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Practice Parameters

Administration of influenza vaccines to egg allergic recipients: A practice parameter update 2017☆

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☆This parameter was developed by the Joint Task Force on Practice Parameters, representing the American Academy of Allergy, Asthma, and Immunology and the American College of Allergy, Asthma, and Immunology.

Classification of Recommendations and Evidence

Recommendation Rating Scale

Statement	Definition	Implication
Strong recommendation (StrRec)	A strong recommendation means the benefits of the recommended approach clearly exceed the harms (or that the harms clearly exceed the benefits in the case of a strong negative recommendation) and that the quality of the supporting evidence is excellent (grade A or B).* In some clearly identified circumstances, strong recommendations may be made based on lesser evidence when high-quality evidence is impossible to obtain and the anticipated benefits strongly outweigh the harms.	Clinicians should follow a strong recommendation unless a clear and compelling rationale for an alternative approach is present.
Recommendation (Rec)	A recommendation means the benefits exceed the harms (or that the harms clearly exceed the benefits in the case of a negative recommendation), but the quality of evidence is not as strong (grade B or C).* In some clearly identified circumstances, recommendations may be made based on lesser evidence when high-quality evidence is impossible to obtain and the anticipated benefits outweigh the harms.	Clinicians should also generally follow a recommendation but should remain alert to new information and sensitive to patient preferences.
Option (Opt)	An option means that either the quality of evidence that exists is suspect (grade D)* or that well-done studies (grade A, B, or C)* show little clear advantage to one approach vs another.	Clinicians should be flexible in their decision making regarding appropriate practice, although they may set bounds on alternatives; patient preference should have a substantial influencing role.
No recommendation (NoRec)	No recommendation means there is both a lack of pertinent evidence (grade D)* and an unclear balance between benefits and harms.	Clinicians should feel little constraint in their decision making and be alert to new published evidence that clarifies the balance of benefit vs harm; patient preference should have a substantial influencing role.

Category of Evidence

- Ia Evidence from meta-analysis of randomized controlled trials
- Ib Evidence from at least one randomized controlled trial
- IIa Evidence from at least one controlled study without randomization
- IIb Evidence from at least one other type of quasiexperimental study
- III Evidence from nonexperimental descriptive studies, such as comparative studies
- IV Evidence from expert committee reports or opinions or clinical experience of respected authorities or both

*Strength of Recommendation**

- A Directly based on category I evidence
- B Directly based on category II evidence or extrapolated recommendation from category I evidence
- C Directly based on category III evidence or extrapolated recommendation from category I or II evidence
- D Directly based on category IV evidence or extrapolated recommendation from category I, II, or III evidence
- LB Laboratory based
- NR Not rated

How This Practice Parameter Update Was Developed

The Influenza Vaccine and Egg Allergy Practice Parameter Workgroup was commissioned by the Joint Task Force on Practice Parameters (JTFPP) to develop practice parameters that address the administration of influenza vaccines to egg allergic recipients. Workgroup members invited to participate in the parameter development are considered experts in the field. Workgroup members have been vetted for financial conflicts of interest by the JTFPP, and their conflicts of interest have been listed in this document and are posted on the JTFPP website at https://www.allergyparameters.org/. Where a potential conflict of interest is present, the potentially conflicted workgroup member was excluded from discussing relevant issues. The charge to the workgroup was to use a systematic literature review, in conjunction with consensus expert opinion and workgroup-identified supplementary documents, to develop a practice parameter that provides a comprehensive approach for the administration of influenza vaccines to egg allergic recipients based on the current state of the science.

Preface

Annual seasonal influenza vaccination remains the most effective means of protection against contracting influenza illness and preventing spread of the disease among the population.[1] Influenza infection is a significant source of morbidity and mortality in the United States. During the 2015–2016 influenza season, an estimated 308,232 persons were hospitalized in the United States because of influenza, including 15,389 hospitalizations of children younger than 5 years.[2] It is estimated that 23,607 deaths occur each year in the United States as a result of influenza, including approximately 124 children.[3] Egg allergy affects as many as 2% of US children,[4] and of these, 29% also have asthma.[5] Therefore, egg allergic children are a subgroup who may be at higher risk for influenza-related complications. However, because most influenza vaccines are grown in embryonated chicken eggs and may contain residual egg protein (ovalbumin),[1] they were contraindicated in those with egg allergy until recently.[6]