**Monkeypox Vaccine (Jynneos)**

**Educational Material and Consent Form**

Patient name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facility name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of provider conducting informed consent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Facts about Monkeypox and the Vaccine**

The monkeypox virus is related to the virus that causes smallpox. The symptoms are similar, but monkeypox symptoms are milder. Monkeypox is rarely deadly. Monkeypox spreads through close skin-to-skin contact; by touching objects and surfaces that have been touched by someone with monkeypox; or through contact with respiratory secretions.

People with monkeypox get a rash that looks like pimples or blisters. It may be painful or itchy and can occur anywhere on the body. The rash will go through several stages and will form scabs before healing. Other symptoms of monkeypox may include:

* fever,
* chills,
* swollen lymph nodes,
* exhaustion,
* muscle aches and backache,
* headache, and
* respiratory symptoms such as sore throat, nasal congestion, or cough.

Jynneos is a vaccine approved by the Food and Drug Administration (FDA) for prevention of smallpox and monkeypox disease in adults 18 years and older who are at high risk for smallpox or monkeypox infection. It is approved to be given beneath the skin (subcutaneously).

The FDA has authorized the emergency use (EUA) of Jynneos to prevent monkeypox disease in individuals under 18 years and younger who are at high risk for monkeypox infection. It is authorized to be given beneath the skin (subcutaneously).

There is a limited supply of Jynneos. FDA has given EUA approval for Jynneos to be given between the layers of the skin (intradermally) to prevent monkeypox disease in individuals 18 years and older who are at high risk for monkeypox infection. When given intradermally less vaccine is needed per dose, increasing the vaccine supply.

**Risks and Common Problems**

There are risks linked to this vaccine, which include but are not limited to:

* Muscle pain,
* Headache,
* Fatigue,
* Nausea, chills, and fever,
* Pain, redness, swelling, firmness, and itching at the injection site.

All vaccines can cause side effects. Problems that are not expected may happen. These problems may be life threatening, such as difficulty breathing, swelling of your face or throat, fast heartbeat, dizziness and weakness, or a rash all over your body. If you have any severe symptoms after the vaccine, seek medical attention immediately.

**Other Choices**

If you decide not to take the vaccine and get exposed to the virus, then you may have more severe symptoms of Monkeypox.

**More Facts**

For all age groups, Jynneos is given as a two-dose series, 4 weeks apart.

Jynneos does not contain the monkeypox virus and cannot give you monkeypox.

Tell your healthcare provider if you or your child:

* Had an allergic reaction after a previous dose of Jynneos or another smallpox vaccine;
* Have any allergies;
* Have a weakened immune system, or;
* Are pregnant

If you are considering receiving (or having your child receive) Jynneos with other vaccines, discuss your options with the healthcare provider.

You will get the vaccine through a shot. **You will be asked to stay at the vaccine location for at least 15 minutes after you get your shot.** Studies show that 70% of allergic reactions will take place within 15 minutes and 90% will take place within 30 minutes.

**Vaccination of Pregnant or Lactating Women**

If you or your child is pregnant or breastfeeding or if your child is being breastfed, discuss the options with the healthcare provider.

**Consent to Treatment**

This consent form told you about the Monkeypox vaccine and its most common risks. If, after reviewing this form, you do not believe that you understand the risks and your choices, then **do not sign the form until all your questions have been answered.**

You are being offered the Jynneos two- dose vaccine.

I understand the facts provided to me in this consent form and it is my choice to receive the Jynneos vaccine. I give my consent for a Monkeypox vaccine. By signing below, I agree that the staff/doctor has discussed the facts in this form with me, that no one has given me any guarantee about the vaccine, that I have had a chance to ask questions, and that all my questions have been answered.

I agree I was given a copy of the vaccine fact sheet today.

I have given my provider an updated medical history.

I have \_\_\_ no known drug allergies **or** \_\_\_ the drug allergies listed below:

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Signature of Patient or Responsible Party Date and Time

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Relationship to Patient (if Responsible Party is not Patient)

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Witness Date and Time