

Virginia Department of Health JYNNEOS Vaccine Administration Training Checklist

Name: _____ Date: _____ Instructor: _____

Satisfactory demonstration of all training elements: Yes No (see below)

Recommended for remediation: Yes. Remediation to include sections: _____

Records Retention: LOV:002351 (volunteers/MRC) 5 years after training, LOV 100500 (employees) 5 years after training.

JYNNEOS is a live, **non-replicating** vaccine that is indicated for prevention of smallpox and mpox disease in adults 18 years of age and older* determined to be at high risk for smallpox or mpox infection. Under an [emergency use authorization \(EUA\)](#), JYNNEOS may be given intradermally on the volar surface of the arm (between the palm side of the wrist and elbow) or subcutaneously into the fatty tissue, typically over the triceps to individuals aged 12 months and older or in the anterolateral thigh for people younger than age 12 months. JYNNEOS is a two-dose series with 4 weeks between doses. JYNNEOS package insert is located [here](#).

The HHS mpox Vaccine Program Provider Agreement makes clear that while a subcutaneous route of administration utilizing 0.5 mL per injection is still permitted (per original FDA approval), it should only be utilized for those who have a contraindication to ID injection (e.g., those with a history of keloid formation or those unable to tolerate ID injections) OR if the client would otherwise not receive the vaccine. This aims to reduce potential stigma and will allow patients to receive the vaccine based on their preference.

*The FDA has authorized the emergency use of JYNNEOS to prevent mpox disease in individuals under 18 years of age determined to be at high risk for mpox infection. In these individuals, JYNNEOS is authorized to be given beneath the skin (subcutaneously).

Vaccination Preparation		
Check Off	Step-by-Step Procedure	Method
	1. Vaccinator Preparation	<ul style="list-style-type: none"> • Review the screening clearance form to assure that the vaccinee has screened himself or herself and has signed a consent form. • DO NOT proceed if the vaccinee has any contraindications to vaccination. • Prepare a vaccination area that includes a clean surface that may be cleaned with a disinfectant between patients. • Supplies should include sterile, individually wrapped alcohol prep pads containing 70% isopropyl alcohol, sterile individual tuberculin syringes with a 27G ½ inch needle (per the CDC, 26 gauge or 27 gauge, 3/8", 1/4 to 1/2" needle with a short bevel is acceptable), gloves, cotton balls or gauze 2X2, sharps containers, and hand sanitizer. • Wear gloves. Although General Best Practice Guidelines for Immunization: Best Practices Guidance of the Advisory Committee on Immunization Practices (ACIP) states that, "Occupational Safety and Health Administration (OSHA) regulations do not require gloves to be worn when administering vaccinations, unless persons administering vaccinations have open lesions on their hands or are likely to come into contact with a patient's body fluids", the CDC recommends gloves for JYNNEOS administration. Unlike ACAM2000, which is a replication-competent poxvirus strain, JYNNEOS is a non- replication-component poxvirus strain. Gloves should be removed, hand hygiene performed, and new gloves donned for each successive vaccination patient. • Vaccination is occurring in an environment where SARS-CoV-2 continues to circulate. Current recommendations for healthcare settings, which includes provider and client masking, are available in the health professionals section of the VDH website.
	2. Vaccine Preparation	<ul style="list-style-type: none"> • Prepare the vaccine by: <ul style="list-style-type: none"> ○ Consulting the package insert, or ○ Consulting the protocol provided. • JYNNEOS comes as a suspension 0.5mL vial The central pharmacy is currently shipping JYNNEOS at refrigerator temperature. The current CDC recommendations for JYNNEOS storage and handling are available on the CDC website.

Intradermal Vaccination Administration		
Check Off	Step-by-Step Procedure	Method
	1. Vaccine Preparation	<ul style="list-style-type: none"> Refer to the JYNNEOS package insert Allow the vaccine to thaw and reach room temperature before use When thawed, JYNNEOS is a milky, light yellow to pale white colored suspension. Parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration, whenever solution and container permit. If either of these conditions exists, the vaccine should not be administered. Swirl the vial gently before use for at least 30 seconds.
	2. Skin Preparation	<ul style="list-style-type: none"> Clean the site over the volar surface of the arm (between the palmer side of the wrist and elbow) with an alcohol prep pad. Alternate sites include the upper back below the scapula. Use a circular motion beginning in the center and moving towards the outside of the anticipated injection site. Avoid areas where veins are prominent. DO NOT inject into a vein.
	3. Vaccine Administration	<p>Intradermal Vaccination (preferred- see instructions below for subcutaneous injection)</p> <ul style="list-style-type: none"> Withdraw a dose of 0.1 mL into a sterile syringe for injection. Low dead volume syringes and/or needles can be used to extract 5 doses (0.1 mL each) for intradermal injection from a single vial. If standard syringes and needles are used, there may not be sufficient volume extract 5 doses from a single vial. Typically, a 27 G ½ inch needle is used. Irrespective of the type of syringe and needle: <ul style="list-style-type: none"> Each dose must contain 0.1 mL of vaccine. If the amount of vaccine remaining in the vial cannot provide a full dose of 0.1 mL, discard the vial and its contents. Do not pool excess vaccine from multiple vials. Once the vial is punctured and a dose is withdrawn, if it is not used in its entirety, it should be stored at +2°C to +8°C (+36°F to +46°F) and discarded within 8 hours of the first puncture. After thawing, the total time stored at +2°C to +8°C (+36°F to +46°F) should not exceed 12 hours. Deliver the dose intradermally. A raised wheal should appear, if this dose has been administered correctly, similar to the wheal that is visualized with an appropriately administered TB skin test CDC provides the following guidance related to failed intradermal vaccine administration: <ul style="list-style-type: none"> ID administration, no wheal, and no leakage = valid dose ID administration, no wheal and visible leakage = repeat ID dose at least 2 inches away from original dose Two ID administrations with visible leakage = 3rd dose administered subq 0.5mL Please refer to the CDC's Interim recommendations for JYNNEOS™ vaccine administration errors and deviations for additional information. Although the CDC standing order permits the use of an elastic bandage over the site, avoid the use of an elastic bandage and encourage the client to dab gently at the site with a cotton ball if a small amount of bleeding occurs. If an elastic bandage is applied, avoid the use of small "spot" bandages (which may depress the wheel) and loosely apply a standard size elastic bandage.

