PLANNING AN MPOX VACCINE EQUITY EVENT

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Thank you for taking the initiative to spread the word about prevention by planning a vaccine equity event! The North Carolina Department of Health and Human Services provides support and resources for the execution of vaccine equity events. Follow the steps in the guide below to get started.

STEP 1: Define your role within your organization to identify the event's mission and vision goals (ex: event organizer or vaccine provider, community-based organization or local health department.)

STEP 2: Educate yourself and your team about mpox, its prevention and treatment. Resources area available online through the CDC and NCDHHS.

STEP 3: Review the Vaccine Equity Event Toolkit (below) to begin the planning process of hosting a vaccine equity event.

STEP 4: Identify partnerships and additional connections to bring awareness to your mission and support the execution of your event.

WHY ARE VACCINE EQUITY EVENTS IMPORTANT?

Vaccine equity events recognize the importance of health equity by providing increased access to vaccination, as well as education and other resources to increase vaccine confidence and acceptance. Vaccine equity events create opportunities to inform, collaborate, empower, and promote readiness to communities, whether hosted mobile or in-house at an organization.

The purpose of a vaccine equity event:

- Increase access of vaccinations
- Increase vaccine confidence and acceptance by providing education and other resources focused on vaccination and vaccine-preventable diseases.
- Build relationships and increase the visibility of public health support in communities.

PURPOSE

This toolkit is designed for local health departments and community-based organizations (CBOs) that are interested in hosting mpox vaccine equity events. The toolkit outlines the importance of applying an equity lens to event planning to maximize the potential of reaching communities currently most at risk and provides detailed steps for event preparation. It outlines a brief background on mpox (formerly monkeypox) and the JYNNEOS vaccine, highlights potential partner collaborations, and showcases the steps needed to prepare for and execute an mpox vaccine equity event.

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INTRODUCTION

Mpox

Mpox is a disease caused by infection with the mpox virus. Formerly called monkeypox, in November 2022 the CDC adopted the term mpox at the recommendation of the World Health Organization and United States Health and Human Services to reduce stigma associated with the disease. It is important to use this term that is preferred by the community affected by this outbreak.

Mpox is part of the same family of viruses as variola virus, which causes smallpox. Symptoms of mpox include a painful rash, enlarged lymph nodes and fever. Lesions can be located on the hands, feet, chest, face, mouth or genitals, and affect the skin and mucosa (soft tissue lining the nose, mouth, lungs, digestive tract, and urinary and genital tracts). The incubation period for the virus is 3-17 days, with illness duration lasting 2-4 weeks. Symptoms can be more severe for people who are immunocompromised, such as those living with HIV without viral suppression.

Transmission can result from close skin-to-skin contact, shared linens and less commonly from contaminated surfaces or respiratory secretions. In the current mpox outbreak, transmission has primarily occurred through sexual contact.

The 2022 mpox outbreak began in late May and peaked from July to August. As of November 2023, there have been 92,048 cases globally, 31,010 cases in the United States, and 712 cases in North Carolina. Only nine of the 712 cases in North Carolina occurred in 2023 and although case rates have generally gone down, there is still need for vigilance as outbreaks can occur.

An outbreak in Chicago of 13 confirmed cases of mpox April 17 – May 5, 2023 highlighted the ongoing risk and the importance of widespread vaccination and education. The case count for this localized outbreak rose to 40 laboratory-confirmed mpox cases in Chicago for the period March 18 – June 12, 2023. Over half of these cases were individuals who were fully vaccinated. Vaccinated individuals experienced less severe symptoms and no vaccinated individuals were hospitalized due to mpox. While vaccination does not entirely remove risk of acquiring mpox, it certainly decreases risk of developing severe complications.

The North Carolina Department of Health and Human Services issued a press release on October 17, 2023 encouraging vaccination for individuals at higher risk for mpox exposure after two cases were reported in the prior six weeks, the first cases in North Carolina residents since April 2023. Mpox was also detected in one of the twelve sites monitoring for this virus in wastewater during that same timeframe. The cases and wastewater detection were all in different counties, suggesting that mpox is still circulating in the state.

JYNNEOS Vaccine

The vaccine used to protect against mpox is a weakened form of a live vaccinia virus that cannot cause infection in humans. The JYNNEOS vaccine is used following a known or likely exposure (post-exposure prophylaxis or PEP) or as a preventive measure before an exposure occurs (pre-exposure prophylaxis). It is a two-dose series administered 28 days (4 weeks) apart. Intradermal administration can be done in the forearm or upper back, as well as subcutaneous administration in the tricep.

