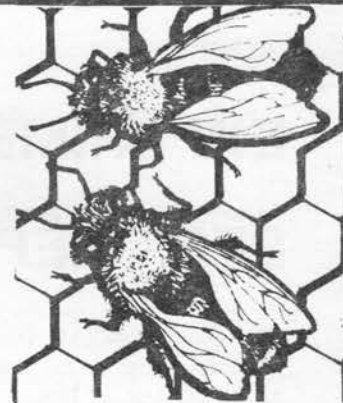


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# THE BEE LINE



August 1979

**Oregon State Beekeepers Association**

AFFILIATED WITH AMERICAN BEEKEEPING FEDERATION

Vol. 3 No. 7

## AMERICAN HONEY QUEEN

### Arrives In Oregon To Stay August 23-30



Kimberly Rae Arnevik, our 1979 American Honey Queen, is going to be in Oregon this month.

She will arrive in Portland August 23rd. An interview with her will appear in the August 29th Oregon Journal newspaper Food Section along with some honey recipes. From the 24th to the 29th she will be at the State Fair at Paul Heins' honey booth. On the 29th from 1 to 3 pm she will be handing out recipes and talking about honey at a Portland store called "The Good Cooking Co." at 10102 NE Clackamas in Portland.

Thursday, August 30th, Kimberly is scheduled to appear on the AM Northwest TV program from 9 am to 10 am. There will be a reception for her at Ruhl Bee Supply in Portland from 1 to 7 pm that day also.

Friday she will be at the Oregon State Beekeepers fair booth from 11 am to 2:30 pm. At 3 pm she will award the Sweepstakes trophy, the Judge's trophy, the Hobbyist trophy and any other awards that are to be given. She will leave for South Dakota the next day.

Kimberly Arnevik is 20 years old and her home is in Rice Lake, Wisconsin. Her college major is dietetics. She has had many 4-H awards and her hobbies include cooking and baking with honey, sewing, raising houseplants, latch-hooking and raising rabbits and sheep.

# EXPERIMENTAL SPRAY BEE REPELLANT

This year in July, 12 acres of everblooming red raspberries were used as an experiment in pollination. Insecticides had to be applied during bloom for fruit worm. With grower, extension entomologist and myself cooperating, a mix of **Sevinal-Metesytox R** at recommended rates, plus the addition of one gallon molasses per tankful (100 gal) liquid were applied. Both these were used since their bee-repellant qualities are known. Pre-application bee counts were 8-12 per square yard. After night ground application and for one week thereafter the bee count was zero per square yard. Bee loss was not discernible. Finally a combination of irrigation and natural rainfall brought the bees back in (almost immediately). The implications of this are far reaching. If bees can be kept out of highly attractive crops for a time period of one week or more and allow the grower to use a highly effective pesticide, perhaps damage on certain crops will be minimized or non-existent (assuming grower cooperation) in the near future. This is but one example, and does not represent a controlled situation, but only an accurate representation of one particular situation.

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# OSBA PICNIC RECAP

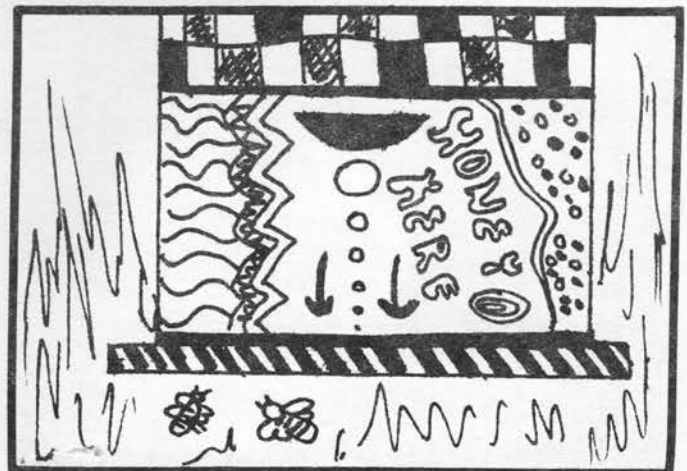
by John Van Driesche

First the food: there were fresh peaches, German chocolate cake, water melon, grapes, bananas, chicken of various persuasions, homegrown green beans, baked beans, dinner rolls and much more. It was one of those occasions where the spirit is willing but the flesh is weak. I couldn't eat any more. Everyone's plate was well-filled. The only thing you had to watch out for were the yellow jackets that Mike Burgett insisted weren't bees. They tried to eat as much as the beekeepers, but all was without incident -- no one got stung.

