

**Greater London Pest Liaison Group**  
**Good Practice Guide**



# Beating Bedbugs

Information  
for HealthCare  
Professionals



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Pest Liaison Group**

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Information for health professionals

## What are they and how do they live?

Bedbugs are oval-shaped, brownish, blood-feeding insects, measuring up to 6 mm long. They can survive up to a year without a blood-feed.

During the day bedbugs typically hide in crevices, either on the bed or elsewhere in the room. Only rarely are bedbugs found on the person or their clothing.

Bedbugs should not be confused with house dust mites, that also occur in the bed, but which are almost microscopic, do not bite, and are responsible for asthma.

## Why the interest in bedbugs?

Bedbug numbers are increasing sharply in the UK and other countries. As a result, the number of patients presenting with bedbug bites and complications at health centres, and being referred to Dermatology clinics, is also increasing.



## Bedbug bites – problems and recognition

Reliable identification of the aetiology of bite-like lesions can be challenging. Bedbug bites are sometimes misdiagnosed as scabies, mosquito bites, flea bites, food allergies, antibiotic reactions, eczema and skin infections.

Bedbugs typically bite people at night. They tend to bite areas that are exposed while the host is sleeping; often the head, neck, shoulders or arms. Bites often occur in rows.

Reaction to the bites varies between individuals:

- A minority of people develop no skin reaction after being bitten and may be unaware that their home is infested;

- Most people will develop a skin reaction. The reaction may occur within minutes, or up to several days later;
- Most will develop a wheal measuring from 1 up to 20 cm across, accompanied by itching and inflammation. The wheal will subside in hours or days, typically leaving red spots. The wheals may become pustular.
- A few people develop a more severe bullous reaction.



## Bedbugs and disease transmission

The potential for bedbugs to transmit blood-borne diseases such as HIV and hepatitis B has been researched. Bedbugs have not been shown to be vectors of any such diseases.

## What advice should be given to a patient with a suspected bedbug infestation at home?

The patient should contact the pest control section of their local authority, or a professional pest control company, for advice and treatment.

If they are living in rented property, they should inform their landlord, who may be able to help.

Amateur use of insecticides is unlikely to be successful and **should not** be recommended.

Laundering, or disposal of infested furniture, will not **by themselves** eradicate the infestation. They should only be used, if appropriate, as part of a programme co-ordinated by a professional pest control organisation.



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## Do you need further information?

**For further advice on bedbug control contact your local authority Environmental Health Department.**

For more information on bedbugs, see the GLPLG's good practice guides on:

- *Preparing Your Home for Bedbug Treatment;*
- *Information for Residents;*
- *Information for Landlords & Property Managers.*

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## What is the Greater London Pest Liaison Group?

The Greater London Pest Liaison Group is a voluntary Group comprising members from within the Pest Control Departments of a number of Local Authorities from within Greater London. The objective of the Group is to maintain high standards of pest control and to disseminate sound technical information.

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This document has been prepared by the Greater London Pest Liaison Group and is intended to raise awareness of bedbugs among healthcare professionals. Whilst it has been produced with great care, the publishers cannot accept any liability for inaccuracies or errors herein.

