



OHA Jynneos Interim Vaccine Guidance

2/21/23

Queer-led community organizing, communications, behavior change, and vaccination events led to dramatic declines in mpox transmission. As a result, mpox is no longer spreading as rapidly and extensively as during the summer months of 2022. Despite this success, OHA continues to receive reports of mpox cases suggesting that mpox has become endemic in Oregon. Endemic means that mpox is now part of the mix of viruses and bacteria, like influenza, COVID-19, and syphilis, that regularly circulate in our environment. In the future, we may see low-level community transmission punctuated by periods of more extensive spread.

The best way to prevent future outbreaks of mpox is vaccination. Preliminary estimates of [vaccine effectiveness](#) indicate that two doses of Jynneos reduces the risk of mpox infection by almost 70%. In contrast, one dose is only 37% effective. Vaccine teams, clinics, and community organizations have administered almost 20,000 doses of Jynneos throughout Oregon. We estimate we've achieved 47% vaccination coverage for people receiving at least one dose and 28% vaccination coverage for people receiving two doses. Thus, we have room for improvement to fully protect Oregon from future spikes in mpox transmission.

To increase vaccine coverage, we recommend the following:

- Jynneos should be given to anyone who wants it.** In line with national recommendations for HIV, STI, and hepatitis screening and [HIV pre-exposure prophylaxis](#), if someone requests Jynneos, clinicians should provide it.
- Vaccine providers may return to providing subcutaneous vaccination.** Oregon's vaccine supply is robust and intradermal dosing and its side effects may be barriers to starting or completing the [vaccine series](#). If a patient prefers subcutaneous administration, they should get it. In addition, second doses can be administered any time after the first without re-starting the series.
- Jynneos should be part of routine healthcare maintenance.** The administration of Jynneos can be likened to the [quadrivalent MenACWY](#) provided to youth before attending college to prevent outbreaks in dormitories; military recruits; gay, bisexual, and other men who have sex with men to prevent periodic community outbreaks; and, people living with HIV who may be more susceptible to and experience more severe outcomes from meningitis. Clinicians should recommend mpox vaccination to patients who:
 - Test for HIV and STI
 - Have a history of STI (gonorrhea, chlamydia, syphilis) in the prior 2 years
 - Are eligible for or taking PrEP
 - Are living with HIV

- e. Are transgender and non-binary (one's gender identity does NOT increase the risk of acquiring mpox, but transphobia, misogyny, racism, and homophobia do. [State](#) and [national](#) data indicate that transgender and non-binary people are over-represented among cases of mpox and may experience delayed diagnosis)
 - f. Trade sex, dance, strip, perform, and/or work in sexualized settings or industries
 - g. Live in structured or unstructured congregate settings (e.g., encampments, shelters, dormitories, carceral settings)
4. **Jynneos should be part of comprehensive sexual health care.** Comprehensive sexual health care includes HIV, STI, and hepatitis testing; HIV pre-exposure prophylaxis; effective HIV treatment; doxycycline for STI prevention; condoms; HPV and hepatitis A and B vaccinations; options for pregnancy prevention; harm reduction services for those who use substances before or during sex; and, evidence-based information on consent, intimacy, relationships, and healthy, pleasurable sex.



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