

Venom Immunotherapy Frequently Asked Questions

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This information should be read and understood before signing the [ASCIA Venom Immunotherapy Consent Form](#) and starting venom immunotherapy. There is a separate FAQ for immunotherapy to aeroallergens.

Q 1: What is venom immunotherapy?

Venom immunotherapy (also known as VIT or venom desensitisation) changes the way the immune system reacts to insect venoms such as Honeybee, Paper Wasp (polistes), Yellow Jacket (vespula, European Wasp), Jack Jumper Ant and Fire Ant.

Venom immunotherapy:

- Involves the regular administration of injected (subcutaneous) gradually increasing doses of commercially available venom allergen preparations. Oral sublingual immunotherapy is not available for insect venoms.
- Is a long term treatment option to reduce the risk of severe allergic reactions (anaphylaxis) to insect venom. It usually takes at least five years to result in tolerance to venoms. This may be maintained for years before symptoms return.
- Only works if high and standardised doses are used and is therefore different to homeopathy. Homeopathy claims to cure a variety of medical conditions using extremely weak extracts and there is no scientific evidence to support this.

Allergy medicines, such as antihistamines and intranasal corticosteroid sprays, can be used to help manage symptoms when receiving venom immunotherapy.

Q 2: When is venom immunotherapy recommended?

Venom immunotherapy is:

- Recommended and highly protective for the treatment of life-threatening anaphylaxis to venom from stinging insects.
- Sometimes recommended for the treatment of generalised reactions, such as an all over rash.
- Not recommended for the treatment of large local swellings.
- Usually initiated by a clinical immunology/allergy specialist.

Before starting venom immunotherapy:

- Asthma should be stable. If an asthma flare occurs during treatment, the injection should be deferred until it is back under control.
- Check with your specialist and GP if you are taking any heart or blood pressure medicines or glaucoma eye drops, as some can increase the risk of side effects.

Q 3: When should venom immunotherapy not be given?

- **Pregnancy.** It is normally recommended not to start treatment if you are pregnant or planning pregnancy. If you become pregnant while on treatment, discuss this with your allergy specialist. Treatment can be started or continued whilst breastfeeding.
- **Arm lymphoedema** (swelling) after breast cancer surgery. If a lymph node dissection has been done on one arm, then do not give injections on that side. If injections cannot be given in the arm, the injections can be given elsewhere, such as the leg or under the skin of the stomach.

Q 4. What venoms are available for immunotherapy in Australia and New Zealand?

- Venom immunotherapy products available in Australia and New Zealand include:
 - Honeybee
 - Paper Wasp, Yellow Jacket (European Wasp)
 - Jack Jumper Ant
- Venom immunotherapy products are normally standardised and labelled by the concentration of protein and/or allergen as weight/volume and/or measures of allergenic reactivity.
- The quality of the allergen is critical for both diagnosis and treatment, so only commercially available allergens should be used.
- Different brands and preparations (such as aqueous or alum adsorbed) cannot be interchanged.
- Allergen extracts for insect venoms are subsidised by the Pharmaceutical Benefits Scheme (PBS) in Australia and by Pharmac in New Zealand.

A current list of allergen immunotherapy suppliers is available at www.allergy.org.au/members/allergen-immunotherapy-information

Q 5. How often are venom immunotherapy injections given?

Venom immunotherapy for insect allergy is given by regular injections for five years in most cases, sometimes longer:

- Injections start with a very low dose. A small needle is used which may be uncomfortable, but not painful. Doses are gradually increased on a regular (usually weekly) basis, until an effective maintenance dose is reached. It may take two to six months to reach an effective maintenance dose.
- Once the maintenance dose is reached, injections are usually administered monthly in a medical facility under supervision. Patients should stay at the medical facility for observation for 45-60 minutes after a venom immunotherapy injection has been given.
- In some cases, after the treatment has been maintained for two or more years, the time interval between doses may be extended. This can be discussed with the supervising specialist.
- If the injections are given in a local medical practice, periodic review with the clinical immunology/allergy specialist should continue.

Q 6. Are there any potential reactions to venom immunotherapy injections?

Localised swelling at the site of the injection can be treated with non-sedating oral antihistamines or ice packs and if painful, paracetamol. More severe reactions such as anaphylaxis are uncommon. It is important to inform your doctor about:

- any reactions you may have experienced after your last injection such as itchy eyes, nose, throat, increased wheezing, or feeling faint or light-headed.
- any new medications you are taking (such as eye drops, new heart/blood pressure tablets), or plan to start taking.
- if you become pregnant.
- If you are sick or have a fever as it may be better to delay a dose.

As it is hard to predict who will have a reaction, patients on venom immunotherapy are usually advised to:

- Remain in their doctor's surgery for at least 45-60 minutes after injection.
- Avoid exercising for at least three hours after treatment.
- Avoid some heart and blood pressure medications including beta blockers such as metoprolol or propranolol.
- Take a non-sedating oral antihistamine before the injection to reduce the risk of side effects.

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