

**CCHMC, Division of Allergy & Immunology**  
**Egg Allergies & Influenza Vaccination Guideline Statement (2012-2013)**

Patients with a history of egg allergy are at minimally increased risk for an allergic reaction to this season's influenza vaccine. Based on our own recent study and 7 recent publications, we have simplified our guideline recommendations. These studies demonstrated overwhelming safety in the egg allergic "at risk" patient population (less than 1% experienced hives after receiving the vaccine, far fewer experienced anaphylaxis).

This season, we recommend that ideally *every healthy CCHMC patient and all of their close contacts* meeting CDC criteria for vaccination ([www.cdc.gov/flu/](http://www.cdc.gov/flu/)) receive some form of influenza prophylaxis for the duration of the typical flu season (October through April). While every patient at CCHMC represents a unique individual with a distinct set of medical conditions, we believe that we can effectively categorize patients into 3 distinct risk groups, as it pertains to egg allergy and influenza prophylaxis. Please note that group definitions have changed since last year.

- **Green Group** – *Minimal risk*. Non-egg-allergic pediatric patients should receive either the inactivated (intramuscular) or live (intranasal) vaccine either in a physician's office or at their local pharmacy. Adult patients also have the option of the newer intradermal vaccine.
- **Yellow Group** – *At risk*. Egg allergic patients, patients with a history of positive egg allergy testing, and patients who are avoiding eggs entirely for any medical reason should receive the full-strength vaccine **only in a physician's office**. The inactivated vaccine may be given either as a single injection or as a split-dose (see below). We recommend that all egg allergic patients be monitored for 30 minutes following influenza vaccination.
- **Red Group** – *Special risks*. Pregnant women, patients with chronic respiratory disease, patients with immunodeficiency, and patients with other contraindications to either version of the flu vaccine should consult with their healthcare provider(s) prior to receiving it, and their close contacts and caregivers should strongly consider inactivated (i.e. *not live*) influenza vaccination. Patients in this group should be otherwise stratified according to the above Green or Yellow groups, as it pertains to potential egg allergy. Patients with chronic respiratory disease should only receive the inactivated vaccination. Patients with immunodeficiency should follow closely with their specialist(s); this group should also receive a prescription for a neuraminidase inhibitor (e.g. oseltamivir or zanamivir) only to be filled & taken at the first sign of clinical influenza infection.

These guidelines were formulated following review of the most up-to-date egg allergy-flu vaccination guidelines (e.g. AAAAI, ACAAI & CDC). We note that many published guidelines vary. Our guidelines are not CCHMC policy and they are meant only to assist physicians in their individualized patient care decision-making process. These guidelines do not address the management of other allergenic components of the influenza vaccine (e.g. latex, gelatin, & antibiotics).

We look forward to assisting our community practitioners with patient care needs.

**Split-dose Protocol:**

At 30-minute intervals:

1. Give 1/10 of the total volume of full-strength (FS) vaccine
2. Give 9/10 of the total volume of FS vaccine