



Monkeypox Vaccine Clinic

Intradermal Injections

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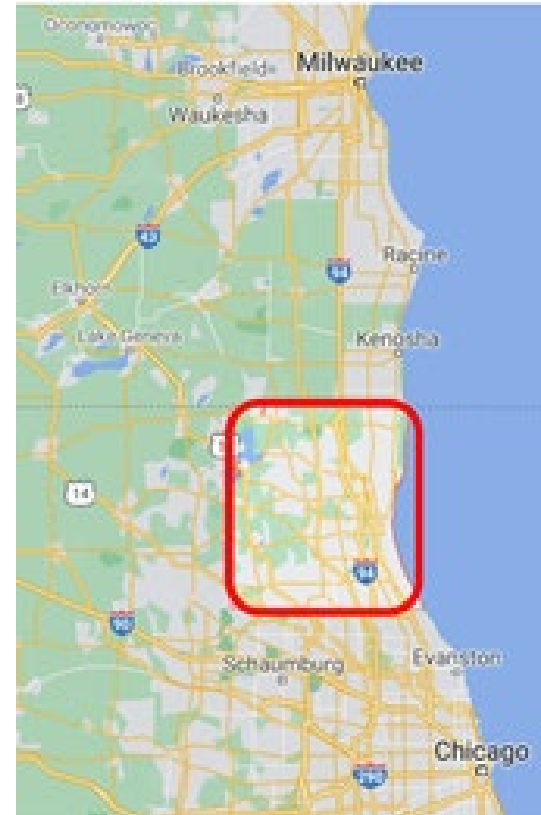
Outline

- Background
- Vaccine clinic set up
- Observations
- Lessons learned

Lake County

Illinois

- Located in the northeast corner of Illinois (Lake Michigan east, Wisconsin north)
- >700,000 live, work, and play
- Median age 38 years
- 80% White, 8% black/African American, 9% Asian
- 23% Hispanic or Latino



Lake County Health Department (LCHD)

- Located in Waukegan, IL
- 900+ employees
- Several departments: Physical Health (8 FQHCs), Business Operations, Finance, Health Informatics/Technology, Environmental Health, Prevention



Public Health Importance

- Over 800 cases of monkeypox in Illinois, 6th in nation
 - Over 80% of cases identified in Chicago residents
 - ~15% in collar county residents
 - 2% in the remaining state of Illinois
- 8 probable and confirmed cases among Lake County residents
 - 1 administered Tecovirimat
 - 1 hospitalization and no deaths

Monkeypox Workgroup

The Programs within the agency involved

Meets weekly to discuss access to testing, treatment, and vaccination.

01

Communicable Diseases

02

Immunizations

03

Sexually Transmitted Illness

04

Tuberculosis

05

Emergency Resources

Vaccine Clinics

Monkeypox

Learn the Signs and Symptoms of Monkeypox

Scan the QR code

If you think you may have been exposed or have symptoms, call Need2Know Lake County at (847) 377-8450



Aprenda los signos y síntomas de la Viruela del Mono

Escanee el código QR

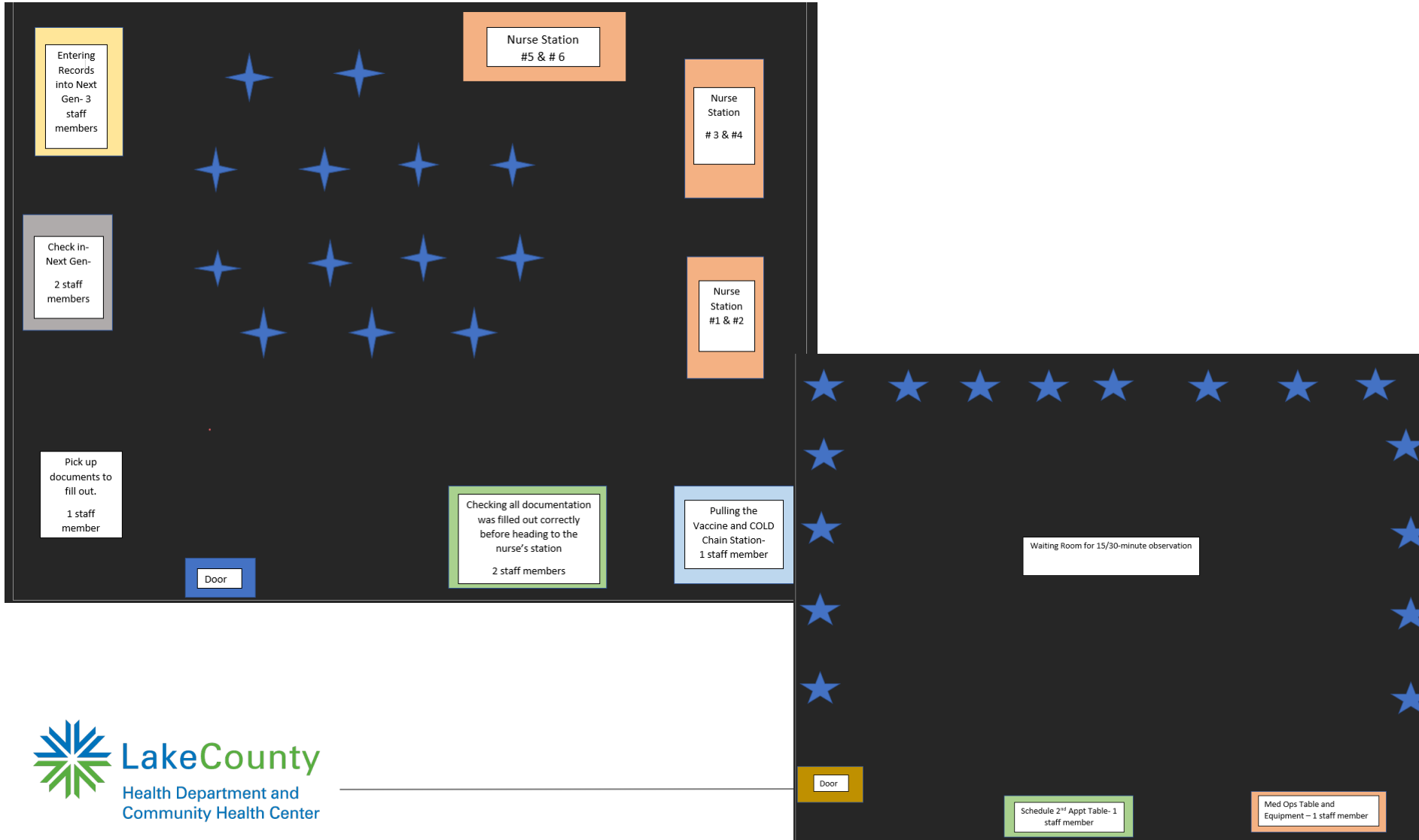
Si usted cree que ha sido expuesto o tiene síntomas, llame a Need2Know Lake County al (847) 277-8450



