

# 2016-17 Influenza Vaccine Screening for Persons who Report Egg Allergy

For the 2016-17 influenza season, the Advisory Committee on Immunization Practices (ACIP) recommends the following:

1. Persons with a history of egg allergy who have experienced **only hives** after exposure to egg should receive influenza vaccine.
  - May use any recommended age-appropriate influenza vaccine (i.e. IIV or RIV3).
2. Persons who report having a reaction to egg involving symptoms **other than hives** (such as angioedema, respiratory distress, lightheadedness, or recurrent emesis) or who required epinephrine or another emergency medical intervention:
  - May receive any recommended age-appropriate influenza vaccine (i.e. IIV or RIV3).
  - Selected vaccine should be administered in an inpatient or outpatient medical setting.
  - Vaccine should be administered under the supervision of a health care provider who is able to recognize and manage severe allergic conditions.
  - Providers should observe all patients, regardless of allergy history, for 15 minutes after any vaccination.

**Note:** A previous severe allergic reaction to influenza vaccine, regardless of the component suspected of being responsible for the reaction, is a contraindication to future receipt of the vaccine.

## **Points to consider for the 2016-17 Influenza Season**

- Influenza vaccine abbreviations: Inactivated Influenza Vaccine (IIV) - trivalent (IIV3) and quadrivalent (IIV4), Cell-cultured Inactivated Influenza Vaccine - quadrivalent (ccIIV4), Recombinant hemagglutinin Influenza Vaccine - trivalent (RIV3)
- **Severe allergic reactions, including anaphylaxis, can occur to components of all vaccines.**
  - Such reactions are rare and are not always related to egg proteins.
- Review of the studies looking at IIV indicated that severe allergic reactions in persons with egg allergy are unlikely.
  - In a Vaccine Safety Datalink study of over 7.4 million doses of IIV3 given without other vaccines, there were only 10 cases of anaphylaxis.
- With the exceptions of RIV3 and ccIIV4, currently available influenza vaccines are prepared by producing virus in embryonated eggs.
  - RIV3 and ccIIV4 are produced using non-egg based technologies, **but only RIV3 is considered egg-free.**
  - RIV3 (FluBlok<sup>®</sup>) is indicated for persons aged 18 years and older.**
- **All** vaccination providers and staff should be familiar with their clinical emergency response plan and certified in cardiopulmonary resuscitation (CPR).
- For clinics that are administering vaccines, a minimum of epinephrine and equipment for maintaining an airway should be readily available, and staff should be trained on how to use it appropriately. Emergency medications, such as epinephrine, and equipment should not be expired or outdated.
- Providers should consider observing **all** patients for 15 minutes after any vaccination to decrease the risk for injury should they experience syncope, per the ACIP General Recommendations on Immunization ([www.cdc.gov/mmwr/pdf/rr/rr6002.pdf](http://www.cdc.gov/mmwr/pdf/rr/rr6002.pdf)).
- Individuals who are suspected of being egg-allergic based on previously performed allergy testing but have no known contact with eggs can still be vaccinated, however, they should receive consultation with a health care provider who has expertise in the recognition and management of allergic conditions prior to vaccination.
- For persons who report an egg allergy, it is not recommended to administer divided doses of influenza vaccine or skin test with the vaccine before administering any flu vaccine product.

Refer to "Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the ACIP, U.S., 2016-17 Influenza Season, *MMWR*, Vol. 65(5); 1-54, 8/26/16 located at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines). For further information & additional forms regarding flu vaccination, refer to [www.michigan.gov/flu](http://www.michigan.gov/flu), [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines), or [www.cdc.gov/mmwr](http://www.cdc.gov/mmwr).