

Flu Shot Safety: Table of Evidence

Citation	Methods	Participants	Outcomes
DeStefano, F., Bodenstab, H. M., & Offit, P. A. (2019). Principal Controversies in Vaccine Safety in the United States. <i>Clinical Infectious Diseases</i> .	Review of the principal concerns with vaccines by IDSA: MMR and Autism, aluminum, thimerosal, GBS and flu vaccine, vaccines and autoimmune disorders	Review of 50+ years of studies on vaccine outcomes	Vaccines in each instance are safe, and literature does not support adverse outcomes in these categories
Greene, S. K., Rett, M. D., Vellozzi, C., Li, L., Kulldorff, M., Marcy, S. M., ... & Jackson, M. L. (2013). Guillain-Barré syndrome, influenza vaccination, and antecedent respiratory and gastrointestinal infections: a case-centered analysis in the Vaccine Safety Datalink, 2009–2011. <i>PLoS One</i> , 8(6), e67185.	Analysis of prior reported increased incidence of GBS with flu vaccine. Evaluated all the cases from VSD, and checked for co-occurring illnesses, a known trigger for GBS.	All 18 confirmed cases of GBS from VSD, reviewing their records of the 1-41 days prior to GBS diagnosis	There was a higher OR to have GBS from flu or other illnesses (11.62/million people, vs OR of 0.93/million people) than with flu vaccine.
Principi, N., & Esposito, S. (2018). Vaccine-preventable diseases, vaccines and Guillain-Barre'syndrome. <i>Vaccine</i> .	Review of known literature on the reasons and pathways to get GBS, and the associated risks	Review of literature regarding vaccines and GBS, including MMR, HPV, Menactra, Flu	MMR: no higher incidence in 900,000 doses given; HPV: no higher incidence in 10.4 million doses given
Bosaeed, M., & Kumar, D. (2018). Seasonal influenza vaccine in		Review of studies on flu vaccine in	

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immunocompromised persons. Human vaccines & immunotherapeutics, 14(6), 1311-1322.	To evaluate the use of flu vaccine in immunocompromised patients, such as post hematology or oncology patients, autoimmune conditions on biologic therapies, transplant recipients.	immunocompromised patients	Live flu shots should not be used. Standard flu shot is recommended. Recommend to give vaccines 6 months post a transplant
Strijbos, E., Tannemaat, M. R., Alleman, I., de Meel, R. H., Bakker, J. A., van Beek, R., ... & Verschuuren, J. J. (2019). A prospective, double-blind, randomized, placebo-controlled study on the efficacy and safety of influenza vaccination in myasthenia gravis. <i>Vaccine</i> , 37(7), 919-925.	To evaluate effects of flu vaccine on Myasthenia Gravis, and to evaluate for further flares	Studied 47 patients by evaluating serum titers of flu vaccine following administration	The antibody response to an influenza vaccination in patients with MG was not different from that in healthy subjects, even in MG patients using immunosuppressive medication. Influenza vaccination does not induce an immunological or clinical exacerbation of MG.
Wilkinson, K., Wei, Y., Sz wajcer, A., Rabbani, R., Zarychanski, R., Abou-Setta, A. M., & Mahmud, S. M. (2017). Efficacy and safety of high-dose influenza vaccine in elderly adults: A systematic review and meta-analysis. <i>Vaccine</i> , 35(21), 2775-2780.	Evaluating high dose flu vaccine compared to standard dose vaccine in elderly adults	Review of 7 trials	Geriatric patients had better protection against the flu, it was well-tolerated, and low risk.