Second the beekeepers: if you weren't there, you missed a fine and friendly lady from England by the name of Eva Crane. She is the director of the International Bee Research Association in England and is going to be a speaker at the WAS meeting in Corvallis next week. While in our group she listened with patience and pleasure to stories about our types of honey and honey flows.

Other beekeepers were in form too: Morris Smith brought his album of photographs with some really excellent close-up shots of bees on flowers. Many more individuals and families made the afternoon into a very pleasant occasion. You should come next year.

# HIVE HUMOR



"Orientation marks are one thing,  
but this guy is ridiculous!!"

# BEE VENOM ALLERGY REPORT: PART 1

by: Diana Van Driesche

In May of 1978 I was stung by a bee that got tangled in my hair while I was watching my husband John hive a swarm. Within one minute I had bright red, itching skin and very slightly raised welts all over my body. By the time John had hived the swarm and got back into the car my throat was swelling. We drove to the Salem hospital and I had needles in my arms in minutes and lectures to stay away from bees and raise sheep.

My reaction was the first adverse one I had. I got a bee kit with syringe to carry with me and thought I would have to give up the hobby we had really just got started with. Mike Burgett told me about the venom treatment program at the Portland Allergy Clinic. I started their standard treatment program shortly after, and have been receiving a series of gradually increasing venom shots for over a year. So far the treatment costs have been about \$263.00.

I feel the program is still experimental even though it has been legalized by the government. Below is a list of questions that I submitted to Dr. Bilstrom at the clinic for use in this newsletter. Excerpts from some of the most recent bee venom literature will follow in next month's issue. It seems that many people are having an allergic reaction to bee venom and my interest is in exploring alternatives in treating this problem.

**(1) How long has the bee venom program been administered in Portland?**

A. Doctor Benson who founded the Allergy Clinic in the late 1920's, reported the first study of bee sting hypersensitivity. He used the venom and whole body extracts in the diagnosis and treatment of two groups of people. This was the first report of hypersensitivity. He did note that the venom was somewhat more effective than the whole body extract. Subsequently the use of whole body extract became the standard form of therapy in that it was far more readily available and there were some preliminary studies which indicated there was significant degree of cross reactivity between the whole body extract and venom extract. This Clinic has used venom on selected patients since Doctor Benson's first study.

**(2) How long has the program been generally available to any Doctor?**

A. Until approximately two months ago the venom was available only for diagnostic use. That had been available actually for only about two years. About two months ago the FDA released venom for allergy injection therapy. Previously this had been available only as an experimental protocol drug.

**(3) Where is the venom currently being made and will that source stay constant?**

A. We obtain ours from Oregon State University and have for several years. The company which is producing the venom extract for injection, i.e., Pharmacia, although based in Sweden, receives its extract from a licensed producer in New York State. As far as I know, he is the only one certified by the FDA for production of the venom extract.

