



San Francisco Department of Public Health

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ELIGIBILITY FOR THE JYNNEOS MONKEPOX VACCINE SAN FRANCISCO CRITERIA JUNE 23, 2022

Eligibility

1. Determination by SFPDH Communicable Disease Control or a licensed healthcare provider that close contact occurred with a suspected or confirmed Monkeypox case within the past 14 days. Laboratory confirmation of the Monkeypox case is not required to initiate post-exposure vaccination.

OR

2. Self-report of:
 - a. Close contact with a suspected or confirmed Monkeypox case within the past 14 days, OR
 - b. In a person who had close contact with others at that venue, receipt of a notification from a venue or public health authority of potential exposure to a Monkeypox case at a venue within the past 14 days, OR
 - c. Close contact with others at an event or within a social group within the past 14 days where one or more Monkeypox case(s) were identified.

Definitions and Explanations

San Francisco Nexus. To be eligible for vaccine in San Francisco the contact does not have to be an SF resident but there should be an SF nexus – either the case or the contact work or reside in SF or the exposure occurred in SF.

Timing of Pre-Exposure Prophylaxis (PEP). Current CDC recommendation is that PEP initiated within 4 days of exposure can prevent Monkeypox illness whereas PEP initiated within 5-14 days after exposure can reduce symptoms but may not prevent illness. There is no evidence that PEP is effective when given beyond 14 days after exposure. In persons who may have had multiple Monkeypox exposures, PEP can be timed from the last exposure.

Series. The vaccination series with Jynneos consists of 2 doses given 28 days apart, both for post-exposure prophylaxis and pre-exposure vaccination.

PEP in Persons Who have Symptoms. Many non-Monkeypox syndromes can be consistent with early signs/symptoms of Monkeypox. A person otherwise eligible for PEP who has a nonspecific rash or



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nonspecific symptoms that could possibly be consistent with early Monkeypox, may still be able to receive PEP if it is warranted per the clinician's judgement.

Definition of Close Contact and Exposure to Monkeypox in Healthcare and non-Healthcare Settings.

Adapted from: [Monitoring People Who Have Been Exposed | Monkeypox | Poxvirus | CDC](#)

High Risk exposures:

- Unprotected contact between a person's skin or mucous membranes and the skin, lesions, or bodily fluids of a person with suspected or confirmed Monkeypox. Examples: any sexual contact including kissing, oral-anal or oral-genital contact or insertive or receptive vaginal or anal sex; ungloved contact with rash or lesions; saliva splashes to the eyes or oral cavity.
- Unprotected contact with contaminated materials (e.g., linens, clothing) of a person with suspected or confirmed Monkeypox.
- (Healthcare settings) Being inside the room of a patient with confirmed or suspected Monkeypox or within 6 feet of such a patient during any procedures that may create aerosols from oral secretions, skin lesions, or resuspension of dried exudates (e.g., shaking of soiled linens), without wearing an N95 or equivalent respirator and eye protection

Intermediate Risk exposures:

- (Healthcare settings) Being within 6 feet for 3 hours or more of an unmasked patient with suspected or confirmed Monkeypox without wearing, at a minimum, a surgical mask
- (Healthcare settings) Activities resulting in contact between sleeves and other parts of an individual's clothing and the patient's skin lesions or bodily fluids, or their soiled linens or dressings (e.g., turning, bathing, or assisting with transfer) while wearing gloves but not wearing a gown.

Vaccine Supply and Prioritization. Supply of Jynneos vaccine is expected to increase but is quite limited at present. Should there be insufficient supply to meet the demand for doses, vaccine may be prioritized for persons who have had the highest risk exposures and/or for exposed persons with host factors such as immune compromise that increase their risk for Monkeypox complications.