



**Guidance for City and County of San Francisco (CCSF) Healthcare Providers and  
Contractors Administering Monkeypox Vaccines to Minor Patients**

**August 23, 2022**

CCSF is sharing this Guidance in an effort to promote the general welfare, health and safety, and effective patient care as it relates to the administration of monkeypox related healthcare for minors during the current monkeypox outbreak.

Anyone reviewing this Guidance also must understand that the monkeypox emergency continues to change: Data, recommendations, and authorizations concerning the provision of healthcare related to monkeypox in minors—including testing, vaccine administration and treatment with antivirals—continue to evolve. CCSF developed this Guidance for use by CCSF-affiliated healthcare providers based on current federal, state, and CCSF rules and guidance applicable to city, state, and federal Public Health Emergency Declarations ([San Francisco Department of Public Health](#), [State of California](#), and [U.S. Department of Health & Human Services](#)). This Guidance is based specifically on the data, recommendations, and authorizations concerning healthcare treatments to minors related to monkeypox, including vaccination with Jynneos for the prevention of monkeypox, which is subject to change without notice.

Providers should consult FDA and CDC guidelines for the current authorizations and recommendations, as well as applicable federal, state, and CCSF law. Providers should also consult with their Health & Safety, Infection Control, Risk Management, and Legal Staff before deciding to use any of the information or processes in this Guidance. Any decision to use all or part of this Guidance rests solely with that provider. In making this Guidance publicly available, CCSF is not assuming or imposing on CCSF, nor its officers or employees, any obligation for which it may be liable to any person who claims that this Guidance proximately caused injury.

This guidance will be posted on [www.sfcdcp.org/monkeypoxhcp](http://www.sfcdcp.org/monkeypoxhcp).

## Background

Monkeypox is a disease caused by infection with the monkeypox virus and is part of the same family of viruses as the virus that causes smallpox. The monkeypox virus can spread to anyone through close skin-to-skin contact, including sexual contact. Monkeypox symptoms are similar to smallpox symptoms, but milder, and monkeypox is rarely fatal.

However, since the epidemic began in May 2022, the number of cases of monkeypox in San Francisco has dramatically increased and sexual transmission has been identified to be a particularly efficient mode of transmission. There are also people who experience more severe cases of monkeypox, including bacterial superinfection, extensive skin lesions, eye involvement, and painful oropharyngeal or anorectal lesions ([NEJM 2022](#)).

On July 28, 2022, the Health Officer for the City and County of San Francisco (“Health Officer”) announced that she would declare a local public health emergency, effective August 1, 2022, related to the monkeypox outbreak. The State of California declared a State of Emergency on August 1, 2022, and the federal government declared a public health emergency on August 4, 2022.

In California, adolescents (minors ages 12-17 years old) can legally consent to receiving healthcare related to their sexual health, or in relation to reportable infectious diseases like monkeypox during an outbreak, without parental involvement. CCSF recognizes that providing healthcare services related to monkeypox in a way that maintains and respects the privacy and autonomy of adolescents is critical to this outbreak response, to promoting public health and to preventing further disease transmission. CCSF is issuing the following guidance to its clinics and healthcare providers.

## Guidance

- 1) On August 9, 2022, the U.S. Food and Drug Administration (“FDA”) issued an [Emergency Use Authorization \(“EUA”\)](#) for use of Jynneos vaccine for the prevention of monkeypox disease in individuals determined to be at high risk of monkeypox infection. The EUA does not require specific informed consent for persons of any age. General consent for medical care is all that is required.
- 2) A minor is defined as an individual who is under 18 years of age.
- 3) Generally, a parent or guardian’s consent is required for the provision of healthcare for a minor, including vaccinations, except under certain limited circumstances. These circumstances include:
  - a) Minors ages 12–17 years who are seeking medical care related to the **prevention of a sexually transmitted disease**. (California Family Code § 6926(b)).
  - b) Minors ages 12-17 years who may have come into contact with an **infectious, contagious, or communicable disease** that is reportable to the Health Officer, which includes outbreaks such as the current monkeypox outbreak, and are seeking medical care related to the diagnosis or treatment of that disease. (California Family Code § 6926(a)).
  - c) **Self-sufficient minors** can consent to medical care without the parent or guardian’s consent. A self-sufficient minor is defined as: age at least 15 years; and living separate and apart from the minor’s parents or legal guardian (regardless of consent of parents/guardian or duration of separate residence); and managing the minor’s own financial affairs (regardless of source of income). (California Family Code § 6922).
  - d) **Emancipated minors** can consent to medical care without parental consent or knowledge. An emancipated minor is defined as: a minor who is legally married/established domestic partnership; or on active duty in the U.S. armed forces; or has a court-issued Declaration of Emancipation. (California Family Code §§ 7002, 7050).
- 4) In the limited circumstances outlined above where (a) a minor can consent to medical treatment without the parent or guardian’s consent, (b) the minor in fact consents, and (c) the minor has not requested the parent or guardian be treated as a personal representative or otherwise consented to sharing the information with the parent, then CCSF-affiliated providers must treat

the medical records associated with that treatment and information about the care as confidential and must not disclose the records or information to the parent or guardian unless the minor consents to such disclosure. (42 C.F.R. § 164.502(g)(3)); California Health & Safety Code §§ 123110, 123115).

