

Screening guide: mpox vaccine Jynneos

May be administered by:

- Authorised vaccinators (under the National Immunisation Programme [NIP]), who are required to complete the online education. They will not require a prescription to administer to eligible population when following the guidance in the datasheet.
- Prescribers, and other health professionals administering under prescription. Online education recommended.
- Vaccinators must be familiar with all IMAC mpox resources. Check latest version in use.

Screening questions	Rationale for questions
Name and DOB	Confirm correct consumer. Check details against AIR. If under 18 years of age, the consumer needs to be referred to a prescriber where a prescription and written informed consent is required.
Are you well today?	Postpone vaccine if fever $>38^{\circ}\text{C}$ or acute systemic illness. Do not delay immunisation in those with minor infection and/or low-grade fever.
Do you have a weakened immune system or are you living with HIV?	Individuals with severe immunocompromise who are identified as at risk of mpox are recommended and prioritised to receive both MPV doses subcutaneously, given 4 weeks apart, for protection against potentially fatal disseminated mpox. It is important to reduce the risk of exposure and ensure close contacts are vaccinated if at risk.
Have you had monkeypox (mpox), or do you currently have any symptoms that could be mpox?	Individuals who have either been diagnosed with laboratory-confirmed mpox prior to vaccination or after the first dose are not recommended vaccination or further doses. This is because mpox infection likely confers adequate immune protection or boosts immunity in those recently vaccinated. For those with immunocompromise and diagnosed with mpox after their first dose of MPV, a second dose of MPV can be considered based on clinical judgement.
Previous anaphylaxis to vaccine or medication?	<p>Contraindications:</p> <ul style="list-style-type: none"> • Jynneos should not be given to anyone with an anaphylaxis to a previous dose of Jynneos or any component of the vaccine • Jynneos is contraindicated in subjects with known hypersensitivity to any of the vaccine's excipients or trace residues (chicken or egg protein, gentamicin, ciprofloxacin, or benzonase). The datasheet also says "the risk for a severe allergic reaction should be weighed against the risk for disease due to monkeypox". It is recommended that you seek guidance from o8oo IMMUNE or a prescriber. If vaccinated, written informed consent is required and consumer should be observed for a longer period of at least 30 minutes following vaccination. • Jynneos should not be given to anyone with myocarditis or pericarditis following a previous dose of Jynneos. <p>Precautions:</p> <ul style="list-style-type: none"> • Anyone with previous myocarditis or pericarditis should have a risk-benefit discussion. • Postpone vaccination in individuals who are acutely unwell with a fever over 38°C. Do not delay immunisation in those with a minor infection and/or low-grade fever.

Are you pregnant or breastfeeding?	There is limited safety data currently available on use in pregnancy or when lactating. Administration in pregnancy should only be considered when the potential benefits to the mother outweigh the potential risks to the mother and fetus. Written informed consent will be required, following discussion with vaccinator and contact with 0800 IMMUNE.
Have you ever had a diagnosis of myocarditis or pericarditis?	Pericarditis or myocarditis after the first dose of Jynneos is a contraindication to a further dose. Anyone with previous myocarditis or pericarditis should have a risk- benefit discussion.
Is this your first smallpox/ Jynneos vaccination?	For individuals previously vaccinated against smallpox a full two-dose course is still recommended, particularly for individuals with immunocompromise. Check spacing if presenting for their second Jynneos dose, this should be a minimum of 4 weeks. Check previous route of administration, ensure they know it will be SC this time.
Atopic dermatitis?	Clinical trials found higher rates of injection site erythema and swelling, and slightly higher rates of systemic reactions were observed. Around 7% experienced a flare-up or worsening of their skin condition during the clinical trials, this may have been in line with the underlying relapsing-remitting nature of the disease rather than in response to vaccination. Reactogenicity with other skin disorders has not been investigated.
Have you had a COVID-19 vaccine in the past 4 weeks?	If the timing of mpox or COVID-19 vaccination is not urgent, consider allowing 4 weeks between Jynneos and Comirnaty. This is particularly relevant for young males and those who have a history of cardiac inflammation.
Do you have any questions? Are you aware of the need to stay at least 20 minutes after your vaccination? Are you okay for me to give you your vaccination?	Ensure vaccinator has answered all questions and that the consumer is still happy to go ahead with having the vaccine. Record vaccine administration in AIR. Remind consumer re possible effects from vaccine and provide post-vaccine advice.

Vaccine schedule

Pre-exposure

- For those aged 18 years and over, including at-risk adolescents*, two doses of Jynneos 0.5mL are administered subcutaneously for all eligible population, separated by a minimum of 4 weeks.

Post-exposure

- To maximise chance of preventing infection, Jynneos should preferably be administered within 4 days from date of exposure to mpox.
- Asymptomatic individuals may still be offered vaccination up to 14 days after exposure to mpox with the aim of reducing severity of symptoms.

*** Those aged under 18 years old will require a prescription and written informed consent.**

Co-administration with other vaccines

Due to lack of data, the datasheet currently says to avoid co-administration with other vaccines.

Based on first principles, there is minimal risk of interference between Jynneos and other vaccines. However, if the timing of mpox or COVID-19 vaccination is not urgent, consider allowing a gap of 4 weeks between Jynneos and Comirnaty. This is particularly relevant for young males and those who have a history of cardiac inflammation.

Since this cohort are likely to benefit from administration of additional vaccines such as HPV and MMR, it is recommended that vaccine histories are checked and where possible co-administration of these vaccines is offered, supported by a **standing order or prescription and documented informed consent**. If this is not possible, offer to rebook or add to recall lists.

Potential screening outcomes

- **There are no contraindications to vaccination:** Follow your usual informed consent process.
- **Vaccination is deferred:** Advise the consumer of the outcome and why the vaccination has been deferred. Let them know when to come back for vaccination and make an appointment if possible.
- **Vaccination is contraindicated:** Advise the patient of the outcome and why they cannot receive the vaccine.

Vaccine responses	
Expected reactions	<ul style="list-style-type: none">• Local site reactions: injection site pain, redness, swelling (a red swollen lump under the skin may occur), induration, and itching• Systemic reactions: muscle pain, headache, fatigue, nausea, and chills• Similar rates for dose one as dose two (if given), apart from injection site pain which is more significant after dose one
Rare responses	<ul style="list-style-type: none">• Fainting can happen shortly after any vaccination and is more common in young people. It is not usually serious• Fever• As with any medicine, very rarely a severe allergic reaction (anaphylaxis) can occur following immunisation• Immunisation-stress related responses, including palpitation and tachycardia, have been reported

Post-vaccine advice for consumer

- Provide the written information leaflet “*HP8585 After your mpox vaccine*” to consumer or give opportunity to photograph it (note: must be June 2025 version)
- Counsel on side effect management and when to seek medical attention - point this out to them on their written information leaflet.
- Ensure the consumer knows to seek medical advice if they suffer any symptoms including those **suggestive of myocarditis or pericarditis (such as palpitations, chest pain or shortness of breath) or neurological symptoms, including blurred vision.**
- Advise consumer to report any adverse event to CARM.
- Best protection from mpox vaccine is likely to be from 10 days to two weeks after second dose. Take extra precautions in high-risk situations.
- Consumers should be aware that they could still contract and transmit mpox after vaccination. This is likely to be a mild illness with few lesions and minimal prodromal symptoms. They should consider avoiding or reducing intimate contact with people who have or may have mpox and seek medical care if they develop symptoms that could be mpox.

Call 0800 IMMUNE (0800 466 863) for clinical advice