Recent data on JYNNEOS vaccine effectiveness (May 2023) shows that it is around 86% effective against mpox (74-92% CI) for the full 2-dose regimen, and 75% effective (61-84% CI) for partial 1-dose vaccination. The vaccine is safe and effective at reducing the risk of mpox infection, symptomatic illness, hospitalization and death.

Vaccines are free and available, regardless of immigration status, to protect against mpox or to reduce disease severity. NCDHHS has expanded the vaccine eligibility criteria to include:

- Anyone who has or may have multiple or anonymous sex partners; or
- Anyone whose sex partners are eligible per the criteria above; or
- People who know or suspect they have been exposed to mpox in the last 14 days; or
- Anyone else who considers themselves to be at risk for mpox through sex or other intimate contact.

Health Equity

Health equity is when everyone has a fair and just opportunity to attain their highest level of health. This requires ongoing efforts to address historical and contemporary injustices, overcome obstacles to accessing health care and eliminate preventable health disparities. Lessons learned from the COVID-19 pandemic can help inform our approach to the mpox outbreak in promoting vaccine equity.

The 2022 mpox outbreak primarily affects gay, bisexual and other men who have sex with men (MSM) with 96% of North Carolina's cases identifying as men. Among this population, mpox primarily affects Black and Hispanic/Latinx men. Despite making up 67% of North Carolina mpox cases, only 27% of mpox vaccine doses went to Black North Carolinians. Additionally, Hispanic North Carolinians make up 12% of all mpox cases but received only 10% of vaccine doses. This means that there is still work to be done to increase vaccine access and uptake among our most at-risk populations.

Nationally, about 40% of people diagnosed with mpox are also living with HIV. In North Carolina, 53% of people with mpox diagnoses are living with HIV. People with compromised immune systems, such as those with untreated HIV, are at increased risk of severe illness or death from mpox.

For North Carolina mpox equity information and further demographics, review the Mpox Equity Report Update (8/15/2023). This document is an update to the initial Monkeypox Response Update published a year prior (8/11/2022).

The CDC's Health Equity Guiding Principles for Inclusive Communication offers some guidance when communicating about issues regarding health equity, such as:

- Using a health equity lens when framing information about health disparities.
- Considering the key principles, such as using person-first language and avoiding unintentional blaming.
- Using preferred terms for select population groups while recognizing that there isn't always agreement on these terms.
- Considering how communications are developed and looking for ways to develop more inclusive health communications products.
- Exploring other resources and references related to health equity communications.

PREPARING FOR A VACCINE EQUITY EVENT

Planning

Develop a timeline of priorities for the event. Use a Gantt chart, spreadsheet, calendar or other tool to organize a checklist of event items as far in advance as possible. Ensure everyone involved in the event has access to your planning tool and can provide input.

Below is an example of a step-by-step timeline for planning and hosting a vaccine equity event from beginning to end. The example checklist below helps ensure everything that needs to happen is done on time, leaving no surprises or missed tasks. Please remember this timeline suggests activities/tasks that can change based on your desired event.

PRE-EVENT TASKS

Time Frame	Category	Tasks
3 months prior	Determine Event Audience & Collaborators	• Ensure all staff are aware of the community demographics and disparities related to mpox. Plan to have equity training for all participating staff or distribute relevant information to staff. Review your county's mpox case and vaccination counts and statewide equity report. Consider how race, gender, sexual orientation and class intersect and contribute to community members' risk for mpox and access to vaccination. • Identify Attendees • Identify Speakers/Vendors/Volunteers • Who will you invite? Develop a list of what attendees will benefit from this event and what collaborators will bring value to the event. • How will you invite them? (Emails, flyers, colleges, social media, word of mouth, etc.) – Begin volunteer recruitment. – Contact local universities and colleges. – Create volunteer need on volunteer platforms. • Example volunteer recruitment websites: Volunteer Match, United Way, Idealist • Identify food caterers (If needed). If there is no budget for catering, and depending on location and anticipated attendees, food trucks are also a possibility.
2-3 months prior	Verify Event Location & Collaborators	• Select and confirm venue • Confirm collaborators — speakers/ vendors/ volunteers • Confirm and order food (if needed)
2 months prior	Speaker & Agenda Preparation	• Schedule a meeting with speakers and vendors to develop an idea for the agenda. Work with the speaker to address specific community equity issues regarding mpox vaccination disparities. • Develop a draft agenda. • Send the draft agenda along with mpox information materials to event speakers. • Schedule a meeting with event volunteers to review roles and tasks.

