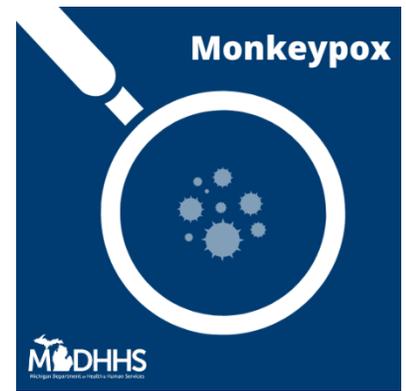


# Michigan monkeypox (MPV) vaccine administration considerations for local health departments (LHDs) and health care providers



## Guiding Principles

- To distribute vaccine rapidly in an equitable way to those at highest risk for MPV, prioritizing those at risk for severe outcomes.
- To value the input of the most affected community.
- To communicate transparently.
- To be flexible and adapt the strategy according to available data and resources.

## General Considerations

- MPV is a virus that is generally spread through close or intimate contact with people who have the infection; symptoms include a rash and fever.
- Many of those affected in the current global outbreaks are men who have sex with men (MSM). However, anyone who has been in close contact with someone who has MPV can get the illness.
  - While transmission can occur from intimate contact, transmission may also occur from non-sexual contact, which includes household contact or sharing of contaminated linens.
- People are considered fully vaccinated approximately two weeks after their second shot of JYNNEOS. However, 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 MPV or symptoms of MPV.
- Many of the current MPV cases in Michigan also have Sexually Transmitted Infections (STI). Ensure screening and testing for all applicable STIs at the time of visit.
- It is essential to notify named and venue- or event-associated contacts as soon as possible to be able to provide vaccination within 14 days.
- CDC recommends the vaccine be given within four days from the date of exposure for the best chance to prevent onset of the disease.
  - If given between four and 14 days after the date of exposure, vaccination may reduce the symptoms of disease but may not prevent the disease.

## Overarching Vaccine Strategy

- On June 28, the National MPV Vaccine Strategy was released by the White House. The strategy aims to expand vaccination for individuals at risk across the country.
  - Vaccine will be provided through a hub and spoke model.
  - Michigan's current vaccine allocation is entirely JYNNEOS vaccine.

- MDHHS recognizes that current vaccine supply is limited, but we strive to ***utilize all doses of vaccine as soon as they become available*** to help mitigate spread.
- MDHHS encourages use of the below principles to rapidly deploy vaccine to those at risk of MPV, prioritizing those at risk of severe disease.
  - We encourage providers and LHDs to use their judgement when interpreting the below guidance, with the understanding that not all decisions will be clear-cut. Use liberal judgment when dispensing vaccine to those at defined high-risk for MPV.

## Specific Vaccine Strategies to Prevent MPV

### 1. Post-Exposure Prophylaxis (PEP)

PEP is important for controlling outbreaks and preventing further transmission.

- Vaccinate following [intermediate or high-risk exposure](#) to MPV to prevent illness. It is important to identify contacts of confirmed or probable MPV cases to offer vaccine for PEP and to monitor for early signs of illness. This includes household, sexual and other close contacts.
  - Use vaccine for outbreak response to those linked to an outbreak or a diagnosed case with exposure within the last 14 days.

Examples of PEP:

- A 22-year-old college student calls the LHD and is a confirmed contact to a case in Georgia while they were home for break; you may provide vaccination.
- The LHD investigates a new case of MPV in your jurisdiction. The case has two partners who met on Grindr. You work with MDHHS to contact the two partners via the app, and both are given the vaccine.
- A person attends a house party in Chicago and is diagnosed with MPV. MDHHS will notify the Chicago Health Department while also providing vaccine to their household members in your jurisdiction who may have close contact.

### 2. Expanded Post-Exposure Prophylaxis (PEP++)

PEP++ aims to reach recently exposed persons or persons at high-risk for vaccination, even if they have not had documented exposure to someone with confirmed MPV. When combined with other mitigation measures, PEP++ may slow the spread of disease in areas with large numbers of MPV cases, which would suggest a higher level of MPV transmission. PEP++ strategies should include collaboration with trusted community providers, as well as creative marketing and outreach strategies to the most at-risk populations.

