Standing Order for Administering Mpox Vaccine (Adult)

Purpose: To reduce morbidity and mortality from mpox (previously called monkeypox) by vaccinating all persons who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP), the Food and Drug Administration (FDA) product labeling, and the Department of Defense (DOD).

Policy: Under these standing orders, eligible nurses and other health care professionals working within their scope of practice may vaccinate patients who meet the criteria below.

Procedure:

1. Identify persons ≥18 years of age for whom vaccination against mpox is recommended. Vaccine candidates need not specify exactly which criteria apply to them, after identifying that any one or more of the following criteria apply:
    - Have known or suspected exposure to someone with mpox
    - Have a sex partner in the past 2 weeks who was diagnosed with mpox
    - Are gay, bisexual, or other man who has sex with men or a transgender, nonbinary, or gender-diverse person who in the past 6 months has had any of the following:
        - A new diagnosis of one or more sexually transmitted infection (e.g., chlamydia, gonorrhea, or syphilis)
        - More than one sex partner
    - Had sex at a commercial sex venue (like a sex club or bathhouse) in the past 6 months
    - Had sex related to a large commercial event or in a geographic area (city or county for example) in the past 6 months where mpox virus transmission is occurring
    - Have a sex partner with any of the above risks
    - Anticipate experiencing any of the above scenarios
    - At risk for occupational exposure to orthopoxviruses (e.g., certain people who work in a laboratory or a healthcare facility)

2. Using DD Form 3111, screen all patients for contraindications and precautions to JYNNEOS:

    Contraindications:
    - A history of a serious reaction (e.g., anaphylaxis) after a previous dose of JYNNEOS or to a vaccine component
    - For information on vaccine components, refer to the manufacturer's package insert or The CDC Pink Book Appendix B.

    Precautions:
    - Moderate or severe acute illness with or without fever
    - Current pregnancy or breastfeeding
    - History of severe allergic reaction (e.g., anaphylaxis) to gentamicin or ciprofloxacin
    - History of severe allergic reaction (e.g., anaphylaxis) to chicken or egg protein AND currently avoiding all chicken and egg products
    - Receipt of any mRNA COVID-19 vaccine within 4 weeks before or after JYNNEOS is considered a

precaution, especially in young males. Discussion with a privileged provider is recommended if both JYNNEOS and COVID-19 vaccination are indicated for the patient

- Syncope (fainting) can occur in association with administration of injectable vaccines. Procedures should be in place to avoid a falling injury (e.g. 15 minute observation after administration) and to restore cerebral perfusion following syncope
- For questions or concerns, consider consulting the DHA Immunization Healthcare Division at (877) 438-8222, Option 1 or DSN 761-4245

3. Provide all patients (or their parent/legal representative) with a copy of the most current federal Vaccine Information Statement (VIS). You must document, in the patient's medical record, the publication date of the VIS and the date it was given to the patient (parent/legal representative). Provide non-English speaking patients with a copy of the VIS in their native language, if available and preferred.

4. Provide JYNNEOS as follows:
    - Administer 0.5mL subcutaneously in the fatty tissue over the upper-outer arm
    - Administer two doses of JYNNEOS (0.5 mL each) at least 28 days (4 weeks) apart
    - Use a 23- to 25-gauge needle that is 5/8 inch long, as per CDC recommendations for subcutaneous administration

5. Document all immunizations administered in the patient's electronic health record and the appropriate immunization tracking system. Include date, immunization given, dose, anatomical location of administration, lot number, manufacturer, Vaccine Information Sheet (VIS) date, and the identification of the person administering the vaccine. If vaccine was not given, record the reason for non-receipt.

6. Be prepared to manage a medical emergency related to the administration of vaccines by having a written emergency medical protocol available, as well as equipment and medications.

7. Adverse events occurring after administration of any vaccine should be reported to the Vaccine Adverse Event Reporting System (VAERS) online at https://vaers.hhs.gov. Additional information about VAERS is also available by telephone (800-822-7967).

8. This standing order must be signed by a privileged physician with medical oversight over the clinic or activity administering immunizations. It is valid for one year from the date of signature and remains in effect for all patients of the _____ until rescinded, expired, or upon a change in the privileged physician, whichever is earlier.

_____ _____

Privileged Physician's Signature Date