MONKEYPOX

Adults with Certain Medical Conditions and Children

JYNNEOS Smallpox and Monkeypox Vaccine

Subcutaneous Vaccine Preparation and Administration Summary: STANDARD REGIMEN

General Information

Vaccine: JYNNEOS Smallpox and Monkeypox vaccine

Single-dose vial

Diluent: None

Dosage: 0.5 mL

Age Indications

People 18 years of age and older who have a history of keloid scars, and all people younger than 18 years of age.

Vaccination Schedule

Administer two doses of JYNNEOS (0.5 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

Subcutaneous (subcut) injection into the fatty tissue over the triceps area in the upper arm, or in the anterolateral thigh for infants younger than 12 months of age

Thawing Frozen Vaccine

- Frozen vaccine takes 10 minutes to thaw and must be thawed before using. Use vials in the refrigerator before removing more vials from the freezer. 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.
  - » **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 CDC's beyond-use date (BUD) labels to track storage times.

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 (if used), and any time hands become soiled.

3. Frozen vaccine must be thawed for 10 minutes before using.

4. Check the expiration date and/or beyond-use date. Do not use expired vaccine, unless you were able to confirm stability of the vaccine by contacting the manufacturer.

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

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 vaccine vial.

8. Choose the correct equipment for subcutaneous injection: use sterile syringe with a 23-25 gauge, 5/8" needle. **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. Puncture the septum of the vial and ensure the bevel or tip of the needle is in the vaccine.
    - » Pull back the plunger to withdraw vaccine from the vial
    - » Remove air bubbles
    - » Ensure the syringe is filled with the correct amount (0.5mL).
    - » Do NOT combine residual vaccine from multiple vials to obtain a dose
    - » Do NOT pre-draw syringes. There is no stability data for pre-drawn syringes being stored in the refrigerator or stored at room temperature.
11. Bring the dose of vaccine from the designated preparation area immediately to the patient treatment area for administration.
12. Use standard precautions when administering vaccine. Ask vaccine recipients to wear a face covering, if tolerated. For more information on infection prevention and control, refer to: www.cdc.gov/poxvirus/monkeypox/clinicians/infection-control-healthcare.html
13. Select and cleanse vaccination site, which is the fatty tissue over the triceps in the upper arm in persons greater than 12 months of age, or the anterolateral thigh in infants younger than 12 months of age
14. Administer the vaccine by subcutaneous (subcut) injection. While pinching up the skin and underlying fatty tissue, insert the needle at a 45-degree angle into the subcutaneous tissue and slowly inject the vaccine. Avoid reaching the muscle
15. Immediately place the needle and syringe in a sharps disposal container. Do not recap the needle.
16. A bandage may be placed over the injection site as needed.
17. 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 recommended, 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.