

# Interim Mpox 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 mpox 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 mpox as defined by [CDC's Case Definitions for Use in the 2022 Mpox Response \(www.cdc.gov/poxvirus/mpox/clinicians/case-definition.html\)](https://www.cdc.gov/poxvirus/mpox/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.
- Person's first day of exposure is past 14 days.
  - If past 14 days from first exposure, vaccination may be considered in some clinical situations (e.g., severe immunosuppression). Clinical judgement on a case-by-case basis should be based on benefits and risks of vaccination.

\* 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.

## Pre-exposure prophylaxis (PrEP)

### For people at high potential for exposure\*

The current recommendations are for people without symptoms of mpox infection and who meet the criteria listed below. These recommendations may change as the outbreak evolves.

- 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, other man who has sex with men (MSM), or transgender (including trans man, trans woman, or nonbinary or gender-nonconforming person).
- Sexual partners of people with the above risks.
- People who anticipate experiencing the above risks.
- Other person deemed at high risk per clinical judgement or public health recommendation.
- Outreach and priority efforts should be focused on people who are eligible by the above criteria and:
  - 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 mpox infection per clinical judgement or public health recommendation (e.g., treated for a sexually transmitted infection [STI] in the last 6 months, people experiencing homelessness, incarcerated, or traveling to an area with community transmission of mpox cases).

\*People should be allowed to self-attest to being eligible for vaccination without having to specify which criterion they meet.

### For 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 mpox.

At this time, the risk of mpox transmission remains very low for most clinicians, health care workers and laboratorians if appropriate personal protective equipment is worn and other infection control practices are followed, such as preventing needlestick injuries. Regardless of whether they get PrEP, clinicians and laboratorians should use recommended infection control practices.

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We do not know if JYNNEOS will fully protect against mpox 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 mpox symptoms, such as a rash. For more information, please refer to [About Mpox \(www.health.state.mn.us/diseases/mpox/basics.html\)](https://www.health.state.mn.us/diseases/mpox/basics.html) and [CDC: Mpox \(www.cdc.gov/poxvirus/mpox/index.html\)](https://www.cdc.gov/poxvirus/mpox/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*