

MONKEYPOX

VACCINE AVAILABILITY

FOR THE FOLLOWING GROUPS

Given the limited current national vaccine supply, the Public Health priority is to administer as many doses of monkeypox vaccine as possible to all eligible people at this time.



GROUP A - BY INVITATION ONLY

- People confirmed to have had high- or intermediate-risk contact with someone with monkeypox.
- People who attended an event or venue where there was a high risk of exposure to someone with confirmed monkeypox virus through skin-to-skin or sexual contact.

Public Health or clinic partners will directly communicate to eligible people to provide details on how and where to access the JYNNEOS vaccine.

GROUP B - PEOPLE AGE 18 AND OLDER WHO

- All people, of any sexual orientation or gender, who recently have had multiple sexual partners, including anyone currently considered highest risk: gay, bisexual, and other men who have sex with men, transgender men, and transgender women, or individuals with a partner suspected of having monkeypox due to rash or sores,
 - sex workers (of any sexual orientation or gender),
 - staff (of any sexual orientation or gender) at establishments where sexual activity occurs (e.g., bathhouses, saunas, sex clubs,
 - are HIV positive or on HIV pre-exposure prophylaxis (PrEP),
 - have had a diagnosis of chlamydia, gonorrhea, or early syphilis within the previous 12 months, or
 - have been recommended by their provider to receive the JYNNEOS vaccine due to an immunocompromising condition.
- (Recipient MUST have a completed Provider Attestation Form)

People who fall under these eligibility requirements can get vaccinated several ways:

- Contacting their doctor or healthcare provider to find out if they are a monkeypox vaccine provider. If they are a vaccine provider, people can ask to get vaccinated.
- Visiting a Public Monkeypox vaccine location with their ID and provide one of the following:
 - Proof of chlamydia, gonorrhea or early syphilis infection in the last 12 months in the form of a lab report (the proof can be shown from your phone, including a screenshot of the result or within a patient portal); OR
 - A monkeypox provider attestation form completed by your doctor (these attestations forms would be provided by a doctor if the patient meets the eligibility requirements but they are not a monkeypox vaccine provider)

If you have monkeypox symptoms or are currently under isolation for monkeypox, please do not attend the vaccination clinics or walk-up sites. If you think you have monkeypox, please speak with a provider and get tested.

NO ACCESS TO INTERNET OR NEED REGISTRATION ASSISTANCE?

Houston Health Department Call Center

Assistance for City of Houston Residents

www.houstonhealth.org/services/disease-prevention/monkeypox

832.393.4220

Harris County Public Health Hotline

Assistance for Harris County Residents outside of Houston City Limits

www.publichealth.harriscountytexas.gov/monkeypox

832.927.0707



MONKEYPOX PROVIDER ATTESTATION FORM

This document is HIPAA protected, and is subject to required records retention rule.

Patients must bring this form and their ID to a Public Monkeypox Vaccine Clinic.

1. PATIENT INFORMATION

Last Name First Name Middle Name Date of Birth (MM/DD/YYYY)

Street Address

City State Zip Code Phone Number

2. PATIENT RISK CRITERIA

People 18 years of age and older who:

- ☐ All people, of any sexual orientation or gender, who recently have had multiple sexual partners, including anyone currently considered highest risk: gay, bisexual, and other men who have sex with men, transgender men, and transgender women, or individuals with a partner suspected of having monkeypox due to rash or sores,
- ☐ Sex workers (of any sexual orientation or gender),
- ☐ Staff (of any sexual orientation or gender) at establishments where sexual activity occurs (e.g., bathhouses, saunas, sex clubs,
- ☐ Are HIV positive or on HIV pre-exposure prophylaxis (PrEP),
- ☐ Have had a diagnosis of chlamydia, gonorrhea, or early syphilis within the previous 12 months, or
- ☐ Have been recommended by their provider to receive the JYNNEOS vaccine due to an immunocompromising condition.

3. PROVIDER ATTESTATION

I _____ attest the information provided is accurate to the best of my knowledge.

Provider Name

LICENSED MEDICAL PROFESSIONAL (DO, MD, NP, PA)

Clinic Name Clinic Address

Clinic Phone Number Provider Email Address

Provider Signature Provider NPI Date

Brought to you in partnership by:
**Harris County Public Health
& the Houston Health Department**



Adapted in part from the County of Los Angeles Public Health 09.14.22