

Mpox Vaccine: Public Health Strategies

Rebecca Dillingham MD/MPH January 31, 2024





Mpox Vaccine - Overview



Available Vaccines

- Two <u>vaccines</u> for preventing smallpox and mpox
- JYNNEOS™
 - Replication deficient attenuated live vaccinia virus vaccine
 - FDA approved for smallpox, mpox in people aged ≥18 years
 - FDA <u>EUA</u> for people aged <18 years

Vaccine used in current outbreak

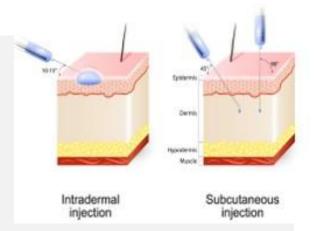
ACIP recommended routine 2-dose JYNNEOS for people aged ≥18 years who are at risk of mpox in October 2023

- ACAM2000®
 - Replication competent live *vaccinia* virus vaccine
 Licensed in 2007 for people at high risk for smallpox
 Not currently being used in outbreak



JYNNEOSTM

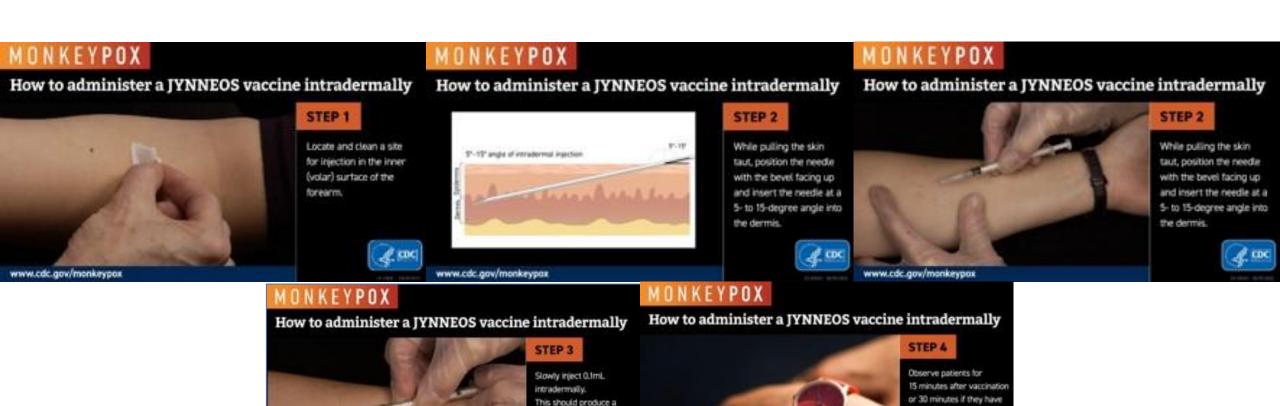
- Intradermal (ID) or subcutaneous (SQ) injection
- 2-dose series, separated by 28 days
- Considered vaccinated <u>14 days</u> after second dose
- If 2nd dose not given during recommended interval, give as soon as possible
 Don't restart series even if 1st dose was given months or even a year ago
- No visible "take"
- Healthcare workers do not need to be vaccinated before administering
- Safe for most immunocompromised persons
- Can give at same time as other vaccines
 - Adolescents, young adult men might consider waiting 4 weeks between mpox and COVID-19 vaccines



JYNNEOSTM



Intradermal JYNNEOS Administration



www.cdc.gov/monkeypas

noticeable pale elevation

of the skin (wheat).

www.cdc.gov/monkeypax

a history of anaphylaxis to

entamicin, ciprofloxacin,

chicken or egg protein.

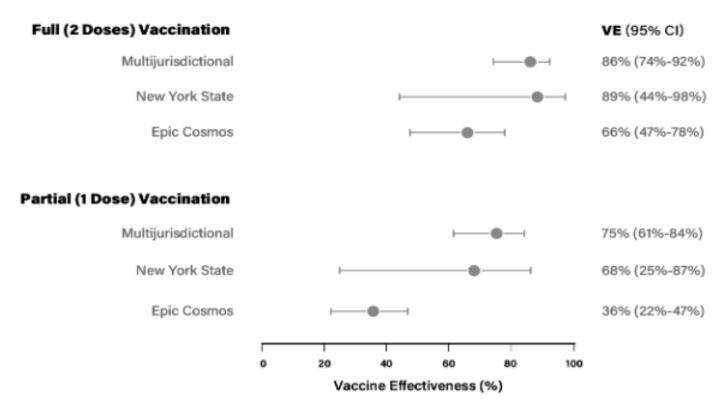
Vaccine Administration

- People with suspected or confirmed mpox should be seen by a clinician for testing and treatment (if indicated), not vaccinated
- Vaccination given <u>after</u> the onset of signs or symptoms of mpox is not expected to provide benefit
- SQ and ID dosing regimens <u>are</u> interchangeable
- People of any age with a history of developing keloid scars and individuals <18 years of age should receive vaccine via the SQ route
- Patients with concerns about ID administration due to potential stigma or other personal reasons should be offered SQ doses
- CDC recommends clinicians have both SQ and ID vaccine administration options available on site
- Clinicians should discuss which route of administration each patient prefers (for patients ≥18 years)



