Real-World User Feedback on VAX-ID: Insights from Clinical End-Users on Intradermal Injection Standardization

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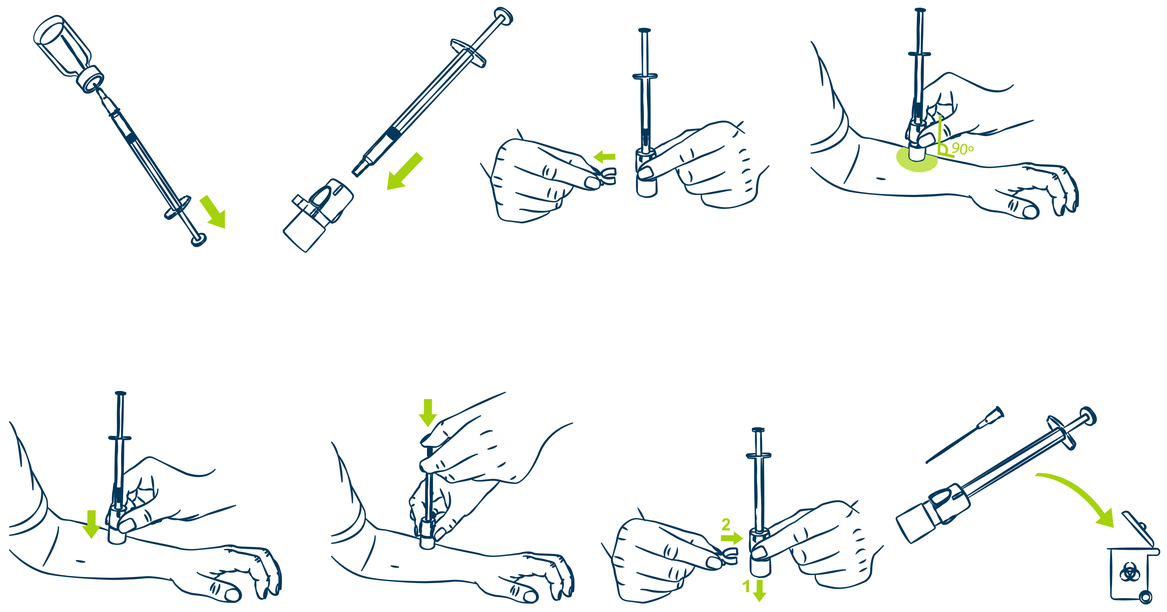


INTRODUCTION & AIM

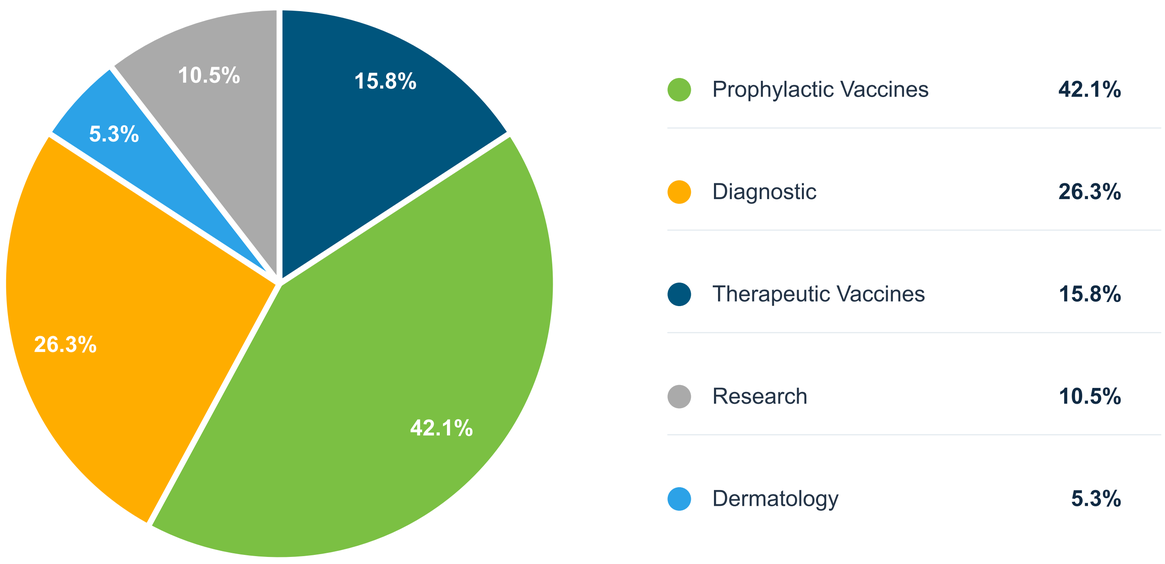
The dermis is an immunologically active site due to its rich network of immune cells and proximity to the lymphatic system. However, intradermal (ID) delivery remains underused due to the technical difficulty of the Mantoux technique, including angle-dependent and operator-dependent variability. VAX-ID®, a CE-marked ID injection adaptor, standardizes injection angle and depth independent of operator skill, addressing variability.
We evaluated real-world clinical feedback on VAX-ID®, regarding ease of use, consistency, and end-user experience.