**(4) How many persons have been participating in Portland? (venom therapy)**

A. This number is approximately twenty.

**(5) How long a period of time is needed before a person can be at a "safe zone", what is the goal - to get enough immunity not to die, or to be able to work bees again as I want to do. I have been at it a year and don't really know how much longer.**

A. In order to answer this, I shall have to go over the nature of the allergic reaction. I am enclosing a diagrammatic sketch which should aid in the following discussion. Throughout the body you have cells which are called the mast cells, which contain histamine. If you are allergic to bees, for example, you have a coating of IgE stuck upon the surface. This material acts as a trigger, so if you are exposed to bee venom in sufficient quantity histamine is released and the end result is the anaphylactic reaction. When you receive allergy injections a lower quantity of modified protein extract of the offending material is taken, injected beneath the skin, the body looks at it in a slightly different way and makes what we call gamma globulin or IgG, which reacts specifically against the protein which had caused the allergy. This material can

Continued on Page 4



continued from page 3

react with more of this allergen or bee venom, for example. When this material reacts against the venom no further adverse reactions occur, so that you have in effect two competing systems - one of which causes problems, one of which does not, in competing for the same material. If the level of gamma globulin is sufficient the IgE immediate reaction cannot occur. It is important to point out that when you start treatment to prevent such allergies you have to start out with a far lower dose than that which could elicit the problem. The dose is thereafter gradually increased to a point at which protection is conferred. In the case of bee venom, it is thought to be around 100 micrograms of bee venom. Although there is no test which can truly tell what the safe level is, this is thought to be a dosage level which confers protection on the vast majority of individuals. That is not to say that you couldn't have an adverse reaction to bee sting. However, the reaction itself is significantly less severe. Therefore, there is no way of truly saying what is a safe level for an individual. It has been observed that in bee keepers who do not have any difficulty with reactions to the venom, they have rather high levels of gamma globulin specific against the venom. There is no absolute level or ratio of IgG, et cetera, which could tell what immunity a person truly has.

**(6) Once the safe zone is reached, do you feel that weekly, bi-monthly stings with a real bee could be used to keep an immunity in the safe way the injections could?**

A. Once the safe zone is reached, it is thought that bi-weekly or monthly shots for stings could be used to maintain the immunity.

**(7) Who can take the therapy? Can a pregnant woman?**

A. Extensive studies with allergy injections in general indicate that there are really no contraindications. As to a pregnant woman taking the injections, if the woman is having some difficulty with the injections it is not recommended that she receive them in the last trimester of pregnancy. The reason for this is that if an adverse reaction i.e., anaphylactic reaction were to occur, she could either deliver prematurely or abort the fetus.

**(8) Can a doctor get access to the venom and is it coordinated through your office or independently, and if so, where can they get the venom?**

A. Any physician has access to the venom at this time. However, I would strongly recommend that he work in concert with an allergist because of the nature of the reaction and the quite significant cost. The venom is available through the Company call Pharmicia, which has offices in the United States in Pascatawi, New Jersey.

**(9) Can you give some idea of the known costs of the treatment?**

A. As to the cost for the treatment, the Company calculates that an average patient would require three treatment sets. The price per treatment set is \$36. Thus, the total cost of the material itself is \$108. However additional cost would be assessed for the injection of the material and the preparation, and this is a variable over which I would have no control. It is to be our policy to have the patient receive the material from the company for exactly the price that we would pay. A small charge would be assessed for dilution. After the first year, approximately two such treatment sets are required per year. In the course of building a patient up the studies performed at John Hopkins University with the material, indicated an anaphylaxis rate of approximately 18% at some time during the initial buildup. This level is rather excessive and they are advising a more cautious and slower approach to buildup towards the 100 microgram dose for their patients. As you know, some people are allergic to the insect parts, for instance, entomologists and beekeepers. In cases such as this the venom therapy might not prove effective, and indeed, the whole body therapy might be given in addition, for that aspect of the problem in patients having severe reactions to the dust stirred up by the insect itself.

**(10) What can a person do if they find they are allergic, beside give up bees; go see your office?**

A. If a person is allergic, giving up the occupation is the most desirable route so that the amount of exposure would be minimized. Approximately 40 people per year are thought to die from insect or honey bee Hymenoptera stings. However, in view of the large population of the United States this is not a very high number. I think in general, you will find that most physicians would not want to get involved with the injection of bee venom because of the complexity of the issue. However, they might give injections with the approval of an allergist.