JYNNEOS Vaccine Effectiveness

Adjusted vaccine effectiveness (VE) of JYNNEOS vaccine against mpox by study and number of doses



CDC Vaccine Effectiveness and ACIP Meeting October 25, 2023

Vaccine Effectiveness

- Infections after vaccination can occur, but are milder and less likely to result in hospitalization
- Key questions remain
 Effectiveness in people with immunocompromising conditions
 Duration of protection or if protection decreases over time
- People who are vaccinated are encouraged to continue to protect themselves
 - Avoid close, skin-to-skin contact with people who have a rash that looks like mpox
 - Avoid contact with objects that a person with mpox has used
 - Wash hands often

Post-Exposure Prophylaxis (PEP)

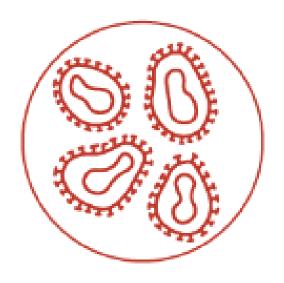
PEP for <u>both</u> people with a *known* or *presumed* Mpox exposure.

Timing: ASAP after exposure

Ideally within 4 days

Administration 4-14 days may still provide some protection and should be offered

MPOX PREVENTION



Vaccine Eligibility in Virginia

VDH and CDC recommend vaccinating against mpox if:

You had known or suspected exposure to someone with mpox

PEP

You had a sex partner in the past 2 weeks that was diagnosed with mpox

You are a gay, bisexual, or other man who has sex with men or a transgender, nonbinary, or gender-diverse person who in the past <u>6 months</u> has had:

- A new diagnosis of 1 or more sexually transmitted diseases (e.g. chlamydia, gonorrhea, or syphilis) OR
- More than 1 sex partner

You have had any of the following in the past 6 months:

- Sex at a commercial sex venue (like a sex club or bath house)
- Sex related to a large commercial event or in a geographic area (like a city or county, for example) where mpox transmission is occurring

You have a sex partner with any of the above risks

You anticipate experiencing any of the above scenarios

Vaccine Eligibility (Continued)

You work in settings where you may be exposed to mpox:

You work with orthopoxviruses in a laboratory

You are part of an orthopoxvirus and health care worker response team

Individuals may attest to meeting one or more eligibility criteria for vaccination, but should not be required to attest to a specific criterion nor should they be asked details about their eligibility

Refer to <u>VDH Healthcare clinicians Vaccine Guidance webpage</u> for latest guidance

Vaccination by Non-LHD clinicians

 As of October 2022, non-LHD, trusted clinicians can order and administer JYNNEOS

Trusted partners were compiled with LHD input

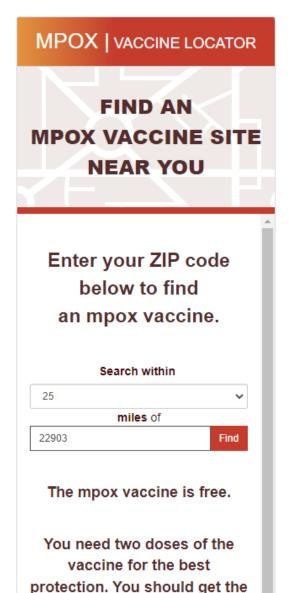
Instructions for ordering and administering vaccine available on the <u>VDH</u>
<u>Healthcare clinicians Vaccine Guidance webpage</u>

VDH Healthcare clinician Vaccine Guidance

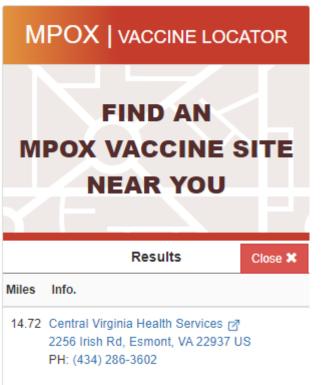
CDC Mpox Vaccine Locator

CDC has developed an mpox vaccine locator tool to help people find a location closest to them

CDC Mpox Vaccine
Recommendations webpage



second dose four weeks after the first dose.



VDH Vaccine Administered Dashboard

Dashboard Updated: 1/30/2024

Launched August 2022

 13,139 first doses and 9,856 second doses given to date First Dose 13,139

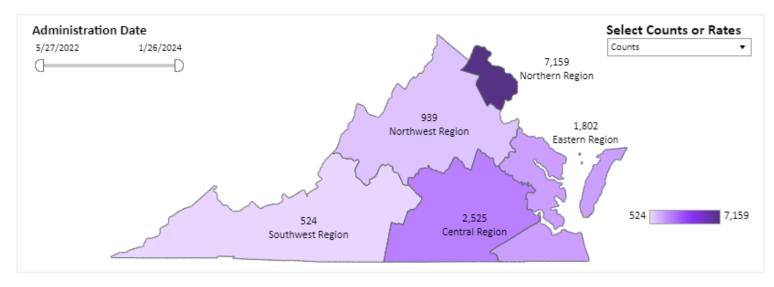
Second Dose 9,856

The CDC recommended interval is for the second dose of JYNNEOS vaccine to be given 28 days after the first dose.

