

# Mosquitos and Ticks and Bees, OH MY!

by Monica Hamburgh, MD



Ah summertime! We hope your children are outdoors having fun constantly, without summer insects to spoil it. In our “neck of the woods”, Lyme disease is a worry, so ticks need to be avoided carefully. Mosquitos, once a simple nuisance in our childhoods, are starting to carry some scary diseases like West Nile Virus, so it’s become important to prevent mosquito bites. Finally, bees, while not known to carry disease, are extremely painful and could be deadly to children with bee venom allergy. Here is some helpful information on how to avoid these summer villains and what to do if your child is bitten or stung by one:

## TICKS:

Ticks are tiny blood-sucking insect which can transmit certain diseases to humans including *Lyme disease*, *Ehrlichiosis* and others.

**To prevent tick bites:** avoid wooded or bushy areas with high grass, wear light-colored clothing with long pants, long sleeves and covered shoes, try to walk in the center of trails or sidewalks, and use insect repellant (we recommend up to DEET 25% for kids and adults now, but this should not be used under 2 months of age). Parents should apply repellant to children’s exposed skin and clothes avoiding hands, eyes and mouth. Playgrounds should not directly abut wooded areas and the use of wood chips or gravel under playground equipment will decrease ticks in the area. Use a tick preventative on your dog and check pets daily for ticks so they don’t become ill themselves or bring home an unwanted visitor that could end up on the humans in your home.

**To remove a tick:** Search your children for ticks every night, don’t forget under the arms, in and around the ears, inside the belly button, around the waist and in the hair. The longer the tick is attached the greater the chance of disease transmission, and ticks that are attached for 24 hours or less cannot transmit Lyme disease. To remove the tick, grasp the tick with tweezers close to the skin and gently pull the tick straight out without twisting. Wash the area with soap and water.

**What if your child is bitten by a tick?** see article page 4

## MOSQUITOS:

Mosquitos transmit a number of infections in the United States including *West Nile Virus* and *Eastern Equine Encephalitis*.

**To prevent exposure:** Eliminate mosquito breeding sites. Avoid having standing water around your home, such as buckets or toys that may fill with rain water. Avoid playing outside at dusk and dawn, times of high mosquito activity. Screen windows and doors. Wear long sleeves, long pants, covered shoes and hats. Use insect repellant with up to 25% DEET on children older than 2 months.

**To treat mosquito bites:** Take zyrtec (cetirizine) by mouth for itch (non-drowsy), or benadryl by mouth if it is bedtime. Apply cortisone cream 1% and clean your child's hands and nails so they don't scratch and cause a skin infection.

## Bees:

Bees and wasps can sting very painfully if aggravated, and some children are allergic to their venom, which can lead to anaphylaxis and sometimes death. Even children that are not allergic to bee stings can die if stung many times, so children should be taught to carefully avoid beehives.



**How to prevent stings:** Bees feed on flowers, so avoid smelling or looking like a flower! Sweet perfumes or lotions should be avoided, as well as wearing bright colors.



**If your child is stung:** If your child does not have any severe allergy symptoms, you can treat a bee sting at home. First remove the stinger: scrape the area with a fingernail or tweezers but don't pinch the stinger as it will release more venom. Apply ice and elevate the part of the body that was stung to reduce swelling. Treat the pain with over-the-counter acetaminophen or ibuprofen. Take benadryl by mouth for itchiness. You can also apply a mixture of baking soda and water or calamine lotion. It will take 2-5 days for the area to heal. Keep it clean to prevent infection.



Call 911 for severe allergic reactions such as trouble breathing, dizziness, swollen tongue, hives all over, or if he has had an allergic reaction to bee stings in the past. Inject your EpiPen or Auvi-Q if you have one. Perform CPR if the child stops breathing. Remove the stinger as soon as possible.

## Higher "Bug spray" strength safe for children!

According to the American Academy of Pediatrics, insect repellents containing DEET (N,N-diethyl-m-toluamide) with a concentration of **up to 30% are safe** for children over 2 months of age. DEET containing products are the most effective insect repellents available. Higher concentrations last longer. Products with concentrations of 10% last about two hours, while concentrations of 25% (Deep Woods) last about 5 hours. DEET concentrations above 30% add little, and are not recommended. DEET should not be applied more than once a day, so combination products with a sunscreen are not recommended. Sunscreens should be applied repeatedly because they can be washed off. DEET is not water-soluble.

Apply DEET sparingly on exposed skin; do not use under clothing, or on the hands/eyes/mouth of young children. Do not use DEET over cuts or wounds. Wash treated skin with soap and water after returning indoors.

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