# Orthopox Vaccine Protocol: JYNNEOS

vaccine protocol for Persons Age 6 months and older

**Document reviewed and updated:** **May 29, 2024**

## Condition for protocol

To reduce incidence of morbidity and mortality of an orthopoxvirus infection, including mpox and smallpox disease.

## Policy of protocol

The nurse will implement this protocol for JYNNEOS vaccine to prevent orthopoxvirus (e.g., mpox/smallpox) infection.

## Condition-specific criteria and prescribed actions

**Delete this entire paragraph before printing/signing protocol.**

[Instructions for persons adopting these protocols: The table below lists indication, contraindication, and precaution criteria and suggested prescribed actions that are necessary to implement the vaccine protocol. The prescribed actions include examples shown in brackets but may not suit your institution’s clinical situation and may not include all possible actions. A licensed prescriber must review the criteria and actions and determine the appropriate prescribing action.]

Indications

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| Criteria | Prescribed action |
| Person is 6 months of age or older and has no acute illness. | Proceed to vaccinate if meets remaining criteria. |
| Person is under 6 months of age. | Refer to primary care provider for assessment of risks and benefits. Contact MDH or CDC for consultation on post-exposure prophylaxis (PEP), immune globulin, or antiviral medications. |
| Person is identified as needing JYNNEOS vaccination based on exposure to an individual with an orthopoxvirus infection (i.e., mpox). | Proceed to vaccinate. |
| Person is identified as needing JYNNEOS vaccination based on high-risk potential for exposure. | Proceed to vaccinate. |
| Person is immunocompromised. | Proceed to vaccinate. Counsel person they may have a diminished response. |
| Person falls into one of the following categories of immunocompromise and diagnosed with mpox virus infection before their first dose of JYNNEOS vaccine:   * Leukemia * Lymphoma * Generalized malignancy * Solid organ transplantation * Therapy with alkylating agents, antimetabolites, radiation, tumor necrosis factor inhibitors * High-dose corticosteroids * Being a recipient with hematopoietic stem cell transplant <24 months post-transplant or ≥24 months but with graft-versus-host disease or disease relapse, or having autoimmune disease with immunodeficiency as a clinical component | Proceed to vaccinate after counseling the individual about:   1. The potential for reduced immune responses. 2. The need to continue to follow current guidance to protect themselves. 3. The risks of mpox are greater than the risks from mpox vaccination. |
| Person is immunocompetent and diagnosed with mpox virus infection during the current mpox outbreak before or after their first dose of JYNNEOS vaccine. | Vaccination is unnecessary at this time. Counsel person that recent infection likely confers additional immune protection. |
| Person has history of keloid scars. | Proceed to vaccine through subcutaneous (SC) route only. |
| Research or clinical laboratory personnel working with orthopoxviruses or performing diagnostic testing for orthopoxviruses. | Proceed to vaccinate. |
| Health care personnel that administers ACAM2000 (smallpox vaccine, live). | Proceed to vaccinate. |
| Health care personnel or public health personnel that are indicated by public health officials to receive JYNNEOS vaccine as pre-exposure prophylaxis (PrEP). | Proceed to vaccinate. |
| Person is 18 years of age or older and has previously received JYNNEOS dose one as a subcutaneous (SC) or intradermal (ID) administration. | Proceed to vaccinate using either the SC or ID route. |
| Person has been vaccinated with ACAM2000 at least three years ago or has received the two-dose JYNNEOS primary series at least two years ago and is at ongoing risk for occupational exposure to mpox or variola virus. | Proceed to vaccinate following booster prescription. |
| Person has been vaccinated with ACAM2000 or has received the two-dose JYNNEOS primary series at least 10 years ago and is at ongoing risk for occupational exposure to vaccinia or cowpox virus. | Proceed to vaccinate following booster prescription. |

Contraindications

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| Criteria | Prescribed action |
| Person has had a life-threatening allergic reaction to a previous dose of JYNNEOS vaccine. | Do not vaccinate; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Person has had a life-threatening allergic reaction to a component of JYNNEOS vaccine. | Do not vaccinate; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Precautions

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| Criteria | Prescribed action |
| Person has a mild illness defined as temperature less than \_\_\_\_°F/°C with symptoms such as: [to be determined by medical prescriber] | Proceed to vaccinate. |
| Person has a moderate to severe illness defined as temperature \_\_\_\_°F/°C or higher with symptoms such as: [to be determined by medical prescriber] | Defer vaccination and [to be determined by medical prescriber] |
| Person has underlying heart disease or multiple cardiac risk factors. | Refer to healthcare provider managing person’s heart condition(s) or proceed to vaccinate after counseling persons with underlying heart disease or three or more major cardiac risk factors. Counsel regarding the following:   1. The theoretical risk for myopericarditis following vaccination with JYNNEOS vaccine. 2. The signs and symptoms of myopericarditis such as shortness of breath, chest pain, sensation of thumping in the chest or irregular heartbeats. 3. The option of discussing vaccination with the health care provider who is caring for the person’s heart health. |
| Person is pregnant or breastfeeding. | Proceed to vaccinate after counseling the individual about:   1. There are no data in people who are pregnant or breastfeeding but data in animal studies is reassuring. 2. The risk of mpox disease in pregnancy or breastfeeding is greater than the risk of vaccination. |

## Prescription

* **For 6 months and older**: Give JYNNEOS vaccine 0.5 mL subcutaneously (SC), give second dose 28 days following the first dose.
* **Alternative regimen for persons 18 years and older\***: Give JYNNEOS vaccine 0.1 mL intradermally (ID), give second dose 28 days following the first dose.

\*May vaccinate using the alternate regimen if Emergency Use Authorization (EUA) is in effect and vaccine supply is not adequate to meet the demand ([FDA: Emergency Use Authorization (www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization)](https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization#monkeypox)).

* **Booster dose for ongoing risk for occupational exposure**: Give JYNNEOS vaccine 0.5 mL subcutaneously (SC).

## Medical emergency or anaphylaxis

Follow pre-established agency protocol for anaphylaxis.

## Question or concerns

**Insert overseeing medical consultant’s information below and delete this sentence before printing/signing.**

In the event of questions or concerns call (insert name) at (insert phone number).

**This protocol shall remain in effect until rescinded.**

Name of prescriber (please print):

Prescriber signature:

Date: