



Frequently Asked Questions: MONKEYPOX (mpox)

June 1, 2023

Key Messages:

1. Currently, the risk of the general public getting mpox in the United States is considered to be low.
2. Seek medical care immediately if you are concerned that you may have mpox.
3. Avoid close contact with sick people, including people with skin and/or genital rashes or lesions.

****Please consult your local health department for information about implementing any of the recommended steps outlined in this document.**

ABOUT MPOX

What is mpox?

Human mpox is a disease caused by infection with the mpox virus. Mpox virus is part of the same family of viruses as smallpox but is not the same as smallpox.

What are the symptoms of mpox?

Symptoms of mpox can include:

- A rash that can look like pimples or blisters that appears on the face, inside the mouth, and on other parts of the body such as the hands, feet, chest, genitals, or anus
- Fever
- Headache
- Muscle aches and backache
- Swollen lymph nodes
- Chills
- Feeling very tired

Symptoms of mpox may include intense pain, itching, or other debilitating issues that make simple things like walking or going to the bathroom difficult. The rash may also leave scars once it heals. CDC recommends that healthcare providers assess pain in all patients with mpox.

Can I go to a local laboratory such as LabCorp to get tested for mpox?

Although commercial testing is available, specimens must be collected by a health care provider and sent to the lab. LabCorp, Quest and other labs that are doing testing will not take self-referred walk-ins for mpox testing. Patients should check with their healthcare provider to find out what testing costs they may be responsible for. Mpox testing at the NJDOH is available at no-cost, but there may be costs associated with the visit to a healthcare provider. Patients can seek low-cost medical care at one of several [Federally Qualified Healthcare Centers](#) located around the state.

What is the difference between a close and casual contact for mpox?

Close contact can include things such as prolonged face-to-face conversation where you may have been near respiratory droplets, kissing, hugging, skin-to-skin contact (touching, massaging, sitting next to each other with unclothed arms or legs touching, intimate contact, sexual activity, etc.). Casual contact is spending time with a person that does not involve any close contact. This can be many things such as passing people in a store, taking a walk with a friend, working in the same office, a parent walking into a classroom, etc.

What should I do if I have symptoms?

See a health care provider if you have a new rash or other mpox symptoms. Avoid close contact (including intimate contact) with others until a health care provider sees you for an exam. If you think that there is a possibility that you may have mpox, wear a mask when in prolonged, close proximity with others. Avoid close contact, including sexual or intimate contact, with anyone until you have been seen by a health care provider. Rashes on the body should be covered with long sleeves or pants to avoid touching other people.

Avoid close contact with pets or other animals until you have seen a health care provider. If you are waiting for test results, follow the same steps. If your test is positive, stay isolated from others until your rash has healed, all scabs have fallen off, and a fresh layer of intact skin has formed. If you must leave the room you are isolating in, be sure to wear a mask and wear clothing that covers as much of your skin as possible (long sleeves, pants, etc.)

Is mpox deadly?

Infections caused by the strain that is currently spreading in the United States are rarely fatal. Over 99% of people who get this form of the disease are likely to survive. Children under age 8, people with weak immune systems, a history of skin problems such as eczema, or who are pregnant or breastfeeding may be more likely to get seriously ill or die. Even though it is rarely fatal, mpox can be very painful and the rash may cause permanent scars.

TRANSMISSION**How does mpox spread?**

Mpox can spread in different ways. It can spread from person to person through direct contact with the rash, scabs, or body fluids. It can also spread by face-to-face contact through respiratory droplets, or during close contact such as kissing, cuddling, or sex. Pregnant people can spread the virus to their fetus through the placenta.

Touching items such as clothes, towels, bed linens, etc. that were in contact with the rash or body fluids can also spread the virus. Handle laundry carefully as there have been reports of variola virus (a virus from the same family as mpox virus) from infected fabric and bedding getting into the air. This creates an infection

risk. Never shake or handle the linens roughly, as this may contaminate the air, surfaces, and others with infectious particles. Surfaces and other commonly touched items can also be contaminated. More detailed information on laundry and household disinfection can be found at [Cleaning and Disinfecting Your Home, Workplace, and Other Community Settings | Mpox | Poxvirus | CDC](#)

Is mpox an STI (Sexually Transmitted Infection)?

In the current mpox outbreak, the virus is spreading primarily through sexual contact; however, infections have occurred through other exposures, including non-sexual contact with infectious lesions and from contaminated instruments in clinic settings.

What do I do if I am diagnosed with mpox?

If you are diagnosed with mpox, or an orthopoxvirus, avoid others (isolate) until your rash has fully healed and a fresh layer of skin has formed. This includes:

- Avoiding sex or being intimate with anyone until all your sores have healed and you have a fresh layer of skin formed.
- Avoiding being in crowds.
- Avoiding contact with animals including pets, domestic animals, and wildlife.

Additional precautions should be taken, including:

- Rashes on the body should be covered with long sleeves or pants to avoid touching other people.
- If rashes can't be easily covered, stay away from other people and pets as much as possible.
- Wash your hands often with soap and water. Use hand sanitizer that is at least 60% alcohol if soap and water are not available.
- Wash surfaces and materials that you have touched while you had symptoms, including bedding, towels, clothing, sex toys, and surfaces such as door handles or counter tops. Standard household cleaning and disinfecting products may be used in accordance with the manufacturer's instructions.

Under some circumstances, if you have mpox, you may have to leave isolation before you have fully healed. If so, you should cover the rash and wear a well-fitting mask to protect others from getting mpox. It is very important to isolate if you have a fever or respiratory symptoms, including sore throat, nasal congestion, or cough. When experiencing these symptoms, you should leave isolation only to see a healthcare provider or for an emergency. For more details see CDC's [Isolation and Prevention Practices for People with Monkeypox](#) page.

How long is a person infected with mpox able to spread the virus?

A person with mpox can spread it to others from the time symptoms start until the rash has fully healed and a fresh layer of skin has formed. As of February 2023, [new data](#) show that some people can spread mpox to others from one to four days before their symptoms appear. It's not clear how many people this has affected during the current outbreak. There is currently no evidence showing that people who never develop symptoms have spread the virus to someone else.

Can I get mpox from having sex?

While the monkeypox virus has been found in semen, it is currently not known whether mpox can be spread through semen or vaginal fluids. Even though it is not considered a sexually transmitted infection, mpox can spread during intimate physical contact between people. This close contact can happen when you have sex including:

- Oral, anal, and vaginal sex
- Touching the genitals or anus of a person with monkeypox
- Hugging, massaging, kissing, or talking closely

- Touching fabrics, shared surfaces, and objects, such as bedding, towels and sex toys, that were used by a person with mpox

Anyone, regardless of gender identity or sexual orientation can catch mpox if they have close contact with someone infected with the virus.

Can I go to work if I have mpox?

Employees with mpox should not be at the worksite. They should follow isolation recommendations until all scabs have fallen off and a new layer of skin has formed. If you must leave isolation you should cover the rash and wear a well-fitting mask to protect others from getting mpox.

Can I go to work if I had close contact with someone who has mpox?

Employees who had close contact with someone who has mpox can continue to work as long as they have no symptoms. They should consult with their local health department and/or healthcare provider and should monitor themselves closely for mpox symptoms for the 21-day incubation period. Their local health department will provide information on their level of exposure risk and whether vaccine should be considered.

Am I likely to get mpox?

At this time, the risk of mpox in the United States is thought to be low for the general public. It does not spread easily between people, such as passing someone in a store, sitting near them in a room, or talking outdoors several feet apart. From the time a person is exposed and when symptoms start is long enough to give public health officials time to start finding the people who may have had contact with an infected person. This helps break the chain of infection. In the current outbreak, data suggest that some groups may be at increased risk and should use increased caution. This includes anyone who has multiple sexual partners.

MPOX IN CHILDREN AND ADOLESCENTS

Can children get mpox?

Yes, children and adolescents can get mpox. It is not known if children are more likely than adults to get mpox if exposed to the virus. The virus spreads to children in the same ways that it spreads among adults, through contact with the rash, respiratory droplets, and by touching contaminated objects, towels, clothing, bedding, etc. Data on serious complications in children is lacking and the CDC continues to monitor for this information and will provide updates as the information becomes available.

How can I monitor my child for mpox?

