MONKEYPOX

Adults in the General Population

JYNNEOS Smallpox and Monkeypox Vaccine

Intradermal Vaccine Preparation and Administration Summary: ALTERNATIVE DOSING REGIMEN

General Information

Vaccine: JYNNEOS Smallpox and Monkeypox vaccine

Multi-dose vial: maximum of 5 doses

Diluent: None

Dosage: 0.1 mL

Age Indications

Persons 18 years of age and older who do not have a history of keloid scars

Vaccination Schedule

Administer two doses of JYNNEOS (0.1 mL each) 28 days apart

- For more details on the dosing interval, refer to www.cdc.gov/poxvirus/monkeypox/considerations-for-monkeypox-vaccination.html.

Administration

Intradermal (ID) injection into the volar surface of the forearm

Thawing Frozen Vaccine

- Use vials in the refrigerator before removing more vials from the freezer. Frozen vaccine must be thawed before using. Once thawed, store in:
  - » **Refrigerator:** Between 2°C and 8°C (36°F and 46°F). Unpunctured vials may be stored in the refrigerator for up to 8 weeks. Punctured vials may be stored continuously in the refrigerator for up to 8 hours.
  - » **Room temperature:** Between 8°C and 25°C (46°F and 77°F). Unpunctured vials may be held at room temperature for up to 6 cumulative hours.
- Do NOT refreeze thawed vaccine.
- Use beyond-use date labels for this vaccine to track storage times.

Expiration Date

When thawing directly from the freezer, use vaccine before date marked on the carton. For unpunctured vials stored in the refrigerator, use before beyond-use date (BUD) of 8 weeks from thawing. Punctured vials must be discarded 8 hours after puncture.

Prepare and Administer the Vaccine

1. Assess recipient status:
   - » Screen for contraindications and precautions.
   - » Review vaccination history.
   - » Review medical considerations.

2. Follow aseptic technique. Perform hand hygiene before vaccine preparation, between patients, when changing gloves, and any time hands become soiled.

3. Frozen vaccine must be thawed before using. If removing the vial from the refrigerator, let it stand at room temperature for 15 minutes.

4. **Unpunctured vials:** Check the expiration date and/or beyond-use date. Never use expired vaccine. **Punctured vials:** Check the beyond-use date and time. Never use vaccine past the beyond-use date or time.

5. With the vial upright, gently swirl the vaccine for 30 seconds before withdrawing the dose.

6. Examine the vaccine. It should be a milky, light yellow to pale white colored suspension. Do not use if liquid contains other particulate matter or is discolored.

7. Using a new, sterile alcohol prep pad, cleanse the stopper of the multidose vaccine vial.

8. Choose the correct equipment for intradermal injection: use a tuberculin syringe with a 27 gauge, 1/4 to 1/2" needle with a short bevel. **Always use a new, sterile needle and syringe for each injection.**

9. Ensure the needle and syringe are secured tightly together to prevent the vaccine from inadvertently leaking during preparation and administration.

Prepare and Administer the Vaccine (continued)

10. Withdraw the correct dosage (0.1 mL) of vaccine into a tuberculin syringe
    - » Do NOT combine residual vaccine from multiple vials to obtain a dose
11. For new vials: note the date and time the vial was first punctured. Once the vial is punctured, you must discard it after 8 hours.
12. Bring the dose of vaccine from the designated preparation area immediately to the patient treatment area for administration.
13. Ensure staff has the correct personal protective equipment (PPE), including gloves, before administering vaccine. Ask vaccine recipients to wear a face covering, if tolerated.
14. Select and cleanse vaccination site two to four inches below the antecubital fossa (elbow) on the volar surface of the forearm.
15. Administer the vaccine immediately by intradermal (ID) injection into the volar surface of the forearm. Refer to this video for guidance.
16. While pulling the skin taut, position the needle bevel facing upward and insert the needle at a 5-to 15-degree angle into the dermis. Slowly inject 0.1mL intradermally. This should produce a noticeable pale elevation of the skin (wheal).
17. A bandage may be placed over the injection site as needed.
18. Observe patients after vaccination to monitor for the occurrence of immediate adverse reactions, including syncope:
    - » **30 minutes:** persons with a history of anaphylaxis to gentamicin, ciprofloxacin, chicken or egg protein (AND are currently avoid exposure to all chicken or egg products)
    - » **15 minutes:** Can consider for all other persons

Document Vaccination

Document each recipient's vaccine administration information in medical record systems within 24 hours of administration and use best efforts to report data to the jurisdiction's relevant system (e.g., immunization information system) as soon as possible and no later than 72 hours after administration.

- Medical record: Record the vaccine name, the date it was administered, manufacturer, lot number, dosage, vaccination site and route, and name and title of the person administering the vaccine.
- Immunization information system (IIS): Record the vaccination in the appropriate state or local IIS.
- Personal vaccination record: Provide recipient with card or record that contains date of vaccination, product name and manufacturer, lot number, dose administered, vaccination site and route, and name/location of the clinic or health care professional. If applicable, record the date the patient should return for the second dose.

Be Prepared to Manage Medical Emergencies

Be familiar with identifying immediate allergic reactions, including anaphylaxis, and be prepared to treat these events at the time of vaccine administration.

- Have a plan in place to contact emergency medical services immediately in the event of a severe acute vaccine reaction. Because anaphylaxis may recur after patients begin to recover, monitoring in a medical facility for several hours is advised, even after complete resolution of symptoms and signs.

Report Adverse Events to VAERS

Report adverse events that occur in a patient following JYNNEOS vaccination to the Vaccine Adverse Event Reporting System (VAERS).

- Reporting is required for any clinically significant adverse event, even if it is uncertain whether the vaccine caused the event. Vaccine administration errors should be reported whether or not associated with an adverse event.
- Information on how to submit a report to VAERS is available at vaers.hhs.gov or by calling 1-800-822-7967.