

The Mpox Vaccine (JYNNEOS Vaccine)

Scan this code for information on mpox vaccines, including where to get one.



Mpox (formerly known as monkeypox) is caused by a virus that is closely related to the virus that causes smallpox. JYNNEOS is a 2-dose vaccine that was developed to protect against both mpox and smallpox. Vaccination is an important tool in preventing the spread of mpox, however people who are vaccinated should continue to avoid close, skin-to-skin contact with someone who has mpox.

You should consider getting the vaccine if:

- You are a 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:
 - » More than one sex partner.
- A new diagnosis of one or more sexually transmitted diseases (like HIV, chancroid, chlamydia, gonorrhea, or syphilis).
 - » More than one sex partner.
- In the past 6 months you:
 - » Had sex at a commercial sex venue (like a sex club or bathhouse).
 - » Had sex at an event, venue, or in an area (city or county for example) where mpox transmission is occurring.
- You have a sex partner who identifies with any of the above scenarios.
- You anticipate experiencing any of the above scenarios.
- You work with orthopoxviruses in a laboratory or are part of an orthopoxvirus and health care worker response team.

You should get the vaccine if:

- You had a known or suspected exposure to someone with mpox
- You had a sex partner in the past 2 weeks who was diagnosed with mpox.

- You are a gay, bisexual, or other man who has sex with men, or are a transgender, nonbinary, or gender-diverse person who has had any of the following within the past 2 weeks:
 - » Sex with multiple partners or group sex
 - » Sex at a commercial sex venue (like a sex club or bathhouse)
 - » Sex at an event, venue, or in an area (city or county for example) where mpox transmission is occurring.

You should NOT get the vaccine if:

- You had a severe allergic reaction (such as anaphylaxis) after getting your first dose of JYNNEOS vaccine.
- Talk to your healthcare provider if you have a history of an allergic reaction to the antibiotics gentamicin or ciprofloxacin, or chicken or egg protein.

You should take extra caution if:

- You have a history of an allergic reaction to vaccines in general. You may still be vaccinated with JYNNEOS, but your provider may need to observe you for 30 minutes after you get vaccinated to make sure you don't develop an allergic reaction.



How the Vaccine Is Given

- You will likely be offered the vaccine in the forearm, between the top layers of your skin. This is called an intradermal vaccination.
- If you have concerns about the vaccine leaving a mark that others can see on your forearm, you have several options:
 - » Ask to get it in the skin of your upper back (just below the shoulder blade) or the skin of your shoulder (the area above the deltoid muscle).
 - » Ask for the vaccine to be given to you “subcutaneously”. This means that the vaccine will be injected in the fat layer underneath the skin on the back of your upper arm (triceps).
- If you have ever had keloid scars (thick, raised scars) or are under 18, ask for the vaccine to be given to you “subcutaneously”.
- Although early findings suggest that the first dose of JYNNEOS vaccine gives some protection against mpox, two doses are recommended to provide stronger, more long-lasting prevention. Two doses should be given no matter which way you receive the vaccine. The second dose should be given 4 weeks (28 days) after the first dose. If you can't get your second dose on time, you should get it as soon as possible to complete the series.



If you don't want the vaccine given in the skin of your forearm, ask to get it in the skin of your upper back or the skin of your shoulder instead. You can also ask to receive the vaccine subcutaneously in the fat layer underneath the skin on the back of your upper arm.

How Intradermal Vaccination Works

- There are a lot of immune cells in the skin tissue just underneath the top layer of your skin. When a vaccine is given between the layers of skin, you can generate a strong immune response using a smaller amount of vaccine.
- The intradermal vaccine method is NOT a new way to give vaccines, and data from

the flu vaccine given this way didn't find any new or unexpected safety concerns.

- The smaller amount of JYNNEOS vaccine given between the top layers of skin produces a similar immune response as the standard dose given in the fat layer underneath the skin (subcutaneous).
- The intradermal vaccine method is NOT a new way to give vaccines, and data from the flu vaccine given this way didn't find any new or unexpected safety concerns.
- The smaller amount of JYNNEOS vaccine given between the top layers of skin produces a similar immune response as the standard dose given in the fat layer underneath the skin (subcutaneous).

Side Effects

- Not everyone has side effects, but some people do. The most common side effects after JYNNEOS vaccination are pain, redness, and itching at the spot where the vaccine is given, fever, headache, tiredness, nausea, chills, and muscle aches. These are signs that your immune system is responding, not that you're getting sick.
- When JYNNEOS vaccine is given intradermally, some people have reported less pain after vaccination but more itching, swelling, redness, thickening of the skin, and skin discoloration at the spot where the vaccine was given. This may last for several weeks. If you have concerns, you can ask for the vaccine to be given to you “subcutaneously”, in the fat layer underneath the skin on the back of your upper arm (triceps).

How Long It Takes for the Vaccine to Work

- You can start to have an immune response after the first dose of JYNNEOS, but it takes two weeks after the second dose to be the most protected.
- It's not known how long protection might last, or if protection might decrease over time. CDC is conducting studies to learn how well the JYNNEOS vaccine works during the current mpox outbreak, as well as how long protection might last. These studies will be used to make future vaccine recommendations, including whether people may need booster shots.