- Check your child’s skin for any signs of rash, which may look like a single round lesion resembling a pimple or blister (be sure to look inside the mouth, as the rash can sometimes appear there before it appears on other parts of the body).
- Monitor your child’s temperature or for signs of fever (like a flushed appearance or shivering)
- Monitor for any complaints of headache, backache, muscle pain or swollen glands (swelling/lumps around the neck, ear, armpit or groin area)
- For infants and younger children, monitor for any changes in behavior or appearance (like sleepiness, decreased playfulness or appetite, increased crankiness or fussiness)

If my child was exposed to someone with mpox, how long should I monitor them for symptoms?

If your child was exposed, parents should monitor their child for symptoms for 21 days and should consult with a health care provider or local health department. Your health care provider or local health department will evaluate appropriate next steps based on the child's risk level.

What should I do if my child develops symptoms?

If your child develops any of the above symptoms, notify your health care provider and immediately separate them from others in your home. Your health care provider will decide whether testing is needed. Children should not attend childcare, summer camp, school, birthday parties, or any other activities until they receive a negative test, or until their illness has run its full course if they tested positive.

Is there a vaccine available for children to prevent mpox?

Yes, there is a vaccine to prevent mpox infection in children. JYNNEOS is made available to children through special expanded use protocols. The CDC has guidance for health care providers about how to identify, treat and prevent mpox in children.

Can children take the antiviral TPOXX?

Yes, children can take TPOXX. It is an FDA-approved antiviral approved for the treatment of smallpox disease in children and adults. However, its use for the treatment of other orthopox viruses such as mpox, is not FDA-approved. The CDC holds a non-research expanded access Investigational New Drug (EA-IND) protocol that allows for the use of TPOXX for the treatment of mpox.

Does my child need to be excluded from childcare/school/summer camp/activities if they are diagnosed with mpox or are a close contact?

If your child is diagnosed with mpox they should not attend childcare/school/summer camp until all scabs have fallen off and a new layer of skin has formed. If your child is a close contact of someone with mpox but does not have symptoms, parents should carefully monitor their child for symptoms for 21 days, but the child may continue to attend childcare/school/summer camp. Discuss vaccination with your child's healthcare provider. Vaccine is most effective in preventing mpox if given within 4 days of exposure.

PREVENTION

How can a person lower their risk of getting mpox during sex?

Those at higher risk of exposure or severe health outcomes should consider reducing their number of sexual partners and limiting sex with new partners and should exchange contact details with any new partners to enable follow-up if needed.

Talk to your partner about any recent illness and be aware of any new or unexplained sores or rashes on your body or your partner's body, including the genitals and anus. If you or your partner have recently been sick, are currently feeling sick, or have a new or an unexplained rash or sores, do not have sex and see a health care provider. This is always a good plan, even if mpox isn't in your area.

If you or a partner has mpox, the best way to protect yourself and others is to not have sex of any kind (oral, anal, vaginal) and to not kiss or touch each other's bodies while you are sick, especially any rash or sores. Do not share items such as towels, fetish gear, sex toys, and toothbrushes.

How can a person determine the risk of getting mpox at places like raves, parties, clubs and festivals?

When thinking about attending events, consider how much close, personal, skin-to-skin contact is likely to occur at the event you plan to attend. If you feel sick or have any rashes or sores, do not attend any gathering, and see a health care provider.

Safer gatherings include festivals, events, and concerts where people are fully clothed, and unlikely to share skin-to-skin contact. However, keep in mind that close personal contact such as kissing can also spread mpox.

A rave, party, or club where there is minimal clothing and where there is direct, personal, frequent skin-to-skin contact has some risk. Avoid any rashes or sores you see on others and consider minimizing skin-to-skin contact when possible.

Enclosed spaces, such as back rooms, saunas, or sex clubs, where there is minimal or no clothing and where intimate sexual contact can occur, have a higher likelihood of spreading mpox.

Limiting your number of sex partners may reduce the possibility of exposure.

Do people need to wear condoms if they have recovered from a mpox infection?

