

FAQ: What to expect from the mpox (monkeypox) vaccine, JYNNEOS

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Getting vaccinated is an important step to protecting yourself and your community

On August 9, 2022, FDA issued an emergency use authorization to recommend that health care providers give the mpox (monkeypox) vaccine, JYNNEOS, by an intradermal injection.

Q: What is an intradermal injection?

An [intradermal injection](#) is one that administers a medication or vaccine in a skin layer known as the dermis. This is the same way a tuberculosis (TB) skin test is placed. Intradermal injections can be given in the skin of the forearm or the upper back.

Q: Why the switch from traditional to intradermal vaccination?

A [2015 study](#) showed that a smaller dose of the vaccine delivered intradermally was just as effective as a larger dose delivered in the tissue between the skin and the muscle, also known as subcutaneous injection. People in the group that received an intradermal vaccine developed a similar number of antibodies (proteins that fight infection) as people in the group that received the subcutaneous vaccine.

Because the intradermal vaccine requires a smaller amount of vaccine to produce the same protective immune response, one JYNNEOS vial can provide up to five doses of vaccine. The slower absorption of the vaccine from the skin layers may be why this type of injection works so well.

People younger than 18 or who have a history of thick, raised scars called keloids will be given vaccine subcutaneously and not intradermally.

Q: Can I get an intradermal vaccine if my first dose of vaccine was subcutaneous?

Yes. Both injection methods provide similar protection against mpox.

Q: What can I expect in terms of side effects?

With intradermal injections, almost everyone experiences pain, redness, swelling, itching, or a lump at the intradermal injection site. These reactions may last several days to weeks. Many people may experience a lump or discoloration at the injection site more

than one month after intradermal injection. Compared to intradermal injections, subcutaneous injections have similar but less severe reactions.

People may experience muscle aches, headache, fatigue, nausea, and chills a few days after either shot. If you are worried about the side effects that you are feeling, call your health care provider or your local health department.

Call 911 immediately if you feel like you are having an allergic reaction. This can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness.

Q: When will the vaccine start protecting me from mpox?

The first dose starts your protection against mpox. Most people make antibodies against mpox by two weeks after the first shot, but maximum protection starts two weeks after the second dose. We recommend that everyone get a second dose.

Q: When will I get my second dose?

You will get your second dose 28 days after your first dose. Your vaccine team will help you schedule your second dose. In the meantime, keep up the good work protecting yourself from mpox.

Q: I had a lot of swelling, redness and pain at the injection site after my first intradermal vaccine dose.

If you had a more severe reaction with the first intradermal vaccine dose and/or you have a reaction at the injection site that is still there at the time of your second dose, you will receive your second dose subcutaneously since injection reactions with this type of shot are less common and less severe.

While waiting for your second shot, here are some things you can do to protect yourself and your community from mpox:

Knowledge is power. Keep up to date with the facts about mpox from reliable sources. Information can change fast. Talk to trusted people in your life, your friends, and your sex partners.

Fight stigma. Anyone can be affected by mpox. There's no shame in finding out you have mpox. Many of us are learning we have it because we are taking proactive steps to look after our health and keep our community safe. Stigma stops us from accessing health care and contacting our sexual partners, and it hurts our mental health. Let's take care of ourselves and each other.

Know how mpox is transmitted. Mpox is transmitted during close, personal and skin-to-skin contact with the sores, scabs, or body fluids of a person with mpox. Such contact can occur during activities like, kissing, cuddling and sex. It can also occur while taking care of someone with mpox, or through routine household touching that often occurs among families. Sexual contact is not required for mpox transmission to occur.

Know the symptoms. Check in with your body. Symptoms include new rashes, sores, blisters and spots. Some people also experience fevers, headaches, swollen and painful glands, muscle aches or exhaustion. If you don't feel right, you have a rash, or you have any other concerning symptoms, avoid close, personal and skin-to-skin contact with others, and talk to a health care provider as soon as you can. While most people recover safely at home, treatment is available for more people with or at risk for more severe illness. Your health care provider can help you decide whether treatment is right for you.

If you think you have mpox even if you've been vaccinated, your health care provider or [local health department](#) can be a helpful source of information, testing, treatment and vaccination for you and your partners.

Plan ahead. When thinking about attending a festival, concert, party or other event, consider the amount of close, personal and skin-to-skin contact that may occur. For example, sporting events or concerts where people are more likely to be fully clothed and unlikely to have skin-to-skin contact are safer than clubs and parties where people are wearing minimal clothing. There is often skin-to-skin contact in spaces like saunas, bathhouses or sex clubs where there is minimal to no clothing and often sexual contact.

When thinking about sex, check in with your partners. Tell them how you are feeling, whether you've had any recent illness or rashes, especially on the genitals or around the anus, and invite them to do the same. If you or your partner have been sick recently, are currently sick, or have any new rashes, avoid close, personal and skin-to-skin contact, and talk to a health care provider. Open communication with partners and avoiding sex while you are sick are good practices in general.

If you choose to have sex, choose activities that don't involve direct, skin-to-skin contact or kissing, cover rashes, wash hands, towels, bedding, sex toys and other gear promptly, and consider limiting your number of partners. Condoms do not fully prevent the spread of mpox but do prevent the spread of other infections like syphilis, gonorrhea, chlamydia and HIV.

Consider forming a pod. Pick one person or a small group of people and make an agreement to not have sex if you don't feel well or notice any new rashes.

Even if you are into anonymous encounters, plan to keep a phone number (or other form of contact information) for your partners just in case you need to get in touch later. That way you can get in touch to let them know how they can be tested for mpox or get vaccine if eligible.

Call ahead. If you think you may be experiencing symptoms related to mpox, tell your health care provider before you go in for care. If you plan to use an urgent care or emergency room, tell the check-in staff that you think you may have mpox. They will ask you to wear a mask and help you cover any rashes on exposed skin while you wait for care.

Questions? If you develop symptoms, need testing, or have any questions or concerns, please reach out to your health care provider or your local public health authority.

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