BSACI
Improving Allergy Care
through education, training and research

Key Points for Primary Care up-dated from BSACI guideline on Hymenoptera venom allergy (2011)

- Patients with a systemic reaction (i.e. any reaction not just confined to the skin) to bee or wasp stings should be referred to an allergy specialist.

- Hypotension is the dominant feature of venom allergy anaphylaxis and may occur alone.

- All patients should be tested for both venoms. In the UK wasp venom anaphylaxis is more common and bee venom allergy is usually seen in beekeepers or their families. Tests cannot be used as a screening test for severe venom allergy hence allergy expert opinion is needed.

- Baseline tryptase is useful as those with raised levels have a higher risk of severe systemic reactions.

- Patients should have a written emergency plan and should carry and know how to use an adrenaline device.

- Venom immunotherapy is recommended for:

    - ALL with a severe systemic reaction,
    - "many" of those having a moderate reaction.
    - those with less severe reactions but at higher risk of future stings e.g. beekeepers
    - those with a raised base-line serum tryptase
    - those where it may improve quality of life e.g. severe anxiety.

- An allergy clinic will determine whether an adrenaline device should still be carried following immunotherapy.

- Minor local reactions to insect stings are normal and do not warrant allergy testing.

- Children with venom allergy are usually non atopic and those with food allergy are not at increased risk.