

Flu vaccination recommended regardless of egg allergy

BY DAMIAN MCNAMARA
ATAAP 2017

CHICAGO – The American Academy of Pediatrics has released a new policy statement that in part suggests that physicians can administer influenza vaccine to children and teenagers with egg allergies without any special precautions beyond those that apply to other vaccines.

This is some “egg-citing news,” said Mary Ann Jackson, MD. “In 28 studies with 4,315 egg allergic subjects, 656 of whom had severe allergies, there were no serious allergic reactions.” In other words, there was no respiratory distress or hypotension observed after participants received the influenza vaccine in these studies.

“All children with egg allergy can receive influenza vaccine, any product, with no special precautions [other] than those recommended for routine precautions,” Dr. Jackson said, creating a buzz among attendees at the annual meeting of the American Academy of Pediatrics.

Officially, the policy statement from the academy’s Committee on Infectious Diseases reads: “All children with egg allergy of any severity can receive influenza vaccine without



DR. JACKSON

any additional precautions beyond those recommended for any vaccine. Special precautions for egg-allergic recipients of IIV [inactivated influenza vaccine] are not warranted, as the rate of anaphylaxis after IIV administration is no greater in egg-allergic than non-egg-allergic recipients or from other universally recommended vaccines. Standard vaccination practice for all vaccines in children should include the ability to respond to rare acute hypersensitivity reactions.” The full policy statement was published online in the journal *Pediatrics* (2017 Sep. 6; doi: 10.1542/peds.2017-2550.)

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This new policy “makes your life so much easier ... and allows you to continue to recommend the vaccine strongly,” said Dr. Jackson, division director of infectious diseases at Chil-

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dren’s Mercy Hospital and professor of pediatrics at the University of Missouri at Kansas City.

Dr. Jackson also gave an overview of influenza epidemiology and why ongoing education of patients and families remains essential. “It’s almost flu season now. It’s inevitable – like RSV [respiratory syncytial virus] is inevitable – but when the season starts is unknown,” she said. “How severe and long the season will be is also unpredictable.” Which viruses are spread and whether there

is a good match between circulating virus and the vaccine are additional unknowns each year.

On average, the influenza vaccine is about 50% efficacious each year. “But that is good, compared to what it’s like for those who are not immunized,” Dr. Jackson added. Approximately 100 children die from influenza infection in the United States each year. “Newer data indicate that patients who die are most likely to be unimmunized.”

Patient and family education are important for these reasons, and because “it’s the most likely vaccine to be opted out of by the otherwise fully immunized,” she noted.

The lowest covered population are individuals between 18 years and 49 years, Dr. Jackson said. “My young adult son did not think he needed to worry about flu for himself; he said he was healthy and well. But it’s a bummer when your mom is an ID doctor who likes vaccines, because I made it happen for him.”

Dr. Jackson had no disclosures.

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