1-2 months prior	Event Invitation & Attendee Engagement	• **For Community-Based Organizations:** Contact an approved provider to administer the mpox vaccine at the scheduled event (refer to the event logistics section below for more details). • Bring awareness and capture audiences with social media content about mpox. • Create an event flyer (use platforms such as Canva, Microsoft Word, etc.). Reference for more flyer ideas.
1 month – 3 weeks prior		• Engage potential attendees by emailing, handing out flyers and posting event information on social media to promote the event. • Send a shareable flyer to event collaborators. • Send a customized invitation email to event attendees. Reference for email ideas.
2 weeks prior	Materials Preparation & Collaborator Check-In	• Create an event sign-in sheet (including name, email address, phone number and any other information desired). • Develop event map/guide and informational materials to hand out to attendees. • Re-send event invitations to speakers, attendee, and vendors and blast reminders on social media. • Find and hire a photographer or videographer if needed.
1 week prior		• Conduct a virtual meeting or phone call with each group of collaborators (speakers, vendors and volunteers)
1 day prior		• Re-send event invitations to speakers, attendees and vendors and blast reminders on social media.

EVENT DAY TASKS

Time Frame	Category	Tasks
2 hours prior	Launch Event	• Finalize room/ table setup. • Ensure all staff know their roles. • Send final event reminders to speakers, attendees and vendors. • Share day-of event information on social media.
1-2 hours prior		• Set up the welcome areas displaying the event map/guide, sign-in sheet and packets of event materials. • Confirm all speakers and vendors are present. • Confirm food delivery and set up. • Check in and confirm that the vaccine administration area is set up.
30 minutes prior		• Update event status on social media. • Prepare to receive guests.
Start time		• Check-in and greet attendees.

Throughout the event, post pictures and videos, use hashtags and mention appropriate people to boost knowledge/awareness about the event and cause on social media.

POST-EVENT TASKS

Time Frame	Category	Tasks
Immediately after	Follow-Up	• Review and record sign-in sheet data to make a note of who attended. This will allow event planners to invite attendees to future happenings.
1-2 days after		• Send a brief survey specific to attendees and collaborators (speakers, volunteers and vendors). Post-Event Survey Tips • Distribute personalized thank you notes to collaborators and attendees, inviting them to visit the campaign website or social media platforms. Reference for email ideas.
Up to a week after event		• Share event photos/ videos with speakers and others as appropriate, and post on social media and the website.
1-2 weeks after event		• Write a few paragraphs about the event as a debrief that can help with future event planning. Include how many people attended, what was discussed, how it was received, etc. (Post on the campaign website, include in the newsletter, etc.)

Partnership

Partner with other local organizations to provide the most beneficial event possible for potential attendees. Consider partnering with community-based organizations that provide other services like LGBTQ-affirming health care, health insurance navigation or cultural resources. If your organization is not already connected to your local LGBTQ center, you can find the nearest one with Center Link. Partner organizations may also be able to provide more staffing or volunteers for your event to go smoothly, as well as connections to trusted community messengers who can disseminate information.

Additionally, it is important to address mpox in a syndemic way, recognizing the intersection of mpox with multiple ongoing epidemics of STIs, such as HIV and syphilis. If someone is experiencing barriers to health care access, they may not be likely to return for further services. Therefore, it is pertinent to provide the greatest number of resources at one encounter.

Consider offering:

- Rapid or traditional HIV, syphilis or other STI tests.
- Referrals for HIV pre-exposure prophylaxis (PrEP) to local PrEP providers according to CDC recommendations in order to prevent future HIV infections.
- Flu and COVID-19 vaccinations for events held during flu season. Discuss and make a plan with patients about other vaccinations and staying up to date with the required and recommended vaccine schedule.

Promotion

Social media, app-based advertising, print flyers or other types of promotion may depend on what is most effective for the local community. Work with partner organizations to gain insight from local community members on where outreach would be most effective – which social media platform, what accounts are trusted, where flyers should be posted, etc. Promotional information should be disseminated throughout the community 2-4 weeks prior to the event, with an increase in efforts the week of the event and the day prior to the event.

