

PRESS RELEASE

EAACI (European Academy of Allergy and Clinical Immunology) recommendations for health professionals regarding seasonal and swine influenza vaccination in egg-allergic patients

Zurich, 26 October 2009 – EAACI, the largest European organisation in the field of allergy, immunology and asthma, presents its recommendations for health professionals regarding seasonal influenza vaccination in egg allergic patients which are also applicable in the case of A/H1N1 vaccine. Some batches of the swine flu vaccine will be produced through cell-culture processes avoiding culture in eggs, but these will be only a proportion of all the available batches¹. In any case, national guidelines regarding vaccination in egg-allergic patients should be followed.

In general, only those patients who have a confirmed or suspected allergy to egg ovalbumin, and are on a 100% egg-free diet, need to be sent to an allergy specialist for influenza vaccination. The diagnosis should preferably be confirmed by skin prick test and/or blood tests. If any form of egg can be ingested by the patient, and only large amounts of egg ovalbumin lead to symptoms, then vaccination can be performed without any special setting.

In a specialist secured environment, a detailed analysis of the risk-benefit of vaccination will be undertaken^{2,3}:

- If a patient has a history of egg-induced anaphylaxis (allergic shock), the risk-benefit of vaccination with ovalbumin containing vaccines should be carefully considered by the specialist.
- If the history of allergic reactions does NOT include severe anaphylaxis, but does include isolated urticaria, angioedema, vomiting, asthma or rhinitis, a skin-prick test with the vaccine should be done prior to injection of the vaccine.
 - If there is a positive skin prick to the vaccine (>3mm), the vaccination should not be performed.
 - If it is negative, the vaccination may be administered. If the allergic reaction was moderate to severe, the injection may be divided in two doses (1/10 and 9/10) 30-min apart. In such cases it should also be considered whether the vaccination should be done after securing an i.v. line.
 - Emergency medication including adrenaline should be available in case of necessity.
- In mild immediate reactions to egg and in non immediate reactions to egg (atopic dermatitis), vaccination is allowed without testing, although under supervision.



References

1. Erlewyn-Lajeunesse M, Brathwaite N, Lucas JS, Warner JO. Recommendations for the administration of influenza vaccine in children allergic to egg. *BMJ* 2009;339:b3680.
2. James JM, Zeiger RS, Lester MR, Fasano MB, Gern JE, Mansfield LE, et al. Safe administration of influenza vaccine to patients with egg allergy. *J Pediatr* 1998;133(5):624-8.
3. Zeiger RS. Current issues with influenza vaccination in egg allergy. *J Allergy Clin Immunol* 2002;110(6):834-40.

About EAACI:

EAACI - The European Academy of Allergy and Clinical Immunology is a non-profit organisation active in the field of allergic and immunologic diseases such as asthma, rhinitis, eczema, occupational allergy, food and drug allergy and anaphylaxis. EAACI was founded in 1956 in Florence and has become the largest medical association in Europe in the field of allergy and clinical immunology. It includes 5'500 individual members from 107 countries, as well as 40 National Allergy Societies.

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