Interim Monkeypox (MPX) Vaccination Guidance

Post-exposure prophylaxis (PEP) for high-risk contacts, people with documented exposure to a case*

Post-exposure prophylaxis (PEP) vaccination should be considered for people 6 months and older** without symptoms of MPX infection and who meets the following criteria as determined by a health care provider or in consultation with MDH:

▪ Person has had at least one of the following exposure characteristics to a person with confirmed or probable monkeypox as defined by CDC’s Case Definitions for Use in the 2022 Monkeypox Response (www.cdc.gov/poxvirus/monkeypox/clinicians/case-definition.html):
  ▪ Unprotected contact between a person’s skin or mucous membranes, rash, lesions, scabs, or bodily fluids. This could include any skin to skin or sexual contact. Occupational contact could include splashes of patient saliva to the eyes or oral cavity of a person and/or ungloved contact with a patient.
  ▪ Contaminated materials: contact with materials contaminated or in contact with lesions. This could include sharing clothing, sleeping in the same bedding, or sharing the same towel. A health care worker’s clothing may also become contaminated during patient care (bathing, turning, etc.) if a gown is not worn. This would be considered an exposure.
  ▪ Face-to-face: being near a person or within 6 feet of a person for 3 or more hours without using a surgical mask.
  ▪ Aerosols: being within 6 feet of a person or patient during any procedures that may create aerosols from oral secretions, skin lesions, or resuspension of dried exudates (as when shaking dirty linen), without wearing an N95 or equivalent respirator and eye protection.
  ▪ A person identified by public health as being a part of a specific situation where transmission has been documented (e.g., cases associated with a bath house).
  ▪ Other exposure that may warrant consultation for PEP.

▪ Person’s first day of exposure is within 14 days.
  ▪ Vaccine given within 4 days from the first date of exposure may prevent onset of the disease.
  ▪ If given between 4–14 days after the first date of exposure, vaccination may not prevent infection, but may decrease severity of illness.

* Reasonable judgement should be used when determining a person’s eligibility for PEP, “proof” of exposure is not required.

** For people under 6 months of age, refer to primary care provider for assessment of risks and benefits. Contact MDH or CDC for consultation on PEP, immune globulin, or antiviral medications.

Expanded post-exposure prophylaxis (PEP++), people at high-risk with high potential for exposure to a case

The current recommendations are for people without symptoms of MPX infection and who meet the criteria listed below. We expect to broaden these recommendations as more vaccine becomes available.
INTERIM MONKEYPOX (MPX) VACCINATION GUIDANCE

- Person engages in sex work, or exchanges sex for food, money, substances, shelter, etc. (not limited to men who have sex with men).
- Person identifies as gay, bisexual, or other man who has sex with men (MSM) and has had >1 partner in the past 90 days.
- Other person deemed at high risk per clinical judgement or public health recommendation.
- Priority should be given to persons who identify as MSM and report any of the following:
  - Living with HIV.
  - Immune-compromising condition (leukemia, lymphoma, generalized malignancy, solid organ transplantation, therapy with alkylating agents, antimetabolites, radiation, tumor necrosis factor inhibitors, high-dose corticosteroids, being a recipient with hematopoietic stem cell transplant <24 months post-transplant or ≥24 months but with graft-versus-host disease or disease relapse, or having autoimmune disease with immunodeficiency as a clinical component).
  - On or eligible for HIV PrEP.
  - Deemed at a higher risk for MPX infection per clinical judgement or public health recommendation (e.g., treated for a sexually transmitted infection [STI] in the last six months, people experiencing homelessness, incarcerated, or traveling to an area with community transmission of MPX cases).

**Pre-exposure prophylaxis (PrEP), people that may be at risk for occupational exposure**

Consult MDH regarding pre-exposure prophylaxis (PrEP) vaccination when persons meet the following criteria:

- Person is laboratorian performing research or diagnostic testing for orthopoxviruses.
- Person is a health care worker caring for or likely to be exposed to patients with monkeypox.

At this time, most clinicians, health care workers and laboratorians are NOT recommended for PrEP vaccination because adequate personal protective equipment (PPE) is readily available. Regardless of whether they get PrEP, clinicians and laboratorians should use recommended infection control practices.

We do not know if JYNNEOS will fully protect against monkeypox virus infection in this outbreak. Individuals wanting to minimize their risk of infection should take additional preventive measures and self-isolate as soon as they develop monkeypox symptoms, such as a rash. For more information, please refer to About Monkeypox ([www.health.state.mn.us/diseases/monkeypox/basics.html](http://www.health.state.mn.us/diseases/monkeypox/basics.html)) and Monkeypox ([www.cdc.gov/poxvirus/monkeypox/index.html](http://www.cdc.gov/poxvirus/monkeypox/index.html)).

MDH can be contacted at 651-201-5414 or 1-877-676-5414.

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To obtain this information in a different format, call: 651-201-5414