Consider using or adapting mpox communications resources such as:

- NCDHHS mpox communication toolkit
- NCDHHS Take Pride Now materials
- Greater Than communication toolkit
- CDC mpox digital resources
- CDC mpox social media toolkit
- Chicago Department of Public Health Mpox Resources

LOGISTICS FOR EVENT ORGANIZERS

Location

Consider how the location of your event will affect how likely community members are to attend. An event at a clinic may dissuade some folks with previous negative health care experiences, compared to an event at a local community organization's space, which may be more neutral. An event at an LGBTQ bar or club may be a great opportunity to connect directly with the queer community, but also may not reach people who are not out and face more stigma around their gender or sexuality. It's important to work closely with members of the community to decide on an appropriate venue for outreach.

Locating an Approved Administering Provider

Securing an approved mpox provider to administer the JYNNEOS vaccination is crucial in planning a vaccine equity event. Steps to finding a provider include:

1. Confirm the location of the vaccine equity event.
2. Find an approved administering provider within proximity to the event's location by searching the MPox Vaccine Locator for event support.
3. Contact the approved provider no later than **1-2 months before the event date**.
    - When contacting an approved provider, whether through phone or email, introduce yourself and your cause. Share event details about the schedule, expected number of attendees and event location logistics so the provider can prepare for event setup. Always attach a flyer to emails, as well.
4. Secure an approved provider.
5. Follow up with secured providers on event updates and address any needs they may have regarding the event.

Timing

Try to host your event outside of 9-5 business hours when more people are likely to attend. Have an agenda or timeline of events if there are multiple things going on, i.e. HIV/STD testing, drag shows, performances, bingo or other activities happening at the venue.

Privacy

Consider privacy for attendees, including avoiding excessive signage that designates an mpox vaccination site that may increase stigma. At the venue, consider privacy for vaccine administration behind a curtain or out of view of others.

Ensure all registration forms and documentation contain appropriate language, such as using "mpox" instead of "monkeypox," avoid stigmatizing language, and use inclusive gender and sexuality language.

Data

Be sure to collect as much data as possible for future reference and reporting. Key data points include:

- Number of event attendees
- Number of people engaged
- Number of vaccines administered (first vs. second dose)
- Number of referrals for other services, such as HIV/STD testing
- Number of educational materials distributed

VACCINATION LOGISTICS FOR PROVIDERS

Below is general information for administering, storing and handling the JYNNEOS vaccine. However, mpox vaccine equity event planners should defer to the approved vaccine administering provider for specific details for the scheduled event.

Materials

At the beginning of the 2022 mpox epidemic, there was a limited JYNNEOS vaccine supply. To address this issue, in August 2022, the FDA encouraged intradermal vaccination to use less volume of vaccine for similar vaccine effectiveness. **It is important to note that the CDC does NOT recommend the intradermal vaccination for individuals with a history of developing keloid scars.** As of August 2, 2023, the CDC Mpox Vaccination Program Provider Agreement leaves the subcutaneous or intradermal vaccination decision to the patient, stating that "either the standard (0.5mL Subcut) or the alternative (0.1mL ID) regimen may be used. Providers may discuss with patients to determine which route of administration each patient prefers."

Subcutaneously – Administer 0.5 mL JYNNEOS subcutaneously by pinching up fatty tissue over the triceps area in the upper arm and inserting the needle at a 45-degree angle.

- JYNNEOS Information Handout *(provide before administering vaccination)*
- Screening Checklist (pg. 32)
- Gloves
- Alcohol wipe
- 1 – 23-25 gauge, 5/8" needle
- 1 – 0.5 ml JYNNEOS vial
- 2x2 gauze pad
- Band-Aid

Intradermally – Administer 0.1 mL JYNNEOS intradermally by injecting the vaccine superficially between the epidermis and the hypodermis layers of the skin, typically of the inner side of the forearm. If the inner skin of the forearm is not an option (e.g., strong patient preference), the injection may be performed at the upper back below the scapula or the deltoid. A noticeable pale skin elevation (wheal) should be produced with the intradermal injection, which is desirable but not required.

