

Children with significant asthma and aged under nine years who have not been previously vaccinated against influenza will require a second dose (of either LAIV or inactivated vaccine as appropriate).

Egg allergy

In all settings providing vaccination, facilities should be available and staff trained to recognise and treat anaphylaxis (see [Chapter 8](#)). Inactivated influenza vaccines that are egg-free or have a very low ovalbumin content (<0.12 micrograms/ml - equivalent to <0.06 micrograms for a 0.5 ml dose) are available and studies show they may be used safely in individuals with egg allergy (des Roches *et al.*, 2012). LAIV (Fluenz Tetra®), which previously had an upper ovalbumin limit of 1.2 micrograms/ml, has also been shown (JCVI, 2015) to be safe for use in egg-allergic children. The ovalbumin content of LAIV has been further reduced since 2016 (≤0.024 micrograms per 0.2ml dose). The ovalbumin content of influenza vaccines will be published prior to the influenza season.¹

JCVI has advised (JCVI, 2015) that children with an egg allergy – including those with previous anaphylaxis to egg – can be safely vaccinated with LAIV in any setting (including primary care and schools). The only exception is for children who have required admission to intensive care for a previous severe anaphylaxis to egg, for whom no data are available; such children are best given LAIV in the hospital setting. LAIV remains the preferred vaccine for this group and the intranasal route is less likely to cause systemic reactions.

Children with egg allergy but who also have another condition which contraindicates LAIV should be offered an inactivated influenza vaccine with a very low ovalbumin content (less than 0.12 micrograms/ml). Children in a clinical risk group and aged under nine years who have not been previously vaccinated against influenza will require a second dose (of either LAIV or inactivated vaccine as appropriate).

Adult patients can be immunised in any setting using an inactivated influenza vaccine with an ovalbumin content less than 0.12 micrograms/ml (equivalent to 0.06 micrograms for 0.5 ml dose), excepting those with severe anaphylaxis to egg which has previously required intensive care who should be referred to a specialist for assessment with regard to receiving immunisation in hospital.

Egg-allergic adults and children over age nine years with egg allergy can also be given the quadrivalent inactivated egg-free vaccine, Flucelvax® TETRA, which is licensed for use in this age group.

Use with antiviral agents against influenza

There is a potential for influenza antiviral agents to lower the effectiveness of LAIV. Therefore, influenza antiviral agents and LAIV should not be administered concomitantly. LAIV should be delayed until 48 hours following the cessation of treatment with influenza antiviral agents.

Administration of influenza antiviral agents within two weeks of administration of LAIV may adversely affect the effectiveness of the vaccine.

1 <https://www.gov.uk/government/publications/influenza-vaccine-ovalbumin-content>