Visit the website for more information: https://www.cdc.gov/poxvirus/monkeypox/interim-considerations/jynneos-vaccine.html

People Vaccinated By Health Region

As initial JYNNEOS vaccine supply has been limited, it has been allocated throughout Virginia by case counts and close contacts; different areas of the state have had varying levels of Monkeypox activity which has a large effect on vaccine counts regionally and demographically.



Source:

VDH Vaccine Administration Data

LGBT Identification in U.S. Ticks Up to 7.1%

BY JEFFREY M. JONES



Health Equity

Mpox outbreak has disproportionately affected gay, bisexual and other men who have sex with men, also people of color, people with HIV, transgender and gender-diverse adults

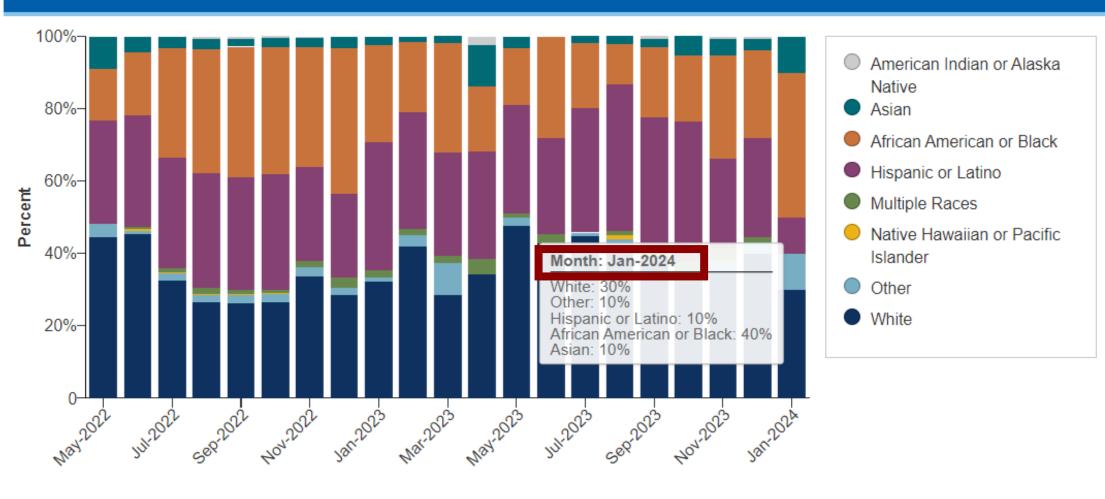
- Critical to ensure equity in treatment and vaccination
- Recent publications and data report racial and ethnic disparities in vaccination rates, especially among <u>Black and Latino men</u>

CDC MMWR published in April 2023

JYNNEOS vaccination rates higher in Black and Hispanic males than White males, but not high enough to offset the disproportionate incidence of mpox

Sustained equity-based strategies, such as tailored messaging and expanding vaccination services to reach racial and ethnic minority groups, are needed to prevent disparities in future mpox outbreaks





Month

Sexual History Taking

In general, please avoid:

QUESTIONS	DOWNSIDES	
Are you sexually active?	No timeframe, vague	
Do you have a girlfriend, husband, etc?	Assumes heterosexuality	
Do you have sex with men, women, or both?	What about trans and/or non-binary people?	
Do you use protection?	Protection is more than condoms – PrEP, OCPs, etc.	
You haven't had other partners, right?	Conveys a judgement and leads to a "correct" answer	
Have you had insertive/receptive anal intercourse?	Patients may not understand these terms	

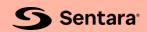
Source:

https://fenwayhealth.org/wp-content/uploads/6.-Taking-an-Affirming-Sexual-History.pdf

CLINICAL INTERVIEW: THE 8 "P"S

https://fenwayhealth.org/w p-content/uploads/6.-Taking-an-Affirming-Sexual-History.pdf

	"P"	Example Questions
1	Preferences	 Do you have preferred language that you use to refer to your body (i.e., genitals)? Are you currently sexually active? What kinds of sex do you engage in?
2	Partners *	 Are you sexually active with one partner or more than one? Are you dating anyone or sexually active? Do you have any outside partners? How would your partners identify themselves in terms of gender?
3	Practices	 Do you use toys inside your [insert preferred language for genitals] or anus, or do you use them on your partners? Do you have any other types of sex that hasn't been asked about?
4	Protection from STIs	 Are there some kinds of sex where you do not use barriers? Why?
5	Past history of STIs	If yes Do you remember the site?



Representation and Outreach:

https://www.youtube.com /watch?v=g4RkrH8ux3A &list=PLrUEfESHf4hgiLs 34jUZwK1hUoHTXcd1v& index=3



Questions?

Thank you for your attention.

