

Information from Allergy New Zealand regarding influenza vaccinations for patients with allergy to egg.

This advice has been written in consultation with members of our Medical Panel, in response to queries from members and families.

It is for information only and does not replace medical advice from your doctor.

Influenza is a virus which causes acute respiratory and sometimes multi-system 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.

Older people, young children, pregnant women, and people with certain medical conditions are at a higher risk of developing serious complications from influenza, such as pneumonia.

Vaccination is the best defence against influenza and is recommended annually. The effectiveness of the vaccine depends on the match of the strains in the vaccine with circulating strains. The optimal time to vaccinate people, particularly in high-risk groups, is usually during March and 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
- individuals aged 6 months to 64 years who:
 - are pregnant
 - have cardiovascular disease
 - have chronic respiratory disease (asthma if on regular preventive therapy; other chronic respiratory disease with impaired lung function). Children who are asthmatics on regular preventative treatment are considered a priority to receive the influenza vaccine.

Influenza vaccine and egg allergy

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

A history of anaphylaxis to egg was therefore 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. The majority of reported cases of anaphylaxis following influenza vaccination of egg allergic individuals occurred over 20 years ago, when the amount of egg protein in vaccines was substantially higher. By contrast, the amount of egg ovalbumin present in Australian and New Zealand vaccines in recent years has been ~ 1ug or less/dose (manufacturer data source), substantially less than the estimated 130 ug egg protein taken orally considered likely to trigger reactions in egg allergic patients.

Non-anaphylactic egg allergy is not a contraindication to influenza vaccination and in this group if the egg allergic individual tolerates cooked egg the influenza vaccine can be given in General Practice with a 30 minute wait.

For extra safety, for patients with definite previous egg anaphylaxis or who are not tolerant of any egg ingestion, the available vaccine with the lowest egg content (not exceeding 0.6 µg per dose, 1.2 µg per mL) should be chosen and administered in hospital using a split-dose protocol (10 percent dose given, wait at least 20 minutes then give remainder of dose).

Auckland paediatric patients with previous history of egg anaphylaxis and who are not tolerant of any egg ingestion, can be referred by their GP to the Infectious Diseases Vaccination Clinic at Auckland City Hospital for the split-dose protocol as per above. In other areas, the GP should contact paediatric outpatients to enquire about local supervised vaccination clinics.

References:

<http://www.health.govt.nz/publication/immunisation-handbook-2011>

<http://www.immune.org.nz/immune-system-and-vaccination>

<http://www.immune.org.nz/health-professionals/regional-advisors-and-local-coordinators>

http://www.allergy.org.au/images/stories/pospapers/ascia_guidelines_influenza_vaccination_egg_allergic_individual_2010.pdf

Thanks to Dr Jan Sinclair and Dr Kylie Morse for reviewing this information.