METHODOLOGY

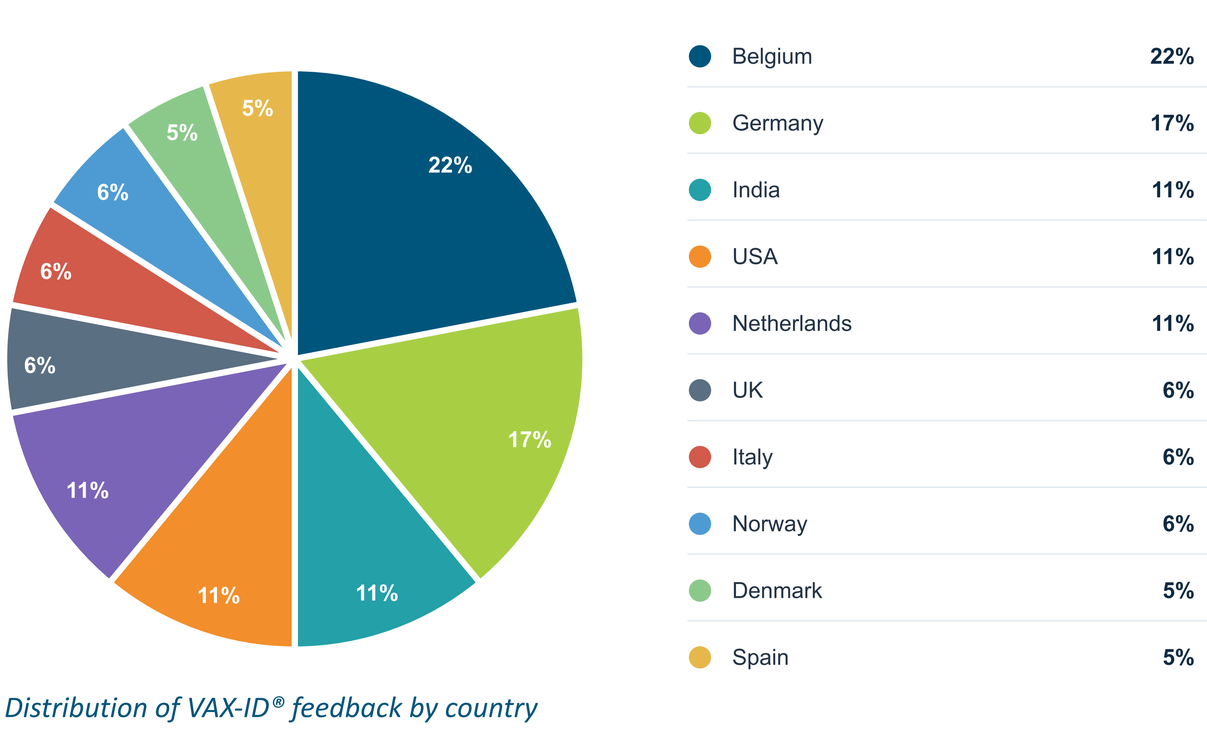
Feedback was gathered from physicians, nurses, pharmacists, and researchers, via communications and a structured survey. The survey combined a 5-point Likert usability scale across domains including device preparation, injection handling, confidence in correct use, along side open-text qualitative questions. Qualitative feedback was captured both through survey free-text responses and through post-market follow-up communications, allowing broader real-world commentary beyond the survey's scope. Data was collected from 14 April 2025 to 21 August 2026 across institutions including hospitals, clinics, travel pharmacies, and vaccine manufacturers, spanning countries including Europe, the United Kingdom, India, and the United States of America.



VAX-ID® 2200 instructions for use



Distribution of VAX-ID® feedback by application area



Distribution of VAX-ID® feedback by country

RESULTS

Applications included vaccination (42.1%), TB skin testing (26.3%), therapeutics (15.8%), research (10.5%), and dermatology (5.3%). This distribution reflects real-world demand across prophylactic, therapeutic and diagnostic settings, notably in rabies vaccination and TB skin testing, where standardized ID delivery is clinically valuable. Overall, 96.3% of survey respondents reported a positive experience, expressing willingness to reorder and recommend VAX-ID® for medicinal product delivery. Over 80% rated overall satisfaction with the handling, confidence in correct use, instructions-for-use clarity, and safety activation steps favorably. Qualitative feedback emphasized reduced training burdens and consistent depth-controlled delivery, specifically:

- A university-based comparison, evaluating VAX-ID® against Mantoux for TB skin testing found the device easy to handle, with physicians preferring VAX-ID®.
- A public health organization highlighted reduced needle-stick risk, particularly valuable for staff who perform ID testing occasionally.
- A travel clinic independently confirmed reliable rabies immunization via antibody serology. No device malfunctions or adverse events were reported across the feedback period, supporting a favorable safety profile.

CONCLUSION

Real-world feedback demonstrates high user satisfaction and confidence in VAX-ID's usability and reliability for routine intradermal delivery. These findings support VAX-ID® as a standardized, accessible alternative to other ID techniques across a range of settings. Data collection remains ongoing, with continued post-market clinical follow-up to expand the evidence base and support future peer-reviewed publication.

VAX-ID®
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