PAEDIATRICS - EGG ALLERGY

These are guidelines only, and it will be at the clinician’s discretion to apply different treatment depending on individual circumstances of patient

EGG ALLERGY AND THE MMR IMMUNISATION

Measles vaccines are prepared in chick embryo fibroblast cultures and carry, therefore, the theoretical risk of anaphylaxis in children with severe egg allergy. For this reason, general practitioners frequently refer patients to us to decide about and administer the vaccine on the ward.

In the past, the American Academy of Paediatrics has recommended a complex desensitisation regime for those with anaphylactic histories.¹

More recent evidence suggests that this is unnecessary. Two studies in children with a history of egg allergy, positive skin tests and food challenges showed no serious reactions in a total of 464 subjects²,³ Anaphylaxis has, however, been reported in the absence of egg allergy.

Our current recommendation is, therefore, as follows:

In children with a history of egg allergy:

- There is no need to perform skin tests or RAST tests
- Immunisation should be done on the ward
- A single sub cutaneous dose of 0.5ml MMR should be used
- Resuscitation equipment, including ET tubes and laryngoscopes to be available

Drugs for anaphylaxis to be available as follows:

- Adrenalin (1 in 1,000) 0.1 – 0.2ml im or sc: repeat after 10 minutes if necessary
- Hydrocortisone 100mg iv

Observe on the ward for 90 minutes

Write in hospital notes and the Parent held record (red book)

References

2. James et al. Safe administration of the measles vaccine to children allergic to eggs NEIM 1995 332: 1262 - 1264