

NICE MTA: Pharmedgen for bee and wasp allergy

Personal Statement: Dr Pamela Ewan

Qualifications and expertise in venom allergy:

- Consultant allergist CBE, MA, MB, FRCP, FRCPath.
Head of the Allergy Dept at St Mary's Hospital and Medical School, 1980-88, and Head of Allergy Dept, Addenbrooke's Hospital, Cambridge 1988- present.
- Extensive experience and special interest in venom immunotherapy: we have one of the largest venom allergy and immunotherapy services in the UK, and have been providing venom immunotherapy for over 23years.
- Member of the British Society for Allergy and Clinical Immunology (BSACI) Standards of Care Committee and expert group on venom allergy and immunotherapy, producing national guidelines 1993 and 2011.
Member of the EAACI Interest Group on venom allergy 1992- present, and member of European guideline group 1993.
- Venom allergy was my major research interest for many years from 1988, both basic mechanisms and clinical aspects; published peer reviewed papers and chapters.
- I also have a longstanding clinical and research interest in other types of immunotherapy and in anaphylaxis.

Statement:

Bee and wasp venom allergy is a major cause of anaphylaxis in the UK. Severe allergic reactions to stings are rapid in onset and occasionally fatal. Immediate treatment is therefore required. Two approaches to treatment are available: venom immunotherapy which is 'curative' preventing further reactions, or providing the patient with an adrenaline injection for self administration in the event of a severe allergic reaction. The later requires the patient to be able to administer the injection before they become incapable, eg due to collapse or other symptoms. It is not a safe or suitable option in some patients on medical grounds or for social reasons eg inability to self-administer an injection.

There is extensive evidence for efficacy of venom immunotherapy. Following the first controlled trial of pure venom immunotherapy in 1978 showing 95% efficacy; many other papers followed confirming benefit. Venom allergy is estimated to occur in about 2% of the UK population, derived from prevalence data in several countries.

Anaphylaxis of any cause is frightening for the patient, and venom anaphylaxis has a major psychological impact, persisting after recovery from the acute event. A common feature of the acute reaction is a sensation of impending doom: patients feel they are going to die. Patients with venom allergy have impaired quality of life. This is improved significantly in those who have received venom immunotherapy, compared to those who have been given adrenaline to carry.

Venom allergy and immunotherapy, including the indications for venom immunotherapy, are the subject of a recent BSACI position paper providing definitive national guidance ¹. Immunotherapy is an invaluable treatment in defined groups of patients with systemic reactions to bee and wasp stings. Pharmedgen is the only licensed preparation in the UK and has a vital place in therapy.

Reference

1. Krishna MT, Ewan PW, Diwakar L, Durham SR, Frew AJ, Leech SC, Nasser SM. Diagnosis and management of hymenoptera venom allergy: British Society for Allergy and Clinical Immunology (BSACI) guidelines. Clin Exp Allergy. 2011 Sep;41(9):1201-20.