- JYNNEOS Information Handout *(provide before administering vaccination)*
- Screening Checklist (pg. 32)
- Gloves
- Alcohol wipe
- 1 – 1/4 to 1/2 Tuberculin syringe
- 1 – 26- or 27-gauge needle
- 1 – 0.5 ml JYNNEOS vial
- 2x2 gauze pad
- Band-Aid

The materials listed for each administration route, subcutaneous or intradermal, are enough for one person. Remember to bring enough supplies for the expected number of vaccine recipients.

Never reuse a syringe or misuse medication vials. It is the responsibility of every provider who prepares and administers injections or supervises those that prepare and administer injections to ensure that patients receive the correct medication and are not exposed to life-threatening infections.

Refer to Safe Injection Practices for more information.

**Monitor all patients for 15 minutes after vaccination for any immediate adverse reactions, including fainting.

Staffing

The administering provider will be the primary vaccine coordinator or will designate to appropriate staff. This person will be responsible for ensuring all vaccines are stored and handled correctly and should be an expert in the storage and handling SOPs (standard operating procedures). Delegated tasks must be assigned to trained staff for the specific tasks assigned.

If needed, coordinate with the administering provider for more vaccine staffing logistics details.

Storage

Ensure storage equipment meets CDC Requirements before any equipment is used for designated vaccine storage. Work with your local health department (LHD) for guidance and approval on appropriate storage equipment.

Current guidance including the CDC's recommendation:

Do...

- Use a CDC recommended vaccine storage unit:
  - Purpose-built or pharmaceutical/medical-grade units (**preferred storage units**).
  - Stand-alone refrigerator and/or stand-alone freezer units — these units can vary in size from a compact, under-the-counter style to a large, stand-alone, pharmaceutical-grade storage unit.
  - Combination household refrigerator/freezer unit, using only the refrigerator compartment to store vaccines — a separate stand-alone freezer must then be used to store frozen vaccines. Use of the freezer compartment of a household combination unit is prohibited.
- Keep vials frozen at -25°C to -15°C (-13°F to +5°F).
- Use a "digital data logger" (DDL) to monitor storage unit temperature information.
- Store vials in the original package to protect from light.

Do Not...

- Re-freeze a vial once it has thawed. Once thawed, the vaccine may be kept at +2°C to +8°C (+36°F to +46°F) for four weeks.
- Use the vaccine after the expiration date shown on the vial label.
- Use a dormitory-style or bar-style storage (refrigeration) unit under any circumstances!

*For any issues with storage and handling, refer to the North Carolina Immunization Program requirements on storage and handling.

Waste disposal

Supplies for proper disposal:

Sharps Containers

Heavy Duty Trash Bags

Red Bio-Hazard Trash Bags (necessary for potentially infectious material)

Dispose of all used syringes and empty vials in a sharps container. Gloves, gauze, cotton balls, bandages and similar items should not be placed in regular heavy-duty trash bags. If considered potentially infectious, these items should be disposed of in red bio-hazard trash bags.

Any unused JYNNEOS vaccine must be stored properly and returned to the administering provider location.

Once a vaccine has reached its expiration date, contact the manufacturer for guidance on whether it can still be used. If instructed to dispose of the vaccine, dispose of it as medical waste according to your local and state regulations. Contact your jurisdiction's immunization program for guidance on vaccine disposal regulations. Jurisdiction immunization program contact information can be found on the NCDHHS Immunization Branch website.

Scheduling Second Doses

It is ideal to have the second dose administered at the same location as the first dose. However, the second dose can be administered at any administering location. Whoever administers the second dose will need documentation of the first dose. So, SAVE the information documenting the completion of the first dose. One option would be to take a photo on your phone for your records.

Providers should plan to schedule second-dose appointments for all patients when the patient is administered their first dose. Consider the use of QR codes to schedule appointments or, if needed, refer patients to your local health department. For CBOs, vaccine cards to track first and second doses can be obtained from local health departments if available, or new vaccine cards may be created if needed.

*For more details about vaccination logistics, review the CDC Vaccine Storage and Handling Toolkit.

POST-EVENT

Follow up with partners, collect missing information and share post-event details with the desired audience. Record the number of individuals educated, vaccinated, referred for other resources like PrEP, tested for HIV/STIs and other pertinent data for grant reporting. If possible, conduct a post-event survey or other method of acquiring formal or informal feedback about the event. This community feedback can help inform the next event on what went well and what needs improvement.

Refer to the timeline above for other post-event tasks.