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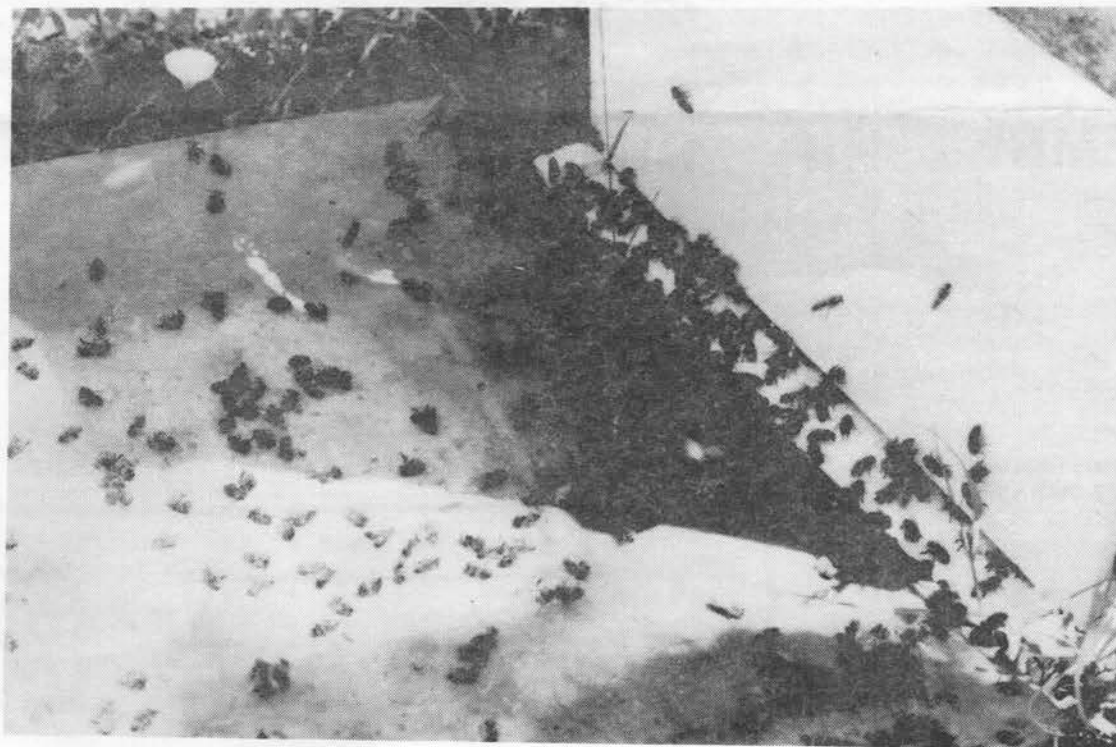
(11) What are the injections composed of and how are the dosages increased?

A. The injection material consists of a buffered saline solution, the bee venom protein, and a small amount of human serum albumin or protein. This is done to stabilize the bee venom protein. As to the rate at which the dosages are increased, as I mentioned before, the procedure used at John Hopkins caused an 18% anaphylaxis rate, which is much too high and thus most people would approach it more slowly. It would not be unusual to take a year or more to build up, depending on the person's individual sensitivity.

(12) Do you ever see this as a common (like hay fever) treatment in the future, or is the cost prohibitive?

A. As to whether I see it as a common treatment in the future, NO. The reason for this is that the treatment itself is not exactly without hazard, certainly in view of the relative abundance of people with documented anaphylaxis to bee stings and the relatively few that are killed by such reaction, it is unlikely that it will be given to any except those that have serious problems with exposure, particularly in view of the rather frequent incidence of anaphylactic reactions to the treatment program itself, i.e., the treatment might be worse than the disease itself.

As to the cost, I would anticipate that the cost would go down as more manufacturers get into the production end, but I doubt sincerely whether it will decrease very significantly.



**BEE KILL**-- The above photo is of a 1978 bee kill in David Kerr's bees in McMinnville. It was from parathion application to white clover. Kerr said that the bees continued to die off for three days and the hives dwindled.



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