

Mpox: JYNNEOS Consent Form – NSWISS Advice on Positive Responses

12 September 2022

Question:	What to do if answer is 'yes':
Have you ever had a severe reaction to a previous dose of JYNNEOS or to one of its ingredients*?	Document the reaction, do not administer the vaccine; can refer to immunology.
Have you ever had a severe reaction following any vaccine or medication (e.g., anaphylaxis)?	Take a history on the nature of the reaction and determine which vaccine. Depending on the reaction, can consult NSWISS, monitor for 30 mins after vaccine and/or provide safety advice.
Do you have any severe allergies (to anything)?	Take a history on the nature of the reaction: <ul style="list-style-type: none"> • If food/environment related (including egg/chicken), monitor for 30 mins • If it's medication related, ensure the allergen is not one of the excipients of the vaccine • If there is any concern, contact NSWISS/refer to an immunologist.
Have you had a known or possible exposure to mpox in the last 14 days?	Can be administered as post exposure prophylaxis – liaise with PHU. If high-risk contact within 4 days, use SC route. If high-risk contact 5-14 days AND at high risk of severe disease, SC route preferred.
Do you have a bleeding disorder or take any medicine to thin your blood (an anticoagulant therapy)?	Not IM injection so the likelihood of haematoma is low. Advise that bruising can occur, firm compression for 10 minutes post immunisation.
Do you have a condition that lowers immunity (e.g., leukaemia, cancer, HIV) or are you receiving treatment that lowers immunity?	It is recommended that JYNNEOS vaccine should be administered via subcutaneous injection AND the second dose given at 28 days among people who fulfill the following criteria for immunocompromise: <ul style="list-style-type: none"> • Primary immunodeficiency or acquired immunodeficiency: HIV/AIDS with CD4<200, or uncontrolled viraemia; • Haematologic neoplasms: leukaemias, lymphomas, myelodysplastic syndromes, multiple myeloma and other plasma cell disorders; • Post-transplant: solid organ (on immunosuppressive therapy), haematopoietic stem cell transplant (within 24 months); • Receipt in the last 3 months any of:

	<ul style="list-style-type: none"> ○ Chemotherapy or whole-body radiotherapy ○ High-dose corticosteroids (≥ 20 mg of prednisone per day, or equivalent) for at least 14 days in 1 month, or pulse corticosteroid therapy ○ Biological agents and other treatments that deplete or inhibit B- or T-cell function (anti-CD20 antibodies, BTK inhibitors, JAK inhibitors, sphingosine 1-phosphate receptor modulators, anti-CD52 antibodies, anti-complement antibodies, anti-thymocyte globulin) ○ Selected conventional synthetic disease-modifying anti-rheumatic drugs (csDMARDs) including mycophenolate, methotrexate (more than 0.4 mg/kg/week), leflunomide, azathioprine (at least 3 mg/kg/day), 6-mercaptopurine (at least 1.5 mg/kg/day), alkylating agents (e.g., cyclophosphamide, chlorambucil), and systemic calcineurin inhibitors (e.g., cyclosporin, tacrolimus).
Have you ever had eczema (atopic dermatitis) or any other skin conditions?	Advise that the risk of eczema vaccinatum (spreading vaccinia) will not occur with JYNNEOS, as it's a non-replicating virus.
Do you have a history of myocarditis (inflammation of the heart muscle) or pericarditis (inflammation of the lining around the heart)?	Discuss low but theoretical risk of myocarditis if co-administered with COVID-19 mRNA vaccines and consider spacing JYNNEOS and COVID-19 vaccines by several weeks.
Are you pregnant, planning to become pregnant or breastfeeding?	Can give MVA-BN, albeit limited data. Counsel risk/benefit. ACAM2000 contraindicated.
Have you been sick with a fever or are feeling sick in another way?	Assess whether too unwell for vaccine or if other causes of fever need excluding (COVID-19/mpox)
Do you currently have a rash (this could look like bumps, blisters or pimples) or any sores anywhere on your body, including in your mouth or your anus?	May be mpox. Assess at SHS/GP
Have you had a JYNNEOS vaccine, or other mpox or smallpox vaccine before?	If ACAM2000 >10 years ago can give 1 dose (considered booster – no further doses required). If MVA-BN >28 days ago give 1 dose (completes course).

If so, vaccine name (if known): _____ Date: _____	
Have you had an injection of immunoglobulin, or received any blood products or a whole-blood transfusion within the past year?	Can be vaccinated.
Have you had a COVID-19 vaccine in the last 4 weeks, or do you plan to receive one in the next 4 weeks?	Advise of possible myocarditis risk and assess pros/cons in terms of catching COVID-19 or mpox – aim to separate by 3 weeks if possible.
Have you received any other vaccination in the last 4 weeks?	No issue – can be vaccinated.

Advice for immunisation providers

NSWISS provides advice on:

- immunisations, including COVID-19 and mpox
- vaccines for people with at-risk medical conditions
- investigation and management of suspected adverse events following immunisation (AEFI)
- future vaccine doses.

NSW vaccination hub doctors can contact the immunisation fellow or specialist on call for urgent clinical support via The Children's Hospital at Westmead switchboard on 02 9845 0000 (both during business and after hours).

Immunisation providers are requested to email clinical questions to NSWISS at <mailto:schn-nswiss@health.nsw.gov.au> and include a contact phone number. Responses will be provided via email or return phone call as appropriate within 1 business day. The NSWISS email inbox is monitored Monday to Friday 9am–5pm.

General public: We are unable to provide direct clinical advice to the general public. Please visit your GP to discuss your specific clinical situation. Your healthcare provider is advised to contact the appropriate [immunisation specialist service in your state](#) if additional clinical support is required.

For urgent after-hours advice on the immediate investigation and management of serious AEFI, clinicians can contact NSWISS via The Children's Hospital at Westmead switchboard on 02 9845 0000 and ask for the on-call immunisation specialist.

For general immunisation information, you can contact your local Public Health Unit first on 1300 066 055.