

Influenza vaccination for patients with egg allergy – 2016 Update

This advice has been written with reference to the Ministry of Health's Immunisation Handbook 2014 (2nd edition, April 2016). It is for information only and should not replace medical advice from your doctor.

Influenza is a virus which causes acute respiratory and sometimes multi-symptom illness. It can spread quickly from person to person through touch and through the air. Symptoms include fever, chills, aches, runny nose, a cough and stomach upset. Some people get very sick and it causes deaths every year.

Vaccination is the best form of defence against influenza and is recommended annually. The effectiveness of the vaccine depends on the match of the strains in the vaccination with the circulating strains of the virus. The optimal time to vaccinate people, particularly in high-risk groups, is usually during March & April.

Eligibility criteria for funded influenza immunisation

Free immunisation is available only until the end of July each year. Immunisation is recommended, free of charge, including for the following groups:

- All individuals aged 65 years and older
- All individuals aged 6 months to 64 years with high risk conditions including chronic illness and/or respiratory disease
- Pregnant women

Immunisation is recommended (but not funded) for:

- all adults and particularly household members with high-risk infants and toddlers
- all health care workers, for the protection of those in their care
- individuals with asthma not requiring regular preventative therapy
- children under 5 years of age
- rest home residents
- the homeless.

People planning to travel overseas are also recommended to consider the flu vaccine, especially if they are in the high risk group.

Advice for patients with allergy to egg

Current influenza vaccines distributed in New Zealand are derived from influenza virus grown in hen's egg.

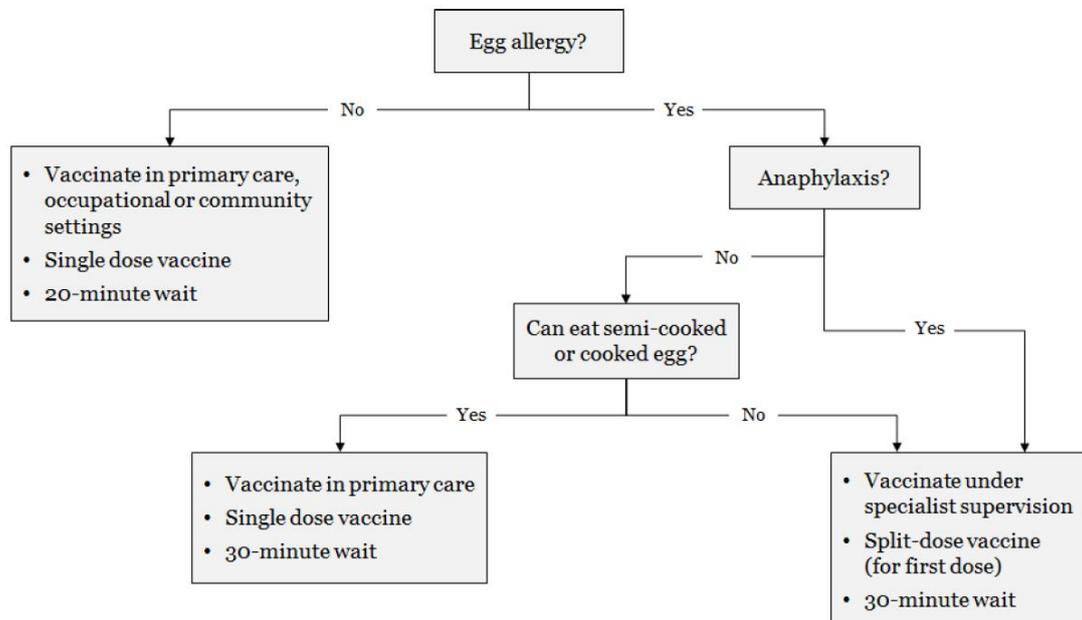
A history of anaphylaxis to egg was previously considered the reason not to give the influenza vaccine (i.e. contraindication to influenza vaccination). However, there is increasing evidence that it can be given safely to egg-allergic individuals. Reported cases of anaphylaxis after influenza

vaccination in egg allergic individuals all occurred over 20 years ago, when vaccine egg (ovalbumin) content was much higher than it is now.

For extra safety, for patients with definite previous egg anaphylaxis and who cannot tolerate any egg ingestion, the available vaccine with the lowest egg content (not exceeding 1.0 µg per dose) should be chosen and administered in hospital using a split-dose protocol (10 percent dose given, wait at least 30 minutes then give remainder of dose), as shown in the ASCIA chart below. G.P.s can refer patients to the supervised vaccination clinic at the local hospital.

Non-anaphylactic egg allergy is not a contra-indication and in this group if the egg-allergic patient tolerates cooked egg, the influenza vaccine can be given in general practice with a 30-minute wait for observation afterwards. The following algorithm is recommended for decision-making:

Figure 10.6: Influenza vaccination of the egg-allergic individual



Adapted from: Australasian Society of Clinical Immunology and Allergy Inc. 2010. *Guidelines for Medical Practitioners: Influenza vaccination of the egg-allergic individual*. URL: www.allergy.org.au/health-professionals/papers/influenza-vaccination-of-the-egg-allergic-individual (accessed 8 October 2013).

References:

Ministry of Health Immunisation handbook 2014 (2nd edn, April 2016)