Manitoba Health Imvamune® (Monkeypox) Vaccine Administration

Please note: This presentation is not intended for further distribution. The information therein is accurate as of the date posted.

This training is intended for:

- Regional Directors, Managers
- Regional Communicable Disease Coordinators
- Public Health Nurses
- ▶ Traditional Immunizers

Outline

- Monkeypox: General Information
 - Signs and Symptoms
 - Severity of Illness
 - Transmission
- Imvamune® Monkeypox Vaccine
 - General information
 - Eligibility for Pre-exposure and Post-exposure Prophylaxis
 - Ordering Vaccine
 - Storage and Handling
- Consent Form
- Administration of Vaccine
 - Preparing to Immunize
 - Subcutaneous Injections
- Documentation
- Resources

Monkeypox: General Information

Monkeypox: General Information

Monkeypox is a viral illness most commonly found in parts of Central and West Africa. The virus is usually spread to humans by touching or being bitten by an infected animal such as rodents or non-human primates. Monkeypox may spread from human to human but this is rare. Outside of Africa, cases have usually been linked to international travel or imported animals from these regions

► Signs and Symptoms

Symptoms are typically flu-like, and can include:

- fever,
- headache,
- muscle aches,
- back aches,
- chills,
- exhaustion, and
- swollen lymph nodes

Monkeypox: General Information

Severity of Illness

The severity of illness depends on the health of the infected individual, how they were exposed, and the strain of the infecting virus. There are two strains. The West African strain, which has been identified in the current global outbreak, typically causes milder illness than the Central African strain. In previous outbreaks, monkeypox infection has caused death in between 0 to 10 percent of those infected, with the higher rate seen among those infected with the Central African strain.

▶ Transmission

In countries where monkeypox is commonly found, the virus is believed to mainly spread to humans through direct contact with an infected animal (i.e. via a bite or scratch, or through bush meat preparation).

Monkeypox does not generally spread easily between people. Human-to-human transmission can occur with:

- prolonged face to face contact via respiratory droplets,
- direct contact with monkeypox lesions or bodily fluids, or
- indirect contact with contaminated surfaces and materials, such as bedding and clothes.

A person is considered infectious for five days prior to the onset of the rash and until all the skin lesions have resolved.

General information

Imvamune® is the name of the vaccine used to protect against the monkeypox virus. Imvamune® is approved by Health Canada for use in adults who are assessed as being at high-risk for exposure to monkeypox. Limited supply of the vaccine is available in Manitoba.

Imvamune® can be used in two different ways:

- Before exposure to monkeypox virus
 - This is called pre-exposure prophylaxis. By giving the vaccine before exposure to the virus, it can help protect against monkeypox.
- ► After exposure to monkeypox virus and before you develop symptoms
 - ► This is called post-exposure prophylaxis. If the vaccine is given shortly after exposure to monkeypox, it may help prevent the disease or make it less severe.

NACI Statement: guidance-imvamune-monkeypox-en.pdf (canada.ca)

▶ Health Canada has authorized Imvamune® for individuals 18 years and older. However, individuals less than 18 years old may receive the vaccine after a risk assessment by Public Health, taking into consideration factors such as recent exposure to a probable or confirmed case of monkeypox or engaging in behaviors that may increase the likelihood of their exposure to a case.

Eligibility for pre-exposure prophylaxis and post exposure vaccination:

- ▶ Please review the Manitoba Health web site for the current eligibility:
- https://www.gov.mb.ca/health/publichealth/diseases/monkeypox.html
- ► Clients can contact their local public health office to book an appointment for the monkeypox pre-exposure prophylaxis vaccine.
- ► Eligible on-reserve FNIHB clients can access the monkeypox vaccine for pre-exposure prophylaxis by:
 - Calling the local public health office closest to their place of residence
 - ** FNIHB will pay for their travel expenses

Ordering of Imvamune® Vaccine

- Orders are to be placed through PHIMS as you would with other vaccines. For those locations ordering on behalf of other clinics -you can change the delivery address in PHIMS:
 - To override default delivery address in PHIMS, under 'Ship to' address check box for Use Ad hoc address- Generate Ad hoc address, and enter desired delivery address. All address fields must be entered, including postal code or it will not carry over correctly.
- Orders will be reviewed by MB Health vaccine program prior to processing.
- Allow approximately 72 hrs from ordering to delivery. (Times may be longer dependant on geographical location).

Storage and Handling

► Store frozen at -20° C \pm 5° C or -50° C \pm 10° C or -80° C \pm 10° C.

Expiry date depends on storage temperature.

- No change in shelf life if kept at -80°C ± 10°C.
 - Available stability data suggests that up to 5 cycles of shipment at -20°C ± 5°C and storage at -80°C should not impact the product quality.
 - ► Cumulative time of shipment or storage at -20°C ± 5°C must be less than 3 months (91 days).

Must be thawed before use:

- Thaw at room temperature.
- To ensure homogeneity upon thawing, the vial should be swirled gently (not shaken) for at least 30 seconds.
- Does not require reconstitution.
- After thawing, the vaccine, preference is that it should be used immediately or can be stored at 2°C 8°C for up to 2 weeks prior to use.
- Store in the original package in order to protect from light
- Do not refreeze once thawed.

Consent Form

Consent Form

Adult Immunization Consent Form:

https://www.gov.mb.ca/health/publichealth/cdc/div/docs/5667.pdf

- ▶ Ensure consent form is completed and signed by client
- ► Review fact sheets, answer questions
- Review immunization history (pending as an addition to the consent form)
- ▶ If a client responds yes to #4, provide the following information:
 - ► There are no documented risks to being immunized for those who are immunocompromised with this vaccine. However, there may be reduced benefit depending on the reason and severity of their immunocompromised state.
 - If a client indicates that they are comfortable with this information and does not feel the need to review with their Health Care Provider, the immunizer can initial #4 to confirm the above information has been provided.

