

JYNNEOS Vaccine for Monkeypox (MPV): Frequently Asked Questions

The JYNNEOS vaccine is recommended for people who are at high risk for monkeypox infection. At this time, people who had monkeypox during this outbreak are not recommended to get vaccinated.

Indications and eligibility for PEP:

The MPV Jynneos vaccine is available to anyone living in Illinois who:

Had skin-to-skin or intimate contact (e.g., household members with close physical contact or intimate partners) with someone diagnosed with MPV, exchanges goods or services for sex, lives with HIV, especially persons with uncontrolled or advanced HIV disease, is eligible for or is currently taking PrEP (pre-exposure prophylaxis) to help prevent infection with HIV,

OR

Is a sexually active bisexual, gay and other same gender-loving men, or sexually active transgender individuals.

OR

Sexual partners of those included above or individuals who anticipate meeting criteria above in the future.

Especially consider getting vaccinated if you:

Met recent partners through online applications or social media platforms (such as Grindr, Tinder or Scruff), or at clubs, raves, sex parties, saunas.

Were diagnosed with sexually transmitted infection(s) (STI) in past 6 months.

What is the JYNNEOS vaccine, and how does it work?

The JYNNEOS vaccine has been approved in the U.S. for the prevention of MPV and smallpox. The vaccine contains a vaccinia virus, which is a virus related to the monkeypox and smallpox viruses, that has been weakened, cannot copy itself in human cells, and cannot spread to other parts of the body or people.

How is monkeypox vaccine given?

The vaccine can be given subcutaneously (under the skin) or intradermally (in between the layers of the skin). Both require getting a shot, usually in the arm. The technique known as “intradermal dosing,” injects the vaccine just beneath the surface of the skin, where there are a lot of immune-producing cells. This creates a small “bleb” or pocket of fluid similar to a bug bite. The intradermal technique requires a smaller volume while achieving the same level of immunity as the technique of injecting under the skin.

Why is the JYNNEOS vaccine now given through intradermal dosing instead of subcutaneous dosing?

When using intradermal dosing, a smaller volume of vaccine is needed to produce the same level of immune response. This is a safe and effective way to vaccinate more people. Intradermal vaccination techniques are successfully used for protection against other infectious diseases, including Hepatitis B and tuberculosis.

Is intradermal dosing as effective as subcutaneous dosing?

Yes. People get the same level of immune protection from an intradermal dose as they do from a subcutaneous dose.

Is an intradermal dose a “low dose” vaccine?

No. Since giving vaccine just under the skin produces a stronger response, the volume contains the right amount of vaccine for this route of administration. Like many medications, the amount is different depending on where and how it is given. For example, if you have arthritis and need to take an anti-inflammatory medication, the amount that you would take by mouth is much different than the amount you would take if you had a shot given directly into your joint.

Does everyone receive the vaccine intradermally?

All providers administer JYNNEOS intradermally to eligible individuals, but intradermal vaccines cannot be given to everyone.

You should receive a subcutaneous vaccine if you:

1. Are under the age of 18
2. Have a history of developing keloid scars or think you may be prone to developing a keloid scar. A keloid scar is a thick, raised scar that is generally skin-colored or darker than the skin around it and can develop after skin damage, such as a cut, piercing or surgery.

Anyone who does not meet either of the above criteria should receive an intradermal dose of vaccine. The intradermal dose may be administered in the forearm, upper back below the shoulder.

What are the side effects of intradermal dosing? Are they different from subcutaneous dosing?

It is normal after an intradermal dose of vaccine to have a small “bleb” or pocket of fluid in the skin, similar to a bug bite. Tiredness, headache and muscle pain can occur after both subcutaneous and intradermal JYNNEOS vaccine. Both types of vaccination can also commonly cause redness, swelling, soreness and itchiness at the injection site, but symptoms at the injection site may be more likely with intradermal administration and they may be worse and last longer. As an alternative, the intradermal dose may be administered in vaccine may be done at the upper back below the shoulder blade, or at the deltoid.

Is an intradermal dose safe for people who are living with HIV or who have compromised immune systems?

Yes, the level of immune response to both an intradermal dose and a subcutaneous dose of the Jynneos vaccine is the same even for those living with HIV or who have compromised immune systems. However, if you are immunocompromised you may get less protection from the vaccine and should make sure to receive a second dose 28 days after the first dose. It is also important to continue other prevention measures even after vaccination.

Will the second dose of vaccine be intradermal if the first dose was subcutaneous?

Yes, you get the same level of protection from either an intradermal or a subcutaneous second dose. All providers now administer the vaccine JYNNEOS intradermally to eligible individuals unless you are younger than 18 years old or have a history of keloid scarring.

Do I still need a second shot with an intradermal dose?

Yes, you should get a second shot at least 28 days after your first dose with either a subcutaneous or an intradermal dose. Although you will start to build protection against MPV in the days and weeks after your first dose, it takes two weeks after your second dose for the vaccine to provide its full protection.

How well does the vaccine work?

Clinical data show the vaccine should be effective in preventing monkeypox. We do not have real-world data and do not know how well the vaccine will prevent monkeypox in the current outbreak. For this reason, it is important to continue other prevention measures such as avoiding sex and other close physical contact with people who have symptoms of monkeypox.

What should I do if I have a serious health problem after vaccination?

Signs of a severe allergic reaction include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. If you think you are having a severe allergic reaction, call 911 or go to the nearest hospital. Call your health care provider if you have other side effects that concern you. If you do not have a provider, call 311 to be connected to care.

Your provider is required to report serious adverse reactions to the Vaccine Adverse Event Reporting System (VAERS), but you can also report to VAERS at vaers.hhs.gov or by calling 800-822-7967. VAERS staff members do not give medical advice.

Should people who previously received a smallpox vaccine get vaccinated?

While there may be some protection, whether this protection persists, or the level of protection is uncertain. Individuals who have not received JYNNEOS within the last 2 years or ACAM vaccine within the last 3 years and otherwise meet criteria for vaccination, should receive the vaccine.

Can I get the vaccine at the same time as other vaccines?

The JYNNEOS vaccine may be given before, after or at the same time as other vaccines. The exceptions are the Pfizer and Moderna COVID-19 vaccines. People at increased risk of myocarditis (inflammation of the heart), particularly young adult males, might consider waiting four weeks after their JYNNEOS vaccine to get a dose of the Pfizer or Moderna vaccine. However, if vaccination is recommended due to a known exposure to MPV, you should get the JYNNEOS vaccine even if you recently got the Pfizer or Moderna vaccine.

For more information about MPV, visit: Chicago Department of Public Health - [Get the Facts: monkeypox](#).