OFFICE OF THE DIRECTOR
Kate Brown, Governor

Oregon Health Authority

500 Summer St NE E20
Salem OR 97301
Voice: 503-947-2340
Fax: 503-947-2341

OHA Interim Mpox (Monkeypox) Vaccination Guidance

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This interim guidance updates recommendations for the use of JYNNEOS vaccine against mpox (monkeypox) in Oregon. The ultimate goal of the OHA vaccine strategy is for everyone who may benefit from a vaccine to receive a vaccine. As we move toward that goal, we have engaged community-based organizations, local public health authorities, Tribes and healthcare providers to develop the following vaccine eligibility criteria to protect those at highest risk of mpox acquisition while reducing stigma and advancing vaccine equity.

1. Eligibility

In consultation with community-based organizations, local public health authorities, Tribes, and healthcare providers, we have expanded vaccine eligibility (Table 1). To avoid stigma and to reach a broader population of people who could benefit from JYNNEOS, we will no longer use gender identities and sexual behaviors as part of eligibility criteria.

Table 1. JYNNEOS mpox vaccine eligibility criteria, Oregon

1. Anyone who has been identified by public health as a contact of someone with mpox
2. Anyone who has had close contact with someone with mpox
3. Laboratory workers who routinely perform mpox virus testing
4. Clinicians who have had a high-risk occupational exposure (e.g., examined mpox lesions or collected mpox specimens without using recommended personal protective equipment)
5. Anyone who anticipates having or has had recent direct skin-to-skin contact with at least one other person AND who knows other people in their social circles or communities who have had mpox

Contacts of people with presumptive or confirmed mpox should be vaccinated as soon as possible (within 14 days) after last exposure. Vaccination 0–4 days after exposure may prevent illness, while vaccination 5–14 days after exposure may reduce illness severity or duration. Vaccination of contacts of people with suspected mpox can also be considered if the index of suspicion for mpox in the case is high and to ensure vaccine administration within 14 days. Post-exposure vaccination, including for healthcare workers, prioritizes those with high-risk and intermediate-risk exposures.

At this time, there is no evidence of mpox being transmitted by attending an outdoor event with fully clothed people; trying on clothes or shoes at a store; traveling in an airport, on a plane or on other public transportation; swimming in a pool or body of water; or casual contact with other people.

2. **Implementation to Prioritize Vaccination Access to Populations Most Impacted by Mpox**

    a. **Broad eligibility criteria may pose operational challenges for some LPHAs, clinics, and healthcare systems.** We offer the following criteria to assist public health and health care facilities in identifying people and communities at greater risk for mpox acquisition who are disproportionately impacted in this current outbreak for JYNNEOS vaccine (Table 2). This will help prioritize education, outreach efforts, and placement of vaccine access points, as well as to help guide conversations regarding the benefits versus risks of vaccination. We recommend that providers accept self-report of any criteria as eligible for vaccine.

Table 2. Guiding vaccine criteria for local public health authorities, clinics, and healthcare systems, Oregon

The JYNNEOS mpox vaccine is recommended for anyone:

- Whose healthcare provider recommends vaccination against mpox
- Who has had direct and extended skin-to-skin contact with someone with mpox
- Who is sexually active with two or more partners or have a sexual partner with two or more partners
- Who is living with HIV
- Who is eligible to take HIV PrEP or is taking HIV PrEP
- Who, since June 1, 2022, has had a new sex partner
- Who, in the past year, has been diagnosed with gonorrhea, chlamydia or syphilis
- Who, in the past year, has had sex with an anonymous partner, attended a sex-on-site venue, or has had group sex
- Who trades sex for money, goods, or services
- Who works in sex-on-site venues or dance in adult entertainment venues

    b. **Prioritize** communities and populations disproportionately affected by mpox **and for whom mpox may pose a severe health risk or isolation may be more difficult and/or financially challenging.** Priority populations can also be defined

by clinical factors and key social determinants of health as they intersect with the experiences of LGBTQIA2S+ and racial and ethnic communities affected by health inequities. The clinical factors and social determinants of health include:

i. Individuals living with HIV.

