

Monkeypox Vaccine JYNNEOS™		
Vaccine shipments	 Vaccine will be distributed on an allocation system based on the doses allocated to North Dakota. Full packages will contain 20 ID five-dose vials or 20 SC single-dose vials. Packages may be broken down by the Strategic National Stockpile or NDDoH warehouse in order to accommodate smaller allocations. All doses not in the original packaging will need to be stored in amber bags to protect the vaccine from light. Vaccine may be shipped either frozen at -20°C or refrigerated at 2-8°C. 	
Vaccine presentation	 ID: five-dose 0.5mL vial (0.1mL per dose) SC: single dose 0.5 mL vial Package NDC 50632-0001-02 	
Vaccine storage	 JYNNEOS™ is shipped to the NDDoH at -20°C and requires cold chain management. When stored at -20°C ± 5°, labeled expiration date applies. Allow the vaccine to thaw and reach room temperature before administration. Expiration dates are found on the carton, but not on the vial itself. Expiration dates may also be found at: Monkeypox (hhs.gov) When thawed and refrigerated at 2-8°C temperature, unopened vials can be used for up to 8 weeks based on information provided directly by the manufacturer (this differs from the package insert). Punctured vials should be stored at 2-8°C. Once a vial is punctured it must be discarded within 8 hours of the first puncture. DO NOT REFREEZE VACCINE VIALS DO NOT STORE IN DORM-STYLE REFRIGERATORS 	

Vaccine	Vaccine thawing prior to administration:
thawing	When taken from -20°C the vaccine will thaw in less than 10 minutes.
	Vaccine should be stored in the original packaging and protected from light.
	 Vaccine should be left in the freezer and only the vials intended for use should be removed at that time.
	The vaccine package should not be taken in and out of the freezer to remove vials.
Vaccine	• When thawed, JYNNEOS™ is a milky, light yellow to pale white colored suspension. The vials should be
preparation	inspected visually for particulate matter and discoloration prior to administration, whenever solution and
and	container permit. If either of these conditions exists, the vaccine should not be administered.
administration	Swirl the vial gently before use for at least 30 seconds. Withdraw a dose into a sterile
	syringe for injection.
	 Administer JYNNEOS™ to adults by ID injection, preferably into the volar aspect of the forearm.
	Administer JYNNEOS™ to children younger than 18 by subcutaneous injection, preferably into the upper arm
	(tricep).
	If the amount of vaccine remaining in the vial cannot provide a full dose, discard the vial and contents.
	Do not pool excess vaccine from multiple vials.
	Once a vial is punctured, doses must be used within 8 hours.
Vaccine	All doses should be documented in the NDIIS within 24 hours of administration. Doses should be entered using
Documentation	public as the funding source and other state eligible for the VFC status.
	Vaccine Name: smallpox/monkeypox
	Brand: Jynneos™
	MVX: BN
	• CVX: 206
	• Unit of Sale NDC (11-digit): 50632-0001-02
	• Unit of Sale NDC (10-digit): 50632-001-02
	• Unit of Use NDC (11-digit): 50632-0001-01
	Unit of Use NDC (10-digit): 50632-001-01
CPT code	New Current Procedural Terminology (CPT) codes have been created that streamline the reporting of
	orthopoxvirus and monkeypox testing and immunizations currently available on the United States market. <u>View</u>
	this AMA webpage which outlines the codes and offers further guidance to providers.
	90611: Smallpox and monkeypox vaccine, attenuated vaccinia virus, live, non-replicating, preservative free,
	0.5 mL dosage, suspension, for subcutaneous use

Special considerations

JYNNEOS™ may be administered at the same time as other vaccines.. It is highly recommended that hepatitis A and meningococcal conjugate vaccines be offered at the same time, if not previously vaccinated. However, there are additional considerations if administering a COVID-19 vaccine. (Interim Clinical Considerations for Use of COVID-19 Vaccines)

- If an orthopoxvirus vaccine is offered for prophylaxis in the setting of an orthopoxvirus (e.g., monkeypox) outbreak, orthopoxvirus vaccination should not be delayed because of recent receipt of a Moderna, Novavax, or Pfizer-BioNTech COVID-19 vaccine; no minimum interval between COVID-19 vaccination with these vaccines and orthopoxvirus vaccination is necessary.
- People, particularly adolescent or young adult males, might consider waiting 4 weeks after orthopoxvirus vaccination (either JYNNEOS or ACAM2000) before receiving a Moderna, Novavax, or Pfizer-BioNTech COVID-19 vaccine, because of the observed risk for myocarditis and/or pericarditis after receipt of ACAM2000 orthopoxvirus vaccine and mRNA (i.e., Moderna and Pfizer-BioNTech) and Novavax COVID-19 vaccines and the unknown risk for myocarditis and/or pericarditis after JYNNEOS.

The immune response takes two weeks after the second dose for maximal development.

People with a severe allergy to any component of the vaccine (gentamicin, ciprofloxacin, egg protein) should not receive this vaccine.

People with a history of developing keloid scars should receive SC vaccination, not ID.

Consider offering or referring for other services the patient may need, including STD testing and HIV PrEP.