Scientists are still learning about the ability of the mpox virus to spread through body fluids such as semen or vaginal secretions and whether the virus can still be present after the skin rash has healed. Safe sex, barrier practices (i.e., wearing condoms) are recommended, but there is little data on the length of time patients need to wear condoms. Some other countries are recommending 8-12 weeks after the skin rash has healed, but more needs to be learned. As public health experts learn more about the spread of this guidance will be updated. [Clinician FAQs | Mpox | Poxvirus | CDC](#)

How can the spread of mpox be prevented in the home?

Most people with mpox do not need to be in a hospital and can recover at home. People with mpox should isolate away from others in the home until their rash has fully healed, the scabs have fallen off, and a fresh layer of intact skin has formed.

People with mpox should follow these recommendations until cleared by state or local public health officials:

- Do not leave the home except as required for emergencies or follow-up medical care.
- Avoid close contact with others.
- Do not engage in sexual activity that involves direct physical contact.
- Do not share potentially contaminated items, such as bed linens, clothing, towels, wash cloths, drinking glasses or eating utensils.
- Washing hands with soap and water or using an alcohol-based hand rub that's at least 60% alcohol, should be done frequently by people infected with monkeypox and their household contacts after touching rash fluid/blisters/crusts/scabs, clothing, linens, or frequently-touched surfaces/objects that may have had contact with rash material.
- Routinely clean and disinfect commonly touched surfaces and items, such as counters or light switches, etc. using an [EPA-registered disinfectant](#) (such as [List Q](#)) in accordance with the manufacturer's instructions.
- Wear well-fitting source control (e.g., medical mask) when in close contact with others at home. Caregivers should also wear an N95, also known as a respirator, or medical mask when they are within 6 feet of the person who is infected with mpox) for more than a brief encounter.
- Avoid use of contact lenses to prevent spreading the infection to the eyes.
- Avoid shaving rash-covered areas of the body as this can lead to spread of the virus.

- Bathroom usage:
 - If possible, use a separate bathroom if there are others who live in the same household.
 - If there is not a separate bathroom in the home, the patient should clean and disinfect surfaces such as counters, toilet seats, and faucets, using an EPA-registered disinfectant (such as [List Q](#)) after using a shared space. This may include during activities like showering, using the toilet, or changing bandages that cover the rash. Consider disposable glove use while cleaning if rash is present on the hands.
- Limit contamination within the household:
 - Try to avoid contaminating upholstered furniture and other porous materials that cannot be laundered by placing coversheets, waterproof mattress covers, blankets, or tarps over these surfaces.
 - Cover all skin rashes to the extent possible by wearing long sleeves or long pants. Gloves can be considered for covering rash on the hands when not in isolation, such as when receiving medical care.
 - Additional precautions such as steam cleaning can be considered if there is concern about contamination.
- When possible, the person with mpox should change their own bandages and handle contaminated linens while wearing disposable gloves, followed by immediate handwashing after removing gloves and washing their hands.
 - As a last resort, if assistance is needed with these activities, a household member should avoid extensive contact and wear, at a minimum, disposable medical gloves and a well-fitting mask or N95. Any clothing that contacts the rash during dressing changes should be immediately laundered. Gloves should be disposed of after use, followed by handwashing.

Do I need to do anything special with the medical waste from caring for a person with mpox?

There are guidelines for properly disposing of the medical waste that comes from caring for a person with monkeypox such as dressings, bandages, or disposable gloves. See [Cleaning and Disinfecting Your Home, Workplace, and Other Community Settings | Mpox | Poxvirus | CDC](#) for detailed information.

Is it safe to have visitors while isolating at home?

No. It is important to avoid contact with unaffected individuals until the rash has resolved, the scabs have fallen off, and a fresh layer of intact skin has formed. Friends, family or others without an essential need to be in the home **should not visit**.

- Isolate in a room or area separate from other household members and pets when possible.
- Limit use of spaces, items, and food that are shared with other household members.
- Do not share dishes and other eating utensils. It is not necessary for the infected person to use separate utensils if properly washed. Wash soiled dishes and eating utensils in a dishwasher or by hand with warm water and soap.

Do people who had close contact with a mpox patient have to quarantine?

Close contacts of a person with mpox should self-monitor for the development of any symptoms for 21 days after their last exposure and should avoid close physical contact with young children, pregnant people, and those with weak immune systems. They do not have to quarantine at home for that time. However, if symptoms develop, they should immediately isolate themselves and call their doctor. Vaccination within 4 days of an exposure may prevent the disease, and between 4 and 14 days may lessen the illness. If

someone is in the period when vaccine may help, they should call their local health department or doctor for information on how to receive the vaccine.

