Given the low levels of egg protein in the flu vaccine and the low likelihood of allergic reactions, for the 2016-2017 flu season, ACIP and CDC have revised the recommendations. CDC has provided an algorithm to guide clinicians through the updated recommendations for flu vaccine and egg-allergic patients this season.

- Patients who are able to eat lightly cooked egg (i.e., scrambled egg) without reaction are unlikely to be allergic to eggs and can be given any licensed, recommended flu vaccine (i.e., any form of IIV or recombinant influenza vaccine [RIV]) that is otherwise appropriate for their age and health status;

- Patients with a history of egg allergy who have experienced only hives after exposure to egg also can be given any licensed flu vaccine (i.e., any form of IIV or RIV) that is otherwise appropriate for their age and health; and

- Patients with a history of more serious reactions to eating eggs or egg-containing foods—those who have had symptoms such as angioedema, respiratory distress, lightheadedness, or recurrent emesis, or who required epinephrine or another emergency medical intervention—also can receive any licensed flu vaccine (i.e., any form of IIV or RIV) that is otherwise appropriate for their age and health status, but the vaccine should be given in a medical setting and be supervised by a healthcare provider who is able to recognize and manage severe allergic conditions.

The term "medical setting" refers to hospitals, clinics, health departments, and physician offices. A healthcare provider who is able to recognize and manage severe allergic conditions basically means a healthcare provider who has and can administer epinephrine.

However, some people should not receive flu vaccines, including anyone who has previously experienced a severe allergic reaction to a flu vaccine, regardless of the component suspected of being responsible for the reaction. Flu vaccines contain a variety of components other than egg proteins that can occasionally cause allergic reactions.