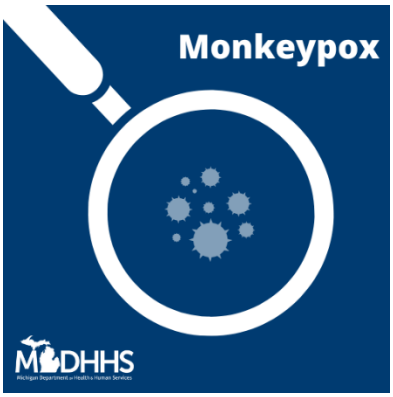

Michigan monkeypox (MPV) vaccine strategy

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 symptoms including a rash and fever.
- While many of those affected in the current global outbreaks are men who have sex with men, anyone who has been in close contact with someone who has MPV can get the illness. 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 (STIs). Ensure screening and testing for all applicable STIs at the time of visit.
- 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.

- The Michigan Department of Health and Human Services (MDHHS) recognizes that vaccine supply is limited, but we strive to ***utilize all doses of vaccine as soon as they become available*** to help mitigate spread.
    - Michigan will be implementing an initial one-dose strategy during phase 2a and 2b.
    - Second doses should be provided as additional vaccine becomes available to do so.

Specific Vaccine Strategies to Prevent MPV

1. Post-Exposure Prophylaxis (PEP) – Starting from Phase 2 pre-deployment

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.

2. Expanded Post-Exposure Prophylaxis (PEP)++ – Starting from Phase 2 pre-deployment

PEP++ aims to reach recently exposed persons for post-exposure prophylaxis, 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.

a. Consider expanded Post Exposure Prophylaxis for people with certain risk factors with high likelihood of exposure to MPV in the last 14 days.

- Vaccinate those at highest risk if vaccine remains available evaluating each case as follows: Gay, bisexual or other men who have sex with men, transgender, gender non-conforming or gender non-binary and 18 and older and have had multiple sex partners in the last 14 days in an area with known monkeypox transmission.

b. Consider vaccination for those at highest risk of exposure and severe disease if vaccine remains available (case-by-case assessment). Consult with the local health department (LHD) and MDHHS if needed.

c. PEP++ may consider ring vaccination strategies associated with events or venues (vaccinating contacts of contacts).

3. Pre-Exposure Prophylaxis (PreP) – Phase 3

Pre-exposure prophylaxis (PrEP) means administering doses of vaccine to individuals before they are likely to have an exposure to MPV.

- Phase 3 will be started in the future based on available data and resources.

If you need vaccine, please contact the local health department. For up-to-date information about case counts, treatment, vaccines and education for patients and providers, visit Michigan.gov/MPV.