



Health Advisory: Monkeypox (Mpox) Guidance for Healthcare Providers

December 9, 2022

Purpose

To update healthcare providers regarding JYNNEOS vaccine guidance and administration as well as missing 2nd doses.

Background

Although the number of mpox cases in Alameda County are decreasing, healthcare providers should continue to be vigilant for new cases and vaccinate persons at risk of exposure or who want the vaccine. As of December 9, 2022, there have been 243 reported mpox cases among Alameda County residents and 5,622 reported cases in California. Although anyone can acquire mpox, most people with mpox infection are gay and bisexual men, and other men who have sex with men. Additional background information regarding mpox can be found in the resources listed at the bottom of this advisory. Even after the current outbreak ends, future clusters of cases should be anticipated.

Eliminate Stigma and Discrimination

Alameda County Public Health Department (ACPHD) has a zero-tolerance stance to stigma and discrimination. ACPHD strongly recommends that all healthcare workers are [trained](#) to provide sensitive and evidence-based care, including care that is culturally/linguistically appropriate and gender affirming, to the following overlapping populations: low-income individuals; people of color; immigrants; and lesbian, gay, bisexual, transgender, gender queer and gender non-binary people.

Actions Requested of Healthcare Providers

1. Offer JYNNEOS vaccine to ANY person who may be at risk or believes they may be at risk and give vaccine to ANY person who requests it.
2. [Routinely offer](#) either subcutaneous (SC) or intradermal (ID) JYNNEOS administration to all persons who are eligible to receive either.
3. Ensure that ALL persons who get the JYNNEOS vaccine complete the vaccine series.



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Updated guidance for JYNNEOS vaccine

Alameda County Public Health Department recommends that those who may be at risk for, or seek additional protection from mpox infection, receive the JYNNEOS vaccine. This is in alignment with [guidance from CDPH](#). In Alameda County, although 40% of persons with mpox are Hispanic/Latinx and 24% are Black/African American, only 18% of vaccine recipients are Hispanic/Latinx and 12% are Black/African American.

Vaccine providers should offer JYNNEOS vaccine to ANY person who may be at risk or believes they may be at risk, and ANY person who requests vaccination should receive it. Providers should *not require* that a person share a reason for wanting vaccination.

Providers should continue to share evolving information on mpox and provide vaccine in a supportive and non-stigmatizing environment. Although the vaccine will now be offered to anyone who thinks they are at risk, more effort is still needed to reach the following groups and communities, especially persons who are Black/African American and Hispanic/Latinx:

- Gay and bisexual men, men who have sex with men, and their sex partners
- Transgender people and their sex partners
- Sex workers and their sex partners
- People with multiple sex partners
- People living with HIV
- People who had sex at any sex venue

These are socially stigmatized groups and communities who have had relatively fewer opportunities to be meaningfully engaged and have less access to high-quality health-related services tailored to their specific needs.

The following persons should also receive the JYNNEOS vaccine series:

- Healthcare workers who are likely to collect laboratory specimens from persons with mpox (e.g., persons working in sexual health clinics or clinical settings that serve at-risk populations)
- Laboratory workers who perform mpox testing
- Anyone who has been exposed to someone with mpox regardless of timeframe

Choice of intradermal or subcutaneous JYNNEOS administration

Persons getting vaccinated should be offered either intradermal (ID) or subcutaneous (SC) administration if eligible to receive either. Information should be given on each route of administration include side effects and effectiveness, in order to support informed decision-making. Side effects for both vaccine administration routes include pain and redness. According to [one study](#), moderate redness and swelling and itching at the injection site were more common with the ID route (22% vs 14%), but there was less local pain. Around a third of people who received ID vaccination in the

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study had a bump and/or discoloration at the injection site for some months. Because of concern that ID administration could result in keloid scars, the [CDC recommends](#) that people who have a history of keloid scars be given JYNNEOS subcutaneously. [People with darker skin, especially Black/African American, Hispanic/Latinx and Asian persons, are more likely to develop keloid scars.](#)

Available data show that the two vaccine administration routes result in a similar immune response, but more information is needed on how long the protection lasts for both ID and SC. Vaccine administration is interchangeable for the vaccine series (one dose can be one route, and the other dose another route). [According to the CDC](#), the risk for serious adverse events after either ID or SC administration is low.

Licensure of JYNNEOS was supported by animal studies as well as clinical studies demonstrating a [comparable immune response to ACAM2000](#). One [peer-reviewed study](#) of 524 randomized subjects found that immunogenicity was non-inferior following ID versus SC, and a [recent CDC](#) study did not identify differences in immune response between the two routes during the current outbreak. JYNNEOS has [been studied](#) among people with HIV infection and found to be safe and immunogenic. [Studies](#) of ID administration of influenza vaccines among people with HIV infection suggest similar immunogenicity compared with other routes of administration. No data are currently available on ID administration of JYNNEOS for people with severe immunosuppression.

Increasing the proportion of persons who complete the JYNNEOS vaccine series

Providers should encourage completion of the JYNNEOS vaccine series, even if the first dose was received over 4 weeks ago. Currently, only 55% of vaccinated Alameda County residents have gotten both doses of the vaccine. While a single dose provides [some protection](#) against mpox infection, a [recent CDC study](#) showed that the **risk of mpox infection is lower after receiving two doses than after only a single dose**. All persons should be strongly encouraged to complete their vaccine series to have the best protection against mpox infection.

Healthcare providers can consider reminders during phone, video or in-person visits; using phone, text, email or postcard reminders; creating EHR alerts when first doses are administered; and other methods of patient outreach and education.

Additional Resources

[California Prevention Training Center](#)

- Sexual Orientation and Gender Diversity
- STD Expert Hour Webinar - Sexual History Taking
- Moving from Bias to Engagement Using Cultural Humility
- Sexual Orientation and Gender Diversity

[CDPH-Considerations for Mpox Vaccination in California](#)



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[CDC JYNNEOS Vaccine](#)

[Situational Update for Clinicians about Severe Mpox Virus Infections, Clinician Outreach and Communication Activity \(COCA\) Oct. 6, 2022](#)

[CDC MMWR on HIV and STI Co-Infections among Mpox Cases](#)

[ACPHD Mpox Website—For Health Care Providers](#)

[CDPH Mpox website](#)

[CDC STD Treatment Guidelines](#)

[CDC STD Screening Recommendations for Men who have Sex with Men \(MSM\)](#)