The **Centers for Disease Control and Prevention (CDC)** recommends post-exposure prophylaxis for high- or intermediate-risk contacts of mpox cases.

JYNNEOS (also known as Imvamune or Imvanex) is licensed by the U.S. Food and Drug Administration for preventing mpox infection. The sooner an exposed person gets the vaccine, the better. CDC recommends that the vaccine be given within 4 days from the date of exposure to prevent onset of the disease. If given 4–14 days after the date of exposure, vaccination may reduce the symptoms of disease but may not prevent the disease.

- **How to order**
  
  There is a limited supply of JYNNEOS, although more is expected in coming weeks and months. **Please submit a PEP request form** to order JYNNEOS for patients who have been exposed to a confirmed mpox case.

- **Storage and handling**
  
  - Keep frozen at -25°C to -15°C (-13°F to +5°F)
  - Once thawed, the vaccine may be refrigerated at +2°C to +8°C (+36°F to +46°F) for 8 weeks.
  - Store in the original package of 20 single-dose vials to protect from light
  - Do not re-freeze a vial once it has been thawed
  - Allow the vaccine to thaw and reach room temperature before administration
  - When thawed, JYNNEOS is a milky, light yellow to pale white colored suspension
  - Do not use the vaccine after the expiration date shown on the vial label, but don’t discard doses, and continue to properly store, as expiry may be extended.

- **Preparation and administration**
  
  - 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. Withdraw a dose of 0.5 mL into a sterile syringe for injection
  - If the patient is <18 years, the Indiana Department of Health (IDOH) will have to coordinate with CDC Regulatory Affairs for administration of JYNNEOS under CDC’s investigational new drug (IND) protocol for administration. IDOH will coordinate with the provider and CDC directly for these requests.

- **Vaccine administration frequency**
  
  - Two doses of JYNNEOS (0.5 mL each)
  - Subcutaneous injection four weeks apart
  - People are considered fully vaccinated about two weeks after their second shot of JYNNEOS
  - People who get vaccinated should continue to take steps to protect themselves from infection by avoiding close, skin-to-skin contact, including intimate contact, with someone who has mpox

- **PPE for administration and infection control**
PPE use by healthcare personnel for vaccine administration:
- Gown
- Gloves
- Eye protection (i.e., goggles or a face shield that covers the front and sides of the face)
- NIOSH-approved particulate respirator equipped with N95 filters or higher

If a patient seeking care is suspected to have mpox, infection prevention and control personnel should be notified immediately.

**Reporting administration via CHIRP, CDC vaccine accountability**
Select the vaccine for smallpox/mpox in the Children and Hoosier Immunization Registry Program (CHIRP)

**Insurance**
- The vaccine is provided at no cost
- Providers may charge an administration fee

**Reporting Adverse Events**
- Adverse events following vaccination can be reported to the Vaccine Adverse Event Reporting System (VAERS).
- Reporting is encouraged for any clinically significant adverse event, even if it is uncertain whether the vaccine caused the event.
- Information on how to submit a report to VAERS is available at [https://vaers.hhs.gov/index.html](https://vaers.hhs.gov/index.html) or by telephone at 1-800-822-7967

**Additional Resources:**
- JYNNEOS vaccine information statement (VIS) should be provided to all vaccine recipients
- JYNNEOS package insert
- General CDC information on smallpox vaccination
- ACIP guidance on use of JYNNEOS vaccine