

# Insect Sting Allergies Stats and Facts



## FACTS

1. The most common triggers for anaphylaxis, a life-threatening reaction, are medicines, food and insect stings. Medicines cause the most allergy related deaths.
2. African-Americans and the elderly have the deadliest reactions to medicines, food or unknown allergens.
3. The severity of an insect sting reaction varies from person to person. A normal reaction will result in pain, swelling and redness confined to the sting site. You can disinfect the area (washing with soap and water will do) and apply ice to reduce the swelling.
4. **Fire ants, yellow jackets, hornets and wasps can sting repeatedly. Honeybees** have barbed stingers that are left behind in their victim's skin. These stingers are best removed by a scraping action, rather than a pulling motion, to avoid squeezing more venom into the skin.
5. Almost everyone stung by fire ants develops an itchy, localized hive or lump at the sting site, which usually goes down within 30 to 60 minutes. This is followed by a small blister within four. This usually appears to become filled with pus-like material by eight to 24 hours.
6. Most patients maintain their protection from allergic reactions to stings for many years following venom immunotherapy.
7. Patients are given shots with gradually increasing concentrations of the insect venom allergen. It's usually administered once a week for 8-20 weeks and is designed to help your body build immunity. At the end of this phase, you reach the maximum dose and your body is fully protected from venom.
8. Patients who have had a systemic reaction or a large local reaction due to insect allergy must take permanent measures to avoid further allergen contact, and to make sure they can treat themselves adequately if stung again. Most patients with systemic anaphylactic reactions to bee or wasp stings need specific immunotherapy.

## STATS

- Insect sting allergies affect 5 percent of the population.
- At least 90-100 deaths occur each year in the United States due to insect sting anaphylaxis.
- People who have experienced an allergic reaction to an insect sting have a 60% chance of a similar or worse reaction if stung again.
- Mastocytosis is found in 3% to 5% of patients with sting anaphylaxis, rendering these patients prone to very severe reactions. Blood-sucking by hematophagous insects can elicit a local allergic reaction, presenting as a wheal or papule,

in at least 75% of the population. Large local reactions may ensue, but other diseases are rare.

- Bad drug reactions may affect 10 percent of the world's population. These reactions affect up to 20 percent of all hospital patients.
- For long-term protection, an allergist can treat you with allergy shots (immunotherapy), which builds tolerance over time and provides up to 98% protection if you get stung again.