- 2 types of clinics available
- TB and STI clinics use nurse visit appointments for urgent vaccinations of close contacts (post-exposure prophylaxis)
- Community clinic for individuals who are at risk (expanded post-exposure prophylaxis)
 - Once a week, 2.5 hours
 - 50–104 vaccines administered per week

Community Clinic

Floor Plan of Clinic Set up



Transition to Intradermal Injections

Training

1. Completion of modules and review videos mentioned in the Standing Order
 - CDC, You Call the Shots Module Eighteen-Vaccine Administration, <https://www2.cdc.gov/vaccines/ed/vaxadmin/va/ce.asp>
 - CDC, You call the shots Module 10 for storage and handling <https://www.cdc.gov/vaccines/hcp/admin/storage-handling.html>
 - Lake County Health Department, OSHA, Bloodborne Pathogen training, <https://rise.articulate.com/share/chGNALnCQTf4JrZhsWzyB6QR1SiNiWUK>
 - HIPPA Training- [Course - MRC TRAIN - an affiliate of the TRAIN Learning Network powered by the Public Health Foundation](#)
 - How to administer a subcutaneous vaccine, <https://www.immunize.org/catg.d/p2020.pdf>
 - How to administer a JYNNEOS vaccine intradermally, <https://www.youtube.com/watch?v=TLv1mR6mECQ>
2. Review of the Just in Time Training (JITT) document that summarized CDC's recommendations and how to administer the vaccine intradermally and subcutaneously.
3. Review of the Competency Check list; administered by our TB coordinator, who is skilled in intradermal shots.
4. A practicum before the clinic where nurses practiced on models to administer saline shots via ID route.
5. One-on-One training by the trainer (TB staff) was additionally required during the actual clinic as nurses had difficulty.

Vaccine Clinic Stats

August 11, 2022

101 vaccines administered

- 44 Sub Q
- 50 Intradermal
- 7 were combination of intradermal and subcutaneous route; VAERS reports completed
- 66 total vials were used
- 3 phone calls on 8/12/22 from clients who received intradermal injection mentioning erythema surrounding site (size of postage stamp) and itchiness. Recommended cold compress and OTC supportive care.

Vaccine Clinic Observations

Training Challenges

- Six vaccinators (nurses) were trained by TB staff as a group on models with observed success.
- However, when real patients presented, the newly trained vaccinators still struggled.
- All had problems with administering an intradermal injection (i.e., needle insertion too deep, no wheal created, fluid seeping out, angle of needle too acute).
- All vaccinators returned to administering sub q while each vaccinator was given one-on-one training by TB clinic staff.
- Four vaccinators were eventually able to administer intradermal and 2 could not master the technique. They will receive additional training.

Other Observations

- Perception of intradermal for the community – patients who received intradermal (for either first or second dose) were accepting of the change. Some had questions about efficacy and staff took time to explain that because the route of administration was different, a smaller dose was just as good. This messaging appeared to work and be accepted by all who received intradermal vaccination.
- Vaccination pull for intradermal – only 4 vaccines could be pulled per vial. Dead space in the needle/syringe prevented the ability to pull the 5th dose. Experienced staff tried with a different method and still were unable to pull the 5th dose.

Lessons Learned

- TB clinic staff are a strong asset to assist in training/supervision.
- Additional training was necessary to competency each vaccinator. Models were used but practicing on volunteer staff may have helped.
- Supervision was needed to coach, observe, and troubleshoot until vaccinators became proficient in the intradermal route.
- When only 1–2 trainers were available to watch 6 vaccinators in a high-volume clinic, it was hard to verify technique.
- The rapid pace of appointments may also overwhelm newly trained vaccinators. May be a benefit to having smaller patient schedule initially.
- Purchase low dead space syringe/needles

Acknowledgements

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