

Immunotherapy treatment with Alutard SQ Wasp and Bee Venom

Information for Families

Introduction

This leaflet is for people who have an allergy to bee and wasp venom. It gives information about a treatment for this type of allergy called immunotherapy and will hopefully answer some of your questions about it. It explains the benefits and risks, as well as what to expect when your child comes to hospital.

Your child should also read this leaflet if they are at an appropriate age to do so.

What is Immunotherapy

Immunotherapy (desensitisation) is a well-established treatment for certain severe allergies. It involves being given increasing doses of the allergen (substance your child is allergic to) over a prolonged period of time, to help teach their immune system to tolerate it and not 'fight' it. Wasp and bee venom immunotherapy has been shown to lower the risk of severe reactions to wasp and bee stings. It is given as a course of regular injections, under the skin, over three years.

Are there any alternative treatments?

An alternative option would be to choose not to receive the immunotherapy. You will need to keep your emergency plan, including antihistamine and self-injectable adrenaline, with you at all times in case of a bee or wasp venom sting.

What happens during treatment?

Immunotherapy injections are given on the Children's Day Care Unit on Bramble Ward at the Royal Devon and Exeter Hospital. When you arrive at the unit, the nurse will ask for your consent. During this time, the nurse will explain the treatment plan with you and give you the opportunity to ask any questions.

The first up-dosing visit will take most of the day. The following 'up-dosing' visits (weeks 2-7) will last about half a day. Once the maintenance dose has been reached, each visit will take about 2 hours.

The allergy nurse will ask you and your child about their health and how they have been since their last injection. If they experienced any side effects after the last injection, you can discuss this with your nurse on the day of the appointment. Your child will be examined and have some basic observations recorded.

The immunotherapy injection will be placed under the skin of your child's upper arm using a very fine needle.

A very small number of people have allergic reactions to the venom. These usually happen within an hour of the injection being given. Your child will be asked to wait for 1-2 hours after the last injections so that we can monitor them and give the appropriate treatment if needed. They will need to stay on the Day Case Unit during this time. If they remain symptom free, we can safely let them go home.

How can you prepare your child for the treatment?

Your child should take a dose of long-acting antihistamine, such as cetirizine, the night before coming to their venom immunotherapy appointments and another dose on the day of the injection, at least one hour before the first injection. This will reduce potential side effects of the injections.

How is the treatment given?

The first part of treatment is an 'up-dosing' phase. Your child will need to come to our department once a week for seven weeks. Please note that although the number of injections goes down, the strength of each injection goes up. This is why we call it 'up-dosing'. The aim of this is to gradually build up your child's tolerance to the venom.

| Visit | Number of injections |
|------------------------|----------------------|
| First visit (day 0) | 3 |
| Second visit (day 7) | 2 |
| Third visit (day 14) | 2 |
| Fourth visit (day 21) | 1 |
| Fifth visit (day 28) | 1 |
| Sixth visit (day 35) | 1 |
| Seventh visit (day 42) | 1 |

After this your child will enter the 'maintenance' phase of treatment and will have one injection of the full maintenance dose:

- After 2 weeks
- After 1 month
- After 6 weeks
- Every 8 weeks for the rest of the three year immunotherapy course

It is important that these appointments are kept throughout the maintenance phase. You should think about this when making the decision for your child to have venom immunotherapy.

What if an injection is missed?

This depends on how many doses are missed and by how many weeks. The nursing team will discuss the plan with you, but your child may need to drop back down a dose.

What are the risks?

As with any medicine, there are possible side effects. It is quite common to get some mild pain, itching and swelling at the site of the injection. It is also quite common to experience headaches and tiredness. There is a small risk of an allergic reaction. This can range from mild (for example, mild skin rash) to severe (including anaphylaxis). This is why your child will stay on the unit for 1-2 hours after their injections to make sure we can safely let them go home.

Are there any reasons why your child should not have the injections?

Immunotherapy injections are not recommended when you are ill or have an infection. If this happens when your injection is due, please call the allergy team to discuss.

Immunotherapy injections should not be given at the same time as other vaccines, including travel vaccines. We would recommend at least two weeks between immunotherapy and any other vaccine. Please discuss this with the allergy team at your next appointment.

Can your child take other medicines?

Some medicines cannot be taken during immunotherapy treatment. These include some medicines prescribed for heart conditions or depression. It is therefore important that you tell us about any medicines (including herbal and over-the-counter medicines) that your child is currently taking.

You must also check with us, your child's GP or pharmacist before they start taking anything new. Medications with large amounts of aluminium, such as antacids used for heartburn, must also be checked. Vaccines must not be given within seven days before or after an injection of immunotherapy.

Can your child stop carrying their emergency kit whilst receiving immunotherapy?

No. Your child must continue to have their emergency plan and kit (antihistamines and adrenaline auto-injector) with them at all times during the immunotherapy treatment, in case of a bee or wasp sting.

What should your child do when they get home?

- Avoid heavy exercise after receiving immunotherapy. These activities increase blood flow around the area of the injection and may lead to the medicine being absorbed into the body more quickly.
- Avoid hot baths, showers, and saunas on the day of the immunotherapy, as this may make them feel unwell.
- Sometimes eczema or hay fever gets briefly worse after each immunotherapy injection. This normally settles down with time and usually responds to an antihistamine.
- If your child feels unwell or has a large local skin reaction at the injection site, they may benefit from taking an antihistamine and using an ice-pack (always wrap an ice pack in a towel so that it is not directly against the skin).

What should you do if your child has an allergic reaction?

If your child develops any mild or moderate allergic symptoms (such as hives, itching, or swelling to the eyes or lips), antihistamines should be given as it says in their allergy action plan.

If they develop any breathing difficulties, tongue/throat swelling, dizziness/light-headedness, a fast heartbeat, confusion or a change in level of consciousness, this should be treated as anaphylaxis. You should deliver an injection of adrenaline using their auto-injector and dial 999 for an ambulance.

BRIT Registry

All patients who are enrolled on an immunotherapy course will be registered with the British Registry for Immunotherapy (BRIT). BRIT is a web-based patient registry that records immunotherapy treatment of patients under the care of The British Society for Allergy Clinical Immunology (BSACI) consultants practicing in the UK. The aim of the registry is to record any serious side effects and monitor how effective the treatment is. As part of this process, you will be sent questionnaires to fill in about how your treatment is going. This will all be explained to you as part of the consent process before starting treatment. All your data will be held on a secure NHS server and is GDPR compliant.

The Trust cannot accept any responsibility for the accuracy of the information given if the leaflet is not used by RD&E staff undertaking procedures at the RD&E hospitals.

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