Logan, JG; Behrens, RH; Stanczyk, NM (2015) Authors’ reply to Rivers. BMJ (Clinical research ed), 350. h1577. ISSN 0959-8138 DOI: https://doi.org/10.1136/bmj.h1577

Downloaded from: http://researchonline.lshtm.ac.uk/2137765/

DOI: 10.1136/bmj.h1577

Usage Guidelines

Please refer to usage guidelines at http://researchonline.lshtm.ac.uk/policies.html or alternatively contact researchonline@lshtm.ac.uk.

Available under license: Creative Commons Attribution Non-commercial http://creativecommons.org/licenses/by-nc/3.0/
Rivers discusses the application of insect repellents to the face.\(^1\)\(^2\) Application of a repellent to the face may not always be needed because mosquito bites occur mainly on other parts of the body—for example, around the feet and ankles with *Anopheles gambiae*, the main malaria vector. Bites on the face are often avoided because people tend to notice mosquitoes landing on their face and defend themselves before the bite occurs. However, travellers who think that they are at risk of being bitten on the face can wear repellent if the instructions on the bottle allow it.

We agree that the repellent should be sprayed onto the hands first and then applied carefully to the face to prevent accidental ingestion. Parents should apply the repellent to children.

Competing interests: Authors of the manuscript.


Cite this as: \textit{BMJ} 2015;350:h1577

© BMJ Publishing Group Ltd 2015

james.logan@lshtm.ac.uk