**We encourage LHDs and Providers to utilize Expanded Post-Exposure Prophylaxis (PEP++) in the following situations:**

- Individuals engaged in any type of sex work.
- Partners of individuals who engage in higher-risk sexual activities.

- Close/household contacts of individuals who have been exposed to MPV or engaged in higher-risk activities.
- Men who have sex with men and have a history of STIs in the last year.
- Individuals who plan to have multiple sex partners.
- Individuals who plan to have close contact at a [high-risk event or high-risk venue](#).
- Individuals taking HIV PreP or those living with HIV.

Consider ring vaccination strategies associated with events or venues (vaccinating contacts of contacts).

Examples of PEP++:

- A 21-year-old person comes to the STI clinic for a checkup after unprotected sex. They report multiple anonymous sex partners in the last year.
- A person who routinely tests in the LHD for HIV tells a counselor about a large group who will be traveling to an event together in Los Angeles and will likely have high-risk behaviors. You work with the individual to refer all group members for vaccination.
- A single MPV case reports spending time at a resort that caters to the MSM population. You work with the resort to contact staff and guests and direct them to call their LHD for PEP if they report high risk behaviors.
- A person with HIV in your infectious diseases clinic who exchanges money or drugs for sex asks about vaccine during a routine medical appointment.
- A person on PrEP whose partner has HIV. The individual receiving PrEP is monogamous, but their partner has other sexual partners.
- A person calls the health department. They have not had an exposure to MPV but just found out their new partner was exposed about three weeks ago.

Updated Information - 8/12/2022

### 3. Pre-Exposure Prophylaxis (PrEP)

Pre-exposure prophylaxis (PrEP) means administering doses of vaccine to individuals before they are likely to have an exposure to MPV, especially in areas with no reported local transmission. The following groups may be considered for PrEP at this time:

- Laboratory workers who perform testing for orthopoxviruses (not collecting or packaging specimens).

- Anyone residing or working in a congregate setting (e.g., dorm, prison block, long term care facility, ward, shelter) at risk for an outbreak, depending on most current epidemiology and vaccine supply.
- Anyone using or working in a facility (e.g., sports team, fitness center, classroom) at risk for an outbreak, depending on most current epidemiology and vaccine supply.
- Individuals requesting vaccine with risk assessment conducted by LHD or clinicians.

Broadly available PrEP will be offered in the future based on available data and resources.

## Vaccine Administration

- On August 9, the U.S. Food and Drug Administration authorized providers to administer the JYNNEOS intradermally for persons at high risk of monkeypox infection who are 18 years of age or older.
  - Data suggests that the [intradermal route of administration produces the same immune response with one-fifth the dose](#), meaning intradermal administration will increase the total number of doses in a vial by five.
  - Please reference to updated interim clinical guidance on intradermal administration of JYNNEOS: <https://www.cdc.gov/poxvirus/monkeypox/interim-considerations/jynneos-vaccine.html>
- MDHHS recommends that providers switch to intradermal administration as soon as possible for use with all eligible patients where indicated.
  - JYNNEOS vials are preservative-free. Once a vial is punctured it must be used within eight hours. Care should be used to ensure all five 0.1mL doses are administered. Note: a punctured vial should be placed in the refrigerator between drawing of doses. Do not pre-draw doses and store in a syringe as there is no manufacturer data allowing for storage in a syringe.
  - It is understood and accepted that wastage may occur.
- MDHHS recommends that any individual who receives JYNNEOS vaccine, complete the vaccine series by receiving a second dose 28 days after the first.
  - The second dose can be intradermal even if the first dose was given subcutaneously.
  - An individual does not need to restart the series if they are more than 28 days from their first dose. They can receive their second dose as soon as possible and be caught up.
- The FDA [Emergency Use Authorization \(EUA\)](#) also allows people under age 18 to receive the vaccine subcutaneously if they are at high risk of monkeypox infection.