What should I know about cleaning my house if someone is infected with mpox?

The CDC provides general guidance on cleaning and disinfecting non-healthcare settings, such as homes or cars, where an individual with mpox spent significant time. Visit [Cleaning and Disinfecting Your Home, Workplace, and Other Community Settings | Mpox | Poxvirus | CDC](#) for more information.

Can I travel if I have mpox?

CDC recommends that you do not travel if you have mpox. Isolate at home, or in another location, until your symptoms are gone and your rash has healed (this means all scabs have fallen off and a fresh layer of skin has formed). If you have mpox and must travel:

- Make sure that you do not have fever or respiratory symptoms such as sore throat, nasal congestion, or cough.
- Cover your rash and wear a well-fitting mask.

Will condoms protect me from mpox?

It is not known whether condoms prevent the transmission of mpox. If rashes are confined to the genitals or anus, condoms may help. Not all mpox rashes occur in areas that a condom can cover. The virus can also spread by respiratory droplets. Even when used, direct skin-to-skin contact with infectious rash, scabs, or body fluids not covered by a condom, and face-to-face contact can still occur. Therefore, condoms alone are probably not enough to prevent mpox. Condom use for prevention of mpox has not been studied.

CONGREGATE SETTINGS

If a staff member, volunteer, or resident of a congregate living setting has mpox infection, it could spread within that setting. Specific details relating to the prevention of mpox in congregate settings can be found at <https://www.cdc.gov/poxvirus/monkeypox/specific-settings/congregate.html>

PETS AND ANIMALS

Could my pet get mpox?

People with mpox should avoid contact with animals (specifically mammals), including pets. If possible, friends or family members should care for healthy animals until the owner has fully recovered.

Do not surrender, euthanize, or abandon pets just because of a potential exposure to mpox virus.

Do not wipe or bathe your pet with chemical disinfectants, alcohol, hydrogen peroxide, or other products, such as hand sanitizer, counter-cleaning wipes, or other industrial or surface cleaners.

- Keep any potentially infectious bandages, textiles (such as clothes, bedding) and other items away from pets, other domestic animals, and wildlife.
- In general, any mammal may become infected with mpox. It is not thought that other animals such as reptiles, fish or birds can be infected.

If you notice an animal that had contact with an infected person appears sick (such as lethargy, lack of appetite, coughing, bloating, nasal or eye secretions or crust, fever, rash) contact the owner's veterinarian, state public health veterinarian, or state animal health official. For more detailed information visit the CDC's [Pets in the Home](#).

TREATMENT

Can mpox be treated?

There are no treatments specifically for mpox. But, since mpox and smallpox are from the same virus family, certain drugs and vaccines created for smallpox may be used to treat and prevent mpox infections. An antiviral drug called tecovirimat (TPOXX), may be recommended for people who are more likely to get severely sick, like people with weak immune systems.

Is there a cost for mpox treatment?

NJDOH receives TPOXX from the federal government and provides it at no cost to healthcare providers for their patients. There may be other costs, however, associated with medical care. Patients should ask their healthcare provider about healthcare costs they will be responsible for and/or may also seek low-cost medical care at one of several [Federally Qualified Healthcare Centers](#) (FQHC) located around the state. To locate an FQHC, go to: <https://www.njpc.org/locate-center/>

For more information about treatment, visit the [CDC mpox treatment page](#).

VACCINATION

Are there vaccines for mpox?

Yes. JYNNEOS™ (also known as Imvamune or Imvanex) is licensed to prevent mpox and ACAM2000, originally licensed to prevent smallpox, can also be used to prevent mpox. CDC believes that making vaccines available now is one important strategy to contain mpox. CDC is working with partners to ensure there are enough doses available to vaccinate all people for whom vaccination is recommended. JYNNEOS, which has fewer side effects, is specifically licensed to prevent mpox, and is easier to administer, is generally preferred. Depending on the supply of JYNNEOS available at the time and patient preferences, the vaccine can be administered intradermally or subcutaneously.

Who can get mpox vaccines?

