



Insect bites and stings in infants

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Insect bites or stings are among the most common reasons for taking babies to the doctor.¹ Although these bites look severe on small bodies and faces, they tend not to be life threatening. A small percentage of babies may, however, develop severe reactions. Heredity is not always a factor in how severe the child's reaction would be, but allergic parents tend to be more aware of risks.¹

Stings

Bees and wasps are the most common culprits of stings. Babies may be dressed in bright colours or snuggled under pretty blankets, attracting the attention of the insects. Mobile babies may crawl to investigate flowers, disturbing bees and end up being stung. Infants left to sleep outdoors should be protected from insects to avoid an unwanted sting.

Stings can produce various reactions, from mild discomfort to severe allergic reactions.

- Mild reaction: A sharp, burning pain at the sting site, with a slight swelling or red welt developing later. Pain and swelling may disappear within a few hours.²
- Moderate reaction: Extreme redness, with swelling that grows larger over 1–2 days before resolving.²
- Severe reaction: May be potentially life threatening as the baby may have trouble breathing. Signs of anaphylaxis include:²
 - flushed or pale skin
 - difficulty breathing
 - swelling of the throat or tongue
 - nausea, vomiting or diarrhoea

- dizziness or fainting
- loss of consciousness.

In babies, symptoms of anaphylaxis may include:³

- rash over many parts of the body
- shortness of breath
- swollen tongue, hands or face
- weakness
- unconsciousness.

These symptoms will require emergency care.³

Individuals who develop a severe allergic reaction from an insect sting have a 30–60% risk of anaphylaxis the next time they are stung.²

Bees and wasps are not generally aggressive and will sting only in self-defence. This may result in one or several stings. However, if a swarm of bees is disturbed, multiple stings may be received. The accumulation of venom increases the risk of toxic reactions, for which symptoms are similar to those of a severe allergic reaction: nausea, headache, dizziness and fever.²

When a person is stung, the bee stinger should be removed as quickly as possible as venom may continue to be released for several seconds. The stinger should be flicked or scraped out to prevent compression of the venom sac. Do not use tweezers, as these may squeeze the venom sac and increase the amount of venom released. If a minute or more has elapsed since the sting, the stinger can be removed without precautions as all the venom would already have been released.^{3,4}

Bites

Children tend to have more severe reactions to mosquito bites than adults as adults have been desensitised to mosquito bites over many years. As the biting mosquito fills itself with blood, it injects saliva into the victim. Proteins in the saliva trigger a mild immune reaction, which causes the release of histamines that leads to the development of various allergic responses, including swelling at the bite site, redness and itching.⁵

Mosquito bites are generally not cause for concern, unless they are associated with fever, headache or signs of infection.⁵

Spiders generally bite only when they are disturbed. Most spiders are not dangerous to humans and the severity of a reaction to a bite depends on the type of spider and how sensitive the person is to the venom. Less severe spider bites may go unnoticed or appear only as a small red, itchy bump.

Symptoms of a poisonous spider bite include:

- severe pain, occurring from around the bite site and spreading to the abdomen, back or chest
- abdominal cramping
- excessive sweating.

These symptoms should be referred to a doctor.⁶

Treating bites and stings

Once the venom sac has been removed after an insect sting, place ice (wrapped in a washcloth) on the site, holding it for 10 minutes and then leaving it off for 10 minutes. Repeat this process until the pain has resolved. If necessary, an antihistamine syrup can be considered or lotions or creams that reduce itching can be applied, such as calamine lotion.

Products that contain aluminium sulfate help to minimise the pain, inflammation and itch associated with the stings and bites of most insects, including those of mosquitoes, ants, bees, wasps and sandflies.

Carers should watch for signs of infection, such as increasing redness, swelling or pain, for the next few days after the insect sting or bite. If symptoms persist, it is recommended to seek advice from a doctor.

Conclusion

Infants should be checked for bites, and their beds and bedding checked regularly for insects. Children should be taken to a doctor if bite wounds do not resolve within a day or two or if any severe reactions or unusual symptoms develop.

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