Consent Form

- ► Ensure to inquire about breastfeeding when addressing #6:
 - ▶ **Pregnant Women**: Available human data on IMVAMUNE® administered to pregnant women are insufficient to inform vaccine-associated risks in pregnancy. Animal reproductive studies did not reveal any evidence of impaired fertility or harm to the fetus. IMVAMUNE® should be administered to pregnant women only if they are at risk of infection and if the benefit of immunization outweighs the potential risks to the mother and fetus.
 - Breast-feeding: Safety during lactation has not been established. It is unknown if vaccine antigens or antibodies are excreted in human milk. IMVAMUNE® should be administered to women who are breastfeeding only if they are at risk of infection and if the benefit of immunization outweighs the potential risks
 - ▶ If a client indicates they are comfortable with this information and does not feel the need to review with their Health Care Provider the immunizer can initial #6 to confirm the above information has been provided
- ► Enter vaccine Monkeypox- IMVAMUNE® under "Other"
- ▶ Following administration enter immunization/vaccine/provider details on consent form.

Preparing for Immunization

- Review Quick Reference Guide
- Review Product Monograph: https://pdf.hres.ca/dpd_pm/00058622.PDF
- Currently vaccine to be injected by subcutaneous route; preferably in the non-dominant upper arm.

Subcutaneous Injections

▶ Subcutaneous (Subcut) injections are administered into the adipose tissue layer just below the epidermis and dermis. This tissue has few blood vessels, so drugs administered by this route have a slow, sustained rate of absorption. Sites for subcut injections include the outer aspect of the upper arm, the abdomen (from below the costal margin to the iliac crest) within one inch of the belly button, anterior aspects of the thighs, upper back, and upper ventral gluteal area (Lynn, 2011)

Subcutaneous Injections-Equipment

- Recommended subcutaneous needle:
 - 25g 5/8" is the recommended needle for subcutaneous injection.
 - (Vaccine administration practices: Canadian Immunization Guide -Canada.ca)



Subcutaneous injections: Selecting the site

- Select appropriate site for administration. Assist the patient to the appropriate position as required.
- Site should be free from lesions, rashes, and moles



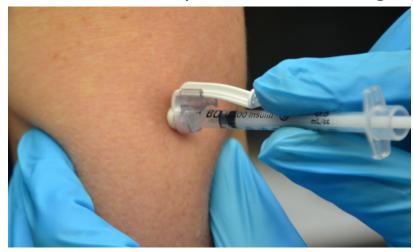
Subcutaneous injections: Administering the vaccine

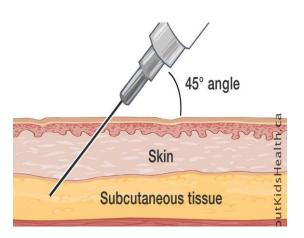
- Clean the site with an alcohol swab or antiseptic swab. Use a firm, circular motion. Allow the site to dry.
- Remove the needle cap with the non-dominant hand, pulling it straight off.
- Grasp or pinch the area surrounding the injection site, or spread the skin taut at the site.



Subcutaneous injections: Administering the vaccine

- ► Hold the syringe in the dominant hand between the thumb and forefinger. Insert the needle quickly at a 45 to 90 degree angle, depending on amount of subcutaneous tissue. For most adults 90 degree is adequate.
- After the needle is in place, release the tissue. Move your non-dominant hand to steady and lower the end of the needle. With your dominant hand, inject the medication at a rate of 10 seconds per ml. Avoid moving the syringe.





Subcutaneous injections: Administering the vaccine

- Withdraw the needle quickly at the same angle at which it was inserted, while supporting the surrounding tissue with your non-dominant hand.
- ▶ Using a sterile gauze, apply gentle pressure at the site after the needle is withdrawn. Do not massage the site.
- Do not recap the needle. Apply the safety shield or needle guard on needle and dispose in a sharps container.

Documentation

- Every vaccine administered must be accounted for and documented.
- All immunization records must include at a minimum:
 - Client name, birthdate and Personal Health Information Number (PHIN)
 - Date of administration
 - Vaccine name (product and manufacturer)
 - o Lot #
 - Dose
 - Site and route of administration
 - Provider's signature & designation
- It would also be important to document the details of any unexpected event or reaction (i.e. syncope) if it were to occur.

Documentation

- Manitoba utilizes Manitoba's digital public health record Public Health Information Management System (PHIMS) to document immunization data into individual client records.
- ► PHIMS Training for Immunizers can be accessed through the Shared Health Learning Management System(LMS)
 - ► Link: <u>LearnFlex login area</u>
 - This course provides information on PHIMS specific to the immunizer role including PHIMS general overview, as well as video tutorials and key links to reference guides.
 - ► This course is required at immunization clinic sites where the Immunizer is responsible for direct entry of vaccination into PHIMS immediately following immunization
- Additional <u>PHIMS Training and Support Tools</u>

Resources

Resources

- Product Monograph: https://pdf.hres.ca/dpd_pm/00058622.PDF
- ► NACI Statement: guidance-imvamune-monkeypox-en.pdf (canada.ca)
- Web page: https://www.gov.mb.ca/health/publichealth/diseases/monkeypox.html
- Vaccine Fact Sheet: https://www.gov.mb.ca/health/publichealth/factsheets/monkeypox-vaccine.pdf
- Updates to Health Care Providers:
 https://www.gov.mb.ca/health/publichealth/cdc/hcp.html
- ► <u>1. 7.3 Intradermal and Subcutaneous Injections Clinical Procedures for Safer Patient Care (opentextbc.ca)</u>

Thank you for completing this training.