- 5) Vaccination providers must provide the [Vaccine Information Fact Sheet for Recipients and Caregivers](#) (“Fact Sheet”) to all vaccine recipients or their caregiver. For minor patients ages 12-17 years who are consenting for their own care, CCSF-affiliated providers should provide the Fact Sheet to the consenting minor, and to their parent or guardian only if the minor consents to release information to the parent or guardian. Providers shall follow their standard processes to document the minor’s consent while maintaining confidentiality. Providers may distribute the Fact Sheet or a link to the Fact Sheet.
- 6) CCSF-affiliated providers must document that the Fact Sheet was provided.
- 7) If a minor who can consent to the care wants to have their parent or guardian consent to the care, best practice is to have both the minor and the parent or guardian consent.
- 8) For any minor who is not authorized to consent for the care (e.g., age under 12, unable to understand risks and benefits of medical care, etc.), their parent or other guardian holding legal authority to consent to medical care may consent for the minor.

## Q&A About Minor Consent for Healthcare Related to Monkeypox

- 1) Is monkeypox related care considered sexual health care?
  - a) Monkeypox is transmitted through direct skin-to-skin contact, including sexual contact. Therefore, even though it is not exclusively a sexually transmitted infection and can spread by any close, skin-to-skin contact, it can be considered a sexually *transmissible* disease and the Health Officer considers medical care related to the prevention of monkeypox as part of general sexual health care.
- 2) Can a minor get treatment or vaccine if they are not sexually active?
  - a) Yes, as summarized above, a minor age 12 and older can receive medical care related to the diagnosis or treatment of monkeypox either with or without their parent/guardian because it is a communicable disease reportable to the Health Officer. A provider should refer to [San Francisco Monkeypox Vaccine Eligibility](#) which will be updated based on vaccine supply, advancements in data, and local outbreak conditions.
- 3) How should a provider or clinic maintain confidentiality for a minor if they are consenting to care without their parent or guardian?
  - a) A provider must treat the minor’s records and information about the care as confidential unless the minor consents to disclosing the records or information to the parent or guardian. The provider must utilize all the tools available to them to maintain the privacy of the minor including, but not limited to: documenting a confidential phone number to contact the patient, refraining from using automatic text/email reminders for confidential clinic visits (including future care, such as second shot), identifying clinical notes and lab results as “confidential” in the medical record so they are not released without the minor’s consent, not discussing

confidential care when a parent or other person is present without first checking with the minor in private if the information can be shared, etc.

- 4) How does confidentiality for the provision of monkeypox related healthcare for minors relate to mandated reporting laws?
  - a) All existing mandating reporting laws still apply separate from the confidentiality rules related to sexual health care and monkeypox related care for minors. Mandated reporters must make mandated reports whenever required by law. Patients should be counseled about those limitations on confidentiality and providers should follow their institutional policies around mandating reporting.
  - b) While clinics serving adolescents may be experienced in mandated reporting and confidentiality protection, other locations, such as mass vaccination sites, should ensure staff are fully trained and aware of mandated reporting and confidentiality requirements for minors.
  
- 5) Is the Jynneos vaccination status of a minor available in California Immunization Registry (CAIR)? Could a parent or other person with access to CAIR or other vaccination record see that a minor has been vaccinated?
  - a) Yes, currently all Jynneos vaccines that are administered are reported to CDPH and available for view to those with access to CAIR. CCSF is communicating with CDPH to address the concern for a potential breach of confidentiality, however, until addressed, **providers must counsel minor patients that other entities (e.g., schools or parents) may have access to the minor's vaccination record without the minor's explicit consent.** In particular, there is a concern that many schools get automatic access to the minor's vaccination records through this avenue, and that could result in the school having a record of certain vaccinations (like the Jynneos vaccine or HPV vaccine) that could be accessed by parents through the minor's school.
  - b) There is an 'opt-out' process in CAIR, where a minor can lock their vaccination records. Providers should be aware that if a minor chooses the opt-out process, it is not limited to just Jynneos vaccine. Institutions, such as schools, will not be allowed to see any vaccinations but could be seen by parents and guardians.
    - i. To initiate the 'opt-out' process, follow the [instructions under CAIR Sharing Policy](#).

## Sample Minor Consent Workflow

The sample workflow below is intended as an example of how to implement the guidance expressed in this document for minors 12 and older who can consent to their own care. For minors under 12 or minors who cannot consent to their own care, standard protocols for consent involving the parent must be followed. Providers may adapt this workflow for their own circumstances.

The consent document is intended to be a separate document, should have a signature block for the minor, and should be retained by the provider.

Name of Minor: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

For a minor meeting one of the criteria under the “Attestation” section below is seeking confidential services:

- Minor provided with Fact Sheet if receiving vaccination.
- Consent obtained from minor according to clinic’s standard process.
- Minor counseled on limitations of confidentiality.
- Minor counseled on record of Jynneos vaccination available in CAIR (if receiving vaccination).

Minor provided with Fact Sheet, signs, and dates consent form.

Attestation: At least one of the following is true:

- I am age 12-17 years and am seeking care for the prevention of monkeypox.
- I am in or have been in a valid marriage or domestic partnership, regardless of whether the marriage or domestic partnership has been dissolved.
- I am on active duty with the US armed forces.
- I am age 14 years or older and have obtained a declaration of emancipation.
- I am self-sufficient, as shown by the following (all three must be true):
  - I am age 15 years or older.
  - I live separate and apart from my parents or legal guardian, whether with or without their consent.
  - I manage my own financial affairs.