



Health Advisory: Monkeypox (MPX) Guidance for Healthcare Providers

September 8, 2022

Purpose: To update healthcare providers regarding JYNNEOS eligibility criteria, second doses, and minor consent.

Background

Monkeypox (MPX) virus transmission continues in the Bay Area. As of September 7, 2022, there have been [198 reported MPX cases among Alameda County residents](#) and more than 4,140 cases in California. Although anyone can get MPX, most local cases reported to date are among gay and bisexual men and other men who have sex with men. There have been only 14 confirmed MPX cases in the pediatric population (< 18 years of age) in California as of 9/6/22. Additional background information regarding MPX can be found in the resources listed at the bottom of this advisory. Our previous MPX advisory, dated September 2nd, can be found on the [Health Alerts page](#).

Eliminate Stigma and Discrimination

The Alameda County Public Health Department (ACPHD) has a zero-tolerance stance to stigma and discrimination. We have received complaints of poor treatment on the part of residents attempting to access healthcare regarding suspected MPX exposure. Since persons who have been diagnosed with MPX are often subject to stigma and discrimination based on socioeconomic status, race, sexual orientation, and gender identity, 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.

Expanded Eligibility Criteria for JYNNEOS

Individuals who meet at least one of the following criteria are currently eligible for the MPX vaccine in Alameda County (**change in red**):

- **ALL gay and bisexual men, transgender people, and men who have sex with men or transgender people**
- Sex workers of any sexual orientation or gender identity
- Persons who have had close contact with someone with suspected/confirmed MPX within the past 14 days
- Persons who had close contact with others at an event or social gathering where a suspected/confirmed MPX case was identified within the past 14 days



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- Laboratory workers who routinely perform MPX virus testing
- Clinicians who have had a high-risk occupational exposure (e.g., examined MPX lesions or collected MPX specimens without using recommended personal protective equipment)

Second Doses of JYNNEOS

[Second doses of JYNNEOS vaccine should be administered](#) to anyone who received a first dose at least 28 days prior. Although a 28-day interval is optimal, [there is no need to restart or add doses to the vaccine series if the second dose is given after 28 days.](#)

- Persons with moderate to severe immunosuppression should receive their second dose no later than 35 days after their first dose.
- Persons 18 and older who received their first dose subcutaneously [may receive a second dose](#) intradermally.
- Persons diagnosed with MPX after their first dose are [not recommended](#) to receive the second dose (unless they are immunocompromised), because MPX infection likely confers additional immune protection.

Minor Consent for JYNNEOS

On August 9, 2022, the U.S. Food and Drug Administration (FDA) authorized [subcutaneous administration of JYNNEOS for children and youth under 18 years of age](#) under an [Emergency Use Authorization](#). To further eliminate barriers to vaccination for eligible individuals, vaccination sites run by Alameda County staff and contractors **will allow all minors 12 to 17 years of age to receive the JYNNEOS vaccine without parent/guardian consent. ACPHD urges all healthcare facilities to also consider implementing a minor consent process for JYNNEOS.** While ACPHD develops additional guidance for facilities/providers, a sample Minor Consent Workflow can be found in [this document from CCSF](#) (see page 5).

MPX is a communicable disease spread by close or intimate skin-to-skin contact, including sexual contact. The California Family Code allows minors to consent to medical care under the following circumstances:

- a) Minors aged 12-17 years who may have **come into contact with an infectious, contagious, or communicable disease** that is reportable to the Health Officer, which includes outbreaks such as the current MPX outbreak, and are seeking medical care related to the diagnosis or treatment of that disease. (*California Family Code § 6926(a)*).
- b) Minors ages 12–17 years who are seeking medical care related to the **prevention of a sexually transmitted disease.** (*California Family Code § 6926(b)*).
- c) **Self-sufficient minors** can consent to medical care without the parent or guardian’s consent. A self-sufficient minor is defined as: age at least 15 years; and living separate and apart from



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the minor’s parents or legal guardian (regardless of consent of parents/guardian or duration of separate residence); and managing the minor’s own financial affairs (regardless of source of income). (*California Family Code § 6922*).

d) **Emancipated minors** can consent to medical care without parental consent or knowledge. An emancipated minor is defined as: a minor who is legally married/established domestic partnership; or on active duty in the U.S. armed forces; or has a court-issued Declaration of Emancipation. (*California Family Code §§ 7002, 7050*).

If a minor who can consent wants to have their parent or guardian involved in their care, it is best practice to have both the minor and the parent or guardian provide consent.

Currently, JYNNEOS doses are reported to CDPH and available for view to those with access to CAIR. **Providers should counsel minor patients that other entities (e.g., schools or parents) may have access to the minor’s vaccination record without the minor’s explicit consent.**

- Many schools get automatic access to minors’ vaccination records through CAIR, which could allow parents to get access to these records (like JYNNEOS or HPV vaccine) through a minor’s school.
- **There is an ‘opt-out’ process in CAIR**, where a minor can lock their vaccination records. Providers should be aware that if a minor chooses the ‘opt-out’ process, institutions (e.g., schools) will not be allowed to see ANY of the minor’s vaccination records. **However, the records could still be seen by parents and guardians after the ‘opt-out’ process.**
- To initiate the ‘opt-out’ process, minors can follow the instructions under [CAIR Sharing Policy](#).

Additional Resources

[Guidance for City and County of San Francisco \(CCSF\) Healthcare Providers and Contractors Administering Monkeypox Vaccines to Minor Patients \(8/23/22\)](#) (Please see page 5 for sample Minor Consent Workflow.)

[What is Monkeypox?](#) (for families)

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

[CDPH MPX website](#)

[CDC Clinical Considerations for Monkeypox in Children and Adolescents](#)

[Aug. 30, 2022 CAHAN Updates on Laboratory Testing and Treatment for Monkeypox \(MPX\) Virus Infection in California](#)