ii. Individuals taking or eligible to take HIV pre-exposure prophylaxis.

iii. Individuals diagnosed with a bacterial STI (gonorrhea, chlamydia, syphilis) in the prior 12 months.

iv. People at risk for more severe outcomes (pregnant and breastfeeding people and people with moderate to severe immune compromise, severe atopic dermatitis, and blistering skin diseases).

v. Individuals experiencing houselessness or unstable housing, using methamphetamine, participating in transactional sex, or who are currently or have recently been incarcerated.

c. **Work in partnership with community-based organizations or local businesses to offer venue-based vaccine events that prioritize communities most affected by mpox.** Venue-based vaccine clinics in spaces or at events frequented by people from communities most affected by mpox will make vaccine more accessible and acceptable. Anyone who requests vaccine at community-based vaccine events should receive it.

d. **When possible, integrate mpox vaccine administration with influenza vaccine, COVID-19 boosters, COVID-19 testing, HIV/STI testing, HIV PrEP information and referrals, and harm reduction education and outreach.** Combining services will reduce stigma related to receiving a mpox vaccine in that people could come to a vaccine event for one of several services.

e. Based on CDC guidance, continue to provide **intradermal (ID) administration** for most people to increase the number of vaccine doses available. Please see the OHA JYNNEOS Immunization Protocol for details.

vi. We anticipate that depending on the dead space associated with the needle and syringe combination to administer ID doses, each 0.5-mL vial will provide 3–5 doses.

vii. Options for administration include the volar forearm and the upper back inferior to the scapula. Please offer both options, as some people may prefer not to have a visible injection site reaction on the volar forearm for several weeks.

viii. Counsel vaccinees on the frequent injection site reactions of the intradermal JYNNEOS vaccine.

ix. People who are under age 18 and have a history of keloid scars should receive JYNNEOS subcutaneously.

x. People with severe injection site reactions, including those present at the time of the second dose, can be offered a subcutaneous second dose based on shared patient-provider clinical decision making.

xi. Once the vial is punctured, all vaccine must be administered within 8 hours. Batching appointments for vaccine during clinic sessions or vaccine events may reduce the risk of wasted doses. However, it is not always possible to anticipate missed appointments or other reasons for leftover doses. **To maximize the use of all vaccine doses, we recommend planning ahead to identify and contact people who can receive a vaccine dose prior to the end of a vaccine clinic or event, including:**

1. People eligible for vaccine who have not yet received a first dose (e.g., a waiting list of eligible people awaiting first doses)
2. People who received a first dose at least 28 days prior (e.g., a list of people who have already received first doses), starting with those who received their first dose earliest
3. Clinical providers and staff working in clinics that have cared for two or more patients who have tested positive for non-variola orthopoxvirus or mpox virus

f. **Provide second doses at least 28 days after the first dose.** With the expansion of vaccine supply, second doses should now be provided on time. While over 90% of people generate an antibody response 2–4 weeks after the first dose, two doses are needed for the best protection against mpox, with peak antibody response 2 weeks after the second dose. Schedule the second dose at the time of the first dose. Vaccine providers should counsel people on reducing the risk of mpox infection while they await their second dose.

g. **JYNNEOS may be co-administered with other vaccines.** Co-administration of JYNNEOS and COVID-19 vaccines is not contraindicated. However, because of the documented risk of myocarditis after mRNA COVID-19 vaccines and an unknown risk of myocarditis after JYNNEOS, CDC suggests delaying COVID-19 vaccines for 4 weeks after JYNNEOS, particularly in in adolescent or young adult males. The JYNNEOS FDA package insert, however, states that among the cardiac adverse events of special interest, 6 cases (0.08%) were considered related to JYNNEOS. None were considered serious, and none were reported as myocarditis. Therefore, we recommend shared clinical decision-making when considering whether to co-administer JYNNEOS and COVID-19 vaccines.

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