Post-Exposure Prophylaxis ([Contact your local health department](#) to coordinate vaccination)

- People who have known or suspected exposure to someone with mpox in the past two weeks
- People who had a sex partner in the past two weeks who was diagnosed with mpox.

Expanded Vaccination (Make an appointment at a vaccine location)

- People who are gay, bisexual, or other men who have sex with men, or a transgender, nonbinary, or gender-diverse person who in the past 6 months has had any of the following:
 - A new diagnosis of one or more sexually transmitted diseases (e.g., chlamydia, gonorrhea, or syphilis)
 - More than one sex partner
- People who have had any of the following in the past 6 months:
 - Sex at a commercial sex venue
 - Sex related to a large commercial event in a geographic area (city or county for example) where mpox virus transmission is occurring

- Sex in exchange for money or other items
 - People who have a sex partner with any of the above risks
 - People who anticipate experiencing any of the above risks
 - People who have HIV or other causes of immune suppression and have had recent or anticipate future risk of mpox exposure from any of the above scenarios
 - People who work in settings where they may be exposed to mpox
 - People who work with orthopoxviruses in a laboratory
- (Consult with your [local health department](#))

Information on vaccine locations can be found at <https://www.nj.gov/health/cd/topics/monkeypox.shtml>.

How can I get a vaccine?

Information on vaccine appointments through the expanded PEP program is available through community partners throughout the state. For the most up-to-date list of vaccination locations, please visit the NJDOH mpox webpage: <https://www.nj.gov/health/cd/topics/monkeypox.shtml>

Can members of the general public receive vaccines for mpox?

At this moment, mpox vaccines are only available to those in the groups specified above. The risk of getting sick with mpox is currently low for the general public; therefore, vaccination is not recommended for the general public at this time.

How many vaccine doses does New Jersey receive?

The federal government is allotting JYNNEOS vaccine doses to States based on current cases as well as the proportion of the population at risk for severe disease from mpox.

Is there a cost for mpox vaccines?

NJDOH receives mpox vaccines from the federal government and they are provided at no cost to eligible individuals. Organizations must administer JYNNEOS or ACAM2000 vaccine at no cost to the recipient and regardless of the vaccine recipient's ability to pay administration fees. Organizations may seek appropriate reimbursement from a program or plan that covers JYNNEOS or ACAM2000 vaccine administration fees for the vaccine recipient, such as:

- Vaccine recipient's private insurance company
- Medicare/Medicaid reimbursement

Do the vaccines prevent infection or just reduce severity of the illness?

If given within the first four days after exposure, the vaccine may prevent illness. Given between days 4 and 14, the vaccine may still reduce the severity of illness. If given later than that, it would not be expected to have any effect. This is why, when used to prevent infection following exposure, the vaccine must be given within 14 days. The vaccine is not given to people who have mpox to reduce their symptoms.

How are the vaccines given?

JYNNEOS is given as a series of two injections, four weeks apart. , CDC continues to recommend two doses of JYNNEOS vaccine to provide maximum protection against mpox infection. Most of the vaccine being given in the US is JYNNEOS.

Is there a “grace period” for receiving the second dose of JYNNEOS? Does it have to be given exactly four weeks apart?

There may be times when a person is due for their second dose of JYNNEOS and may not be available on the day they are due. The second dose should be given 28 days after the first dose, however it may be given as soon as 24 days or as late as 35 days. If there is a delay in administering the second dose and the interval becomes longer than 35 days, the second dose should be administered as soon as possible. There is no need to restart the series.

When am I considered “fully vaccinated” with the JYNNEOS vaccine?

People are considered fully vaccinated two weeks after receiving their second dose of the JYNNEOS vaccine. Fully vaccinated people are still recommended to protect themselves against mpox and to isolate at home in case of symptoms.

If I had a smallpox vaccination in the past, do I need JYNNEOS?

Previous smallpox vaccination does provide protection, but it may not be lifelong. During the 2003 mpox outbreak and during the current outbreak, several people who were infected with mpox had previously been vaccinated against smallpox decades prior. During this mpox outbreak response, vaccines and other medical measures should be given to eligible people who were previously vaccinated against smallpox, following the same schedules as for those who were not previously vaccinated.

What are the side effects of these vaccines?