(Note: intradermal vaccination route is preferred except in those known to form keloids, individuals who would otherwise refuse vaccination, or vaccination of those under 18 years of age.)

Subcutaneous Vaccination Administration		
Check Off	Step-by-Step Procedure	Method
	1. Vaccine Preparation	<ul style="list-style-type: none"> Refer to the JYNNEOS package insert Allow the vaccine to thaw and reach room temperature before use When thawed, JYNNEOS is a milky, light yellow to pale white colored suspension. Parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration, whenever solution and container permit. If either of these conditions exists, the vaccine should not be administered. Swirl the vial gently before use for at least 30 seconds.

	2. Skin Preparation	<ul style="list-style-type: none"> • Clean the site over the triceps (for people aged 12 months and older) or anterolateral thigh (for people younger than age 12 months) with an alcohol prep pad. Use a circular motion beginning in the center and moving towards the outside of the anticipated injection site. Avoid areas where veins are prominent. DO NOT inject into a vein.
	3. Vaccine Administration	<ul style="list-style-type: none"> • Withdraw a dose of 0.5 mL into a sterile syringe for injection. • Pinch up fatty tissue over the triceps and insert the needle at a 45-degree angle. The preferred location for administration is: <ul style="list-style-type: none"> ○ The anterolateral thigh for infants less than 1 year of age, or ○ The triceps area in the upper arm for individuals aged 1 year or older. ○ Administer JYNNEOS by SC injection. • Be sure to indicate the administration site of the injection as LA (left deltoid) or RA (right deltoid) • Although the CDC standing order permits the use of an elastic bandage over the site, avoid the use of an elastic bandage and encourage the client to dab gently at the site with a cotton ball if a small amount of bleeding occurs. If an elastic bandage is applied, avoid the use of small "spot" bandages (which may depress the wheel) and loosely apply a standard size elastic bandage.

Post-Vaccination		
Check Off	Step-by-Step Procedure	Method
	1. Steps after vaccine administration	<ul style="list-style-type: none"> • Discard the syringe/needle and empty vial in a standard biohazard sharps container • Discard the alcohol swab into a regular trash can. • Discard the gloves used on the patient into a biohazard bag. • Document vaccination per standard procedure
	2. 2nd dose and reporting	<ul style="list-style-type: none"> • Provide the second dose of the series in 28 days, following a successful administration; screen for contraindications and precautions. Use clinical judgment to decide what route of administration should be for the second dose. CDC Interim Guidance provides information regarding interchangeability of dosing regimens. • When necessary, a person aged 18 years or older who received one JYNNEOS vaccine dose with the standard subcutaneous regimen may receive a second dose with the alternative intradermal regimen at the recommended interval (i.e., 28 days) to complete the vaccination series. • Additionally, vaccinators should screen for contraindications and precautions at each clinical visit. The ID route is preferred, unless the patient has a contraindication or precaution or an attempt at ID administration has failed during the same clinical encounter. • Record the dose administered. All doses should be reported to VIIS • If utilizing WebVision or VASE+ the data will automatically be pulled over to VIIS. When entering doses administered into WebVision, only the valid dose should be entered; the other dose should be considered invalid, and the inventory should be adjusted. • If intradermal injection was attempted but failed, record in the notes section of the WebVision immunization section that that intradermal administration was attempted on (right) or (left) arm with JYNNEOS, (lot number and expiration date); therefore, a dose of JYNNEOS was administered subcutaneously to ensure delivery of a valid dose. The same notation must be made in VASE+ or other electronic vaccination record system.
	3. Vaccinator Preparation (prior to next vaccinee)	<ul style="list-style-type: none"> • Disinfect hands (wash hands with soap and water or use alcohol-based hand sanitizer if soap and water not available) • Clean the surface of the vaccination area if visible contamination has occurred. • Don clean gloves.