaction can be treated with cold compresses, oral analgesics and/or oral antihistamines.

Travelers should know if they fall into the "high-risk" category for a severe reaction—especially if they've had an allergic [sting](#) reaction in the past. Travelers at high risk for severe anaphylactic reactions can be protected with venom immunotherapy (VIT). VIT decreases the risk of anaphylaxis to less than 5%. Maximal protection occurs once the maintenance dose is achieved, which usually takes six weeks to six months of treatment. Rush regimens can safely achieve full protection in three days.

After you have completed VIT and are better protected for future reactions, if you are at high risk you should continue to carry epinephrine auto injectors. Plan to carry two if you are at high risk or traveling to a remote location. Protect yourself and your dream vacation by being aware of the risk of stinging insects and making a plan.

More information: Irene H. Yuan et al, Wings and stings: Hymenoptera on vacation, *Annals of Allergy, Asthma & Immunology* (2023). [DOI: 10.1016/j.anai.2023.01.017](https://doi.org/10.1016/j.anai.2023.01.017)

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