You may experience some normal, mild reactions to the mpox vaccine that usually go away without treatment:

- Your arm where you received the vaccination may be sore and red.
- The glands (lymph nodes) in your armpits may become large and sore.
- You may run a slight fever.
- You might feel bad enough to miss work, school, or recreational activity or have trouble sleeping. This happens to about 1 out of every 3 people who get the vaccine.

Consult with your healthcare provider to discuss whether JYNNEOS is right for you.

More detailed information about serious vaccine side effects can be found on the CDC website at:<https://www.cdc.gov/smallpox/vaccine-basics/vaccination-effects.html>

Who should NOT receive the JYNNEOS vaccine?

People who have had a serious allergic reaction to a previous dose of JYNNEOS vaccine or a component in the vaccine (e.g., gentamicin, ciprofloxacin, egg protein) should speak with their health care provider to confirm if it is safe for them to receive the vaccine.

You may still be able to be vaccinated if you have some of the other conditions below, but tell your vaccination provider if you:

- Have any severe, life-threatening allergies
- Are pregnant or think you may be pregnant
- Are breastfeeding
- Have a weakened immune system

Is JYNNEOS vaccine FDA approved?

JYNNEOS vaccine is licensed as a series of two doses administered 28 days (4 weeks) apart. The standard regimen involves a subcutaneous (Subcut) route of administration with an injection volume of 0.5mL. The standard regimen is the FDA-approved dosing regimen. Since August 9, 2022, the standard regimen has been authorized for people aged <18 years under an Emergency Use Authorization. In the context of the current national Public Health Emergency (PHE), an alternative regimen may be used for people age ≥18 years under an Emergency Use Authorization beginning August 9, 2022. The authorized alternative regimen involves an intradermal (ID) route of administration with an injection volume of 0.1mL. This approach could increase the number of available JYNNEOS vaccine doses by up to five-fold.

What if I have an allergic reaction?

If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

Serious side effects should be reported to the Vaccine Adverse Event Reporting System (VAERS). Visit <https://vaers.hhs.gov/reportevent.html> or call **1-800-822-7967**.

NOTE: VAERS is only for reporting reactions, and VAERS staff members do not give medical advice.

Where can I find more information about vaccines for mpox?

You can read information about these vaccines at the links below:

- [JYNNEOS](#)
- [Medication Guide for ACAM2000](#)

Is mpox the same as smallpox, chickenpox, or shingles?

Although these diseases can all cause rashes, they are all separate illnesses.

Mpox virus is closely related to the virus that causes smallpox; however, mpox is milder and less fatal. A feature that distinguishes infection with mpox from that of smallpox is the development of swollen lymph nodes, which can occur on the neck, armpits, or groin area and can appear on both sides of the body or just one. Since 1980, smallpox has been declared eradicated (eliminated) thanks to widespread vaccination and disease control efforts. The last known natural case was in Somalia in 1977. Chickenpox is caused by a very different virus and can be prevented by a vaccine.

Do the vaccines for chickenpox and shingles help prevent mpox?

No, vaccines for chickenpox and shingles do not help prevent mpox.

STATE RESPONSE

What is the NJ Department of Health (NJDOH) doing to prevent further spread of mpox?

The NJ Department of Health is working closely with federal, state, and local public health and health care partners to identify possible cases, begin contact tracing quickly, and provide vaccine and/or antiviral treatment as needed to cases and their contacts. NJDOH is also providing guidance to health care providers to help them identify possible cases and get a proper diagnosis.

Disinformation alert from the NJ Office of Homeland Security and Preparedness: [Disinformation Hampers Efforts to Curb Spread of Monkeypox \(hMPXV\) \(njohsp.gov\)](https://njohsp.gov/monkeypox)

Rights and Protections against discrimination and bias-related harassment from the NJ Office of the Attorney General, Division on Civil Rights: [Monkeypox Resources - New Jersey Office of Attorney General \(njoag.gov\)](https://njoag.gov/monkeypox)

For more information:

- Visit the NJDOH website at <https://www.nj.gov/health/cd/topics/monkeypox.shtml>
- Visit the Centers for Disease Control and Prevention at <https://www.cdc.gov/poxvirus/monkeypox/faq.html>
- Contact your health care provider