

## Vaccine advice for children with allergies and/or asthma, 2021/2022

### COVID-19 vaccines

As of September 2021, the UK government is now recommending that all children age 12+ years are vaccinated against COVID-19, as follows:

- Children age 12+ years who are at higher risk of COVID infection\*, or who live with an adult at higher risk should receive two doses of the Pfizer BioNTech vaccine (Comirnaty®)
- All other children (age 12- 17 years) should receive a single dose of Pfizer BioNTech vaccine (Comirnaty®), until more information is available as to the relative risks and benefits of young people receiving a second dose.

\*Further information at [www.rcpch.ac.uk/resources/covid-19-vaccination-children-young-people](http://www.rcpch.ac.uk/resources/covid-19-vaccination-children-young-people) and at [www.gov.uk/government/publications/covid-19-the-green-book-chapter-14a](http://www.gov.uk/government/publications/covid-19-the-green-book-chapter-14a)

The Royal College of Paediatrics and Child Health (RCPCH) “*believe[s] that vaccination could benefit healthy children, irrespective of any direct health benefit, in enabling them to have less interruption to school attendance, to allow them to mix more freely with their friends, to give more protection to friends and family members whose health may be at risk from the virus, and to help reduce the anxiety some children feel about COVID-19... children, teenagers and their families or carers must receive clear and non-judgemental advice about the risks as well as the benefits. The decision should be a matter of choice and should never be mandatory.*”

Allergy to vaccines are rare, occurring at less than 1 per million doses given. Data from other countries where Pfizer BioNTech vaccine (Comirnaty®) has been used indicates that the rate of allergic reactions in teenagers is similar to that for other common vaccines.

**Children with “allergies” – including multiple food allergies, previous anaphylaxis to foods, asthma, hay fever, eczema – are NOT at higher risk of having an allergic reaction to COVID-19 vaccines**, and can be vaccinated in any vaccine setting. This also applies to children with allergies to medicines (such as antibiotics or ibuprofen), undergoing allergy desensitisation, or being treated with the medicine such as omalizumab (Xolair®). Staff in all vaccine settings are trained to recognise allergic reactions (including anaphylaxis) and have the equipment and medicines available to treat them.

Where a child has a history of confirmed anaphylaxis to a vaccine, or is allergic to any of the ingredients in the Pfizer vaccine (a list is available at vaccination centres), this should be discussed with their GP or allergy doctor as it might be appropriate for them to receive the vaccine in a supervised, hospital setting.

The BSACI has worked with Allergy UK and the Anaphylaxis Campaign to produce a guide to FAQ relating to COVID vaccination, available at: [www.allergyuk.org/news/coronavirus-and-allergy-faqs/](http://www.allergyuk.org/news/coronavirus-and-allergy-faqs/) or [www.anaphylaxis.org.uk/covid-19-advice/](http://www.anaphylaxis.org.uk/covid-19-advice/)

## Influenza vaccine

For the 2021/22 season, influenza vaccinations will be offered under the NHS immunisation programme to all children aged 2 to 15 (but not 16 years or older) on 31 August 2021, in addition to children with long-term health conditions (e.g. asthma requiring previous hospital admission) or household contacts of immunocompromised individuals.

The following vaccines are recommended by the UK Departments of Health:

Eligible cohort	Children in a clinical risk group <sup>#</sup>	All other children
6 months to <2 years	An appropriate quadrivalent inactivated flu vaccine (injection)	Not applicable
2-15 years	Intranasal 'flu vaccine (LAIV, Fluenz <sup>®</sup> Tetra)* (unless contraindicated) <sup>§</sup>	LAIV (Fluenz <sup>®</sup> Tetra) (unless contraindicated) <sup>§</sup>
16-18 years	Intranasal 'flu vaccine (LAIV, Fluenz <sup>®</sup> Tetra) (unless contraindicated) <sup>§</sup>	Not applicable
>18 years	An appropriate egg-free quadrivalent inactivated flu vaccine (injection)	Not applicable

<sup>#</sup> Details available at [www.gov.uk/government/publications/influenza-the-green-book-chapter-19](http://www.gov.uk/government/publications/influenza-the-green-book-chapter-19)

\* Children aged 6 months to <9 years in a clinical risk group who have not previously been vaccinated against influenza should be offered two doses of the appropriate influenza vaccine (given at least four weeks apart).

<sup>§</sup> LAIV is a live vaccine; it is not recommended in immunocompromised children or where there is a household contact who is immunocompromised. If LAIV is contraindicated or otherwise unsuitable (e.g. parental objection due to its porcine gelatine content), then the egg-free QIVc can be used (licensed for all children aged 2+ years)

In all settings providing vaccination, facilities should be available and staff trained to recognise and treat anaphylaxis. See <https://www.resus.org.uk/media/289/download>

### Egg allergy

The Joint Committee on Vaccination and Immunisation (JCVI) advises that children with egg allergy can be given Fluenz Tetra (LAIV) in *any* setting (including primary care and schools). **This includes children with previous anaphylaxis to egg.** The advice is based on the SNIFFLE studies, in which 887 egg-allergic children (one third with a history of anaphylaxis to egg) safely received Fluenz vaccine.

The only exception is for children who have previously *required ventilation on an intensive care unit* following anaphylaxis to egg. These children are likely to tolerate Fluenz, but were excluded from the SNIFFLE studies. These children should be referred to a specialist for immunisation in hospital, either with Fluenz Tetra or an injected influenza vaccine (quadrivalent influenza vaccine, QIV).

### Asthma

JCVI advise that children **on inhaled corticosteroids may safely be given Fluenz Tetra (LAIV), irrespective of the inhaler dose prescribed**, on the basis of the SNIFFLE studies. Children requiring daily *oral* steroids for maintenance or with a previous ICU admission due to asthma should only be given LAIV on the advice of their specialist; alternatively, an injected influenza vaccine can be given.

Fluenz Tetra should not be administered to a child/young person who has had increased wheezing and/or needed additional bronchodilator treatment in the previous 72 hours. These children should be offered a suitable injected influenza vaccine to avoid a delay in protection.

## OTHER ROUTINE CHILDHOOD VACCINES

Children with food allergies or asthma can receive any routine childhood vaccine without concern; the only concern is if they have had a previous objective allergic reaction to a vaccine, in which case a referral to a Paediatric Allergy service should be made.

Egg allergy is NOT a contra-indication to MMR vaccination, since the vaccine is grown on cultured-embryo-chick fibroblasts and does not contain detectable egg protein. The administration of the MMR vaccine to egg-allergic children has an excellent safety record and should be administered to all egg-allergic children as a routine procedure in primary care.