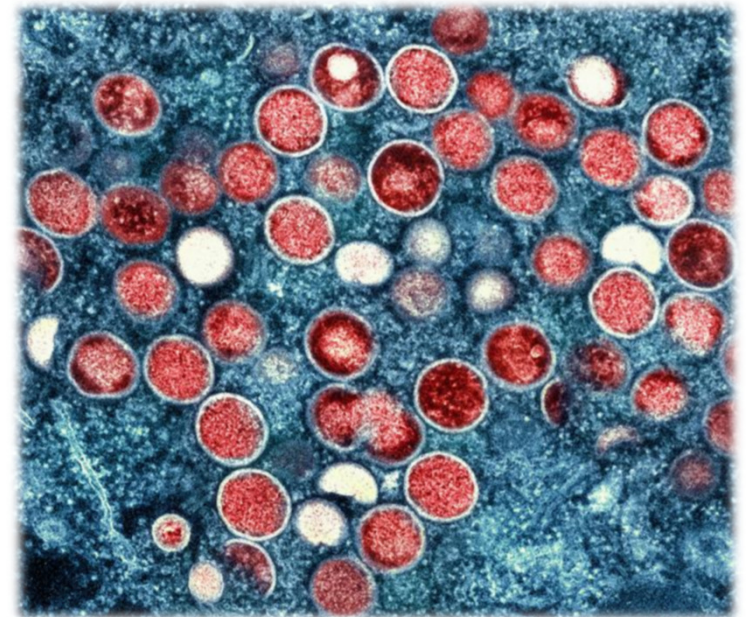


## Mpox Vaccine Work Group

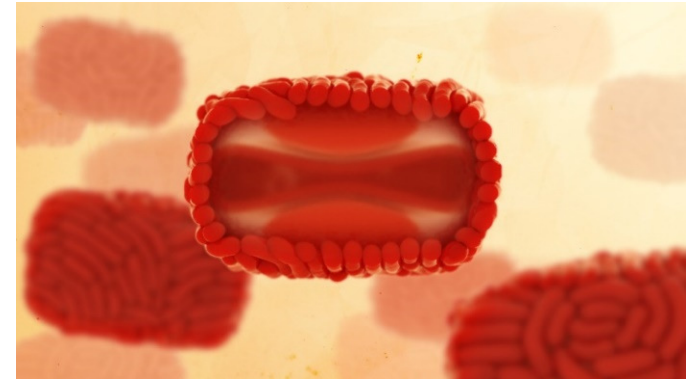
**Faisal Syed Minhaj, PharmD, MPH**  
**Poxvirus and Rabies Branch**  
**Centers for Disease Control and Prevention**

ACIP Meeting  
April 15, 2025



# Monkeypox virus (MPXV)

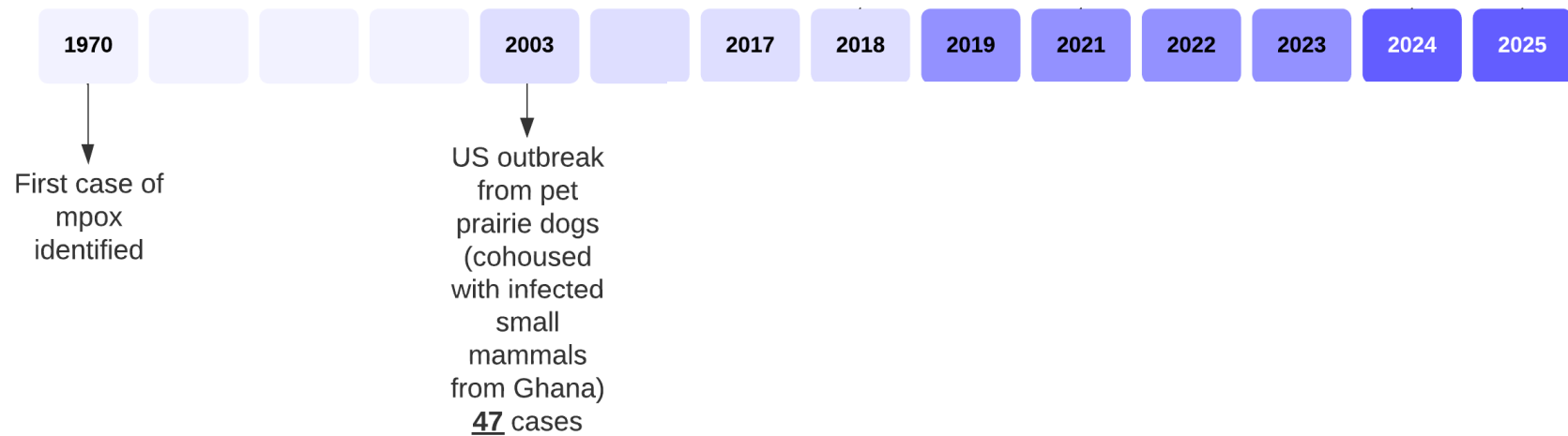
- Genus: *Orthopoxvirus*
- Family: *Poxviridae*
- Discovered in 1958 after two pox-like disease outbreaks in research monkey colonies
- Specific animal reservoir unknown, but likely African small mammals
- On November 28, 2022, WHO implemented the preferred term “mpox” for the disease
- Two clades of MPXV:
  - Clade I: found in central Africa and historically associated with greater disease severity in a higher proportion of people
  - Clade II: found in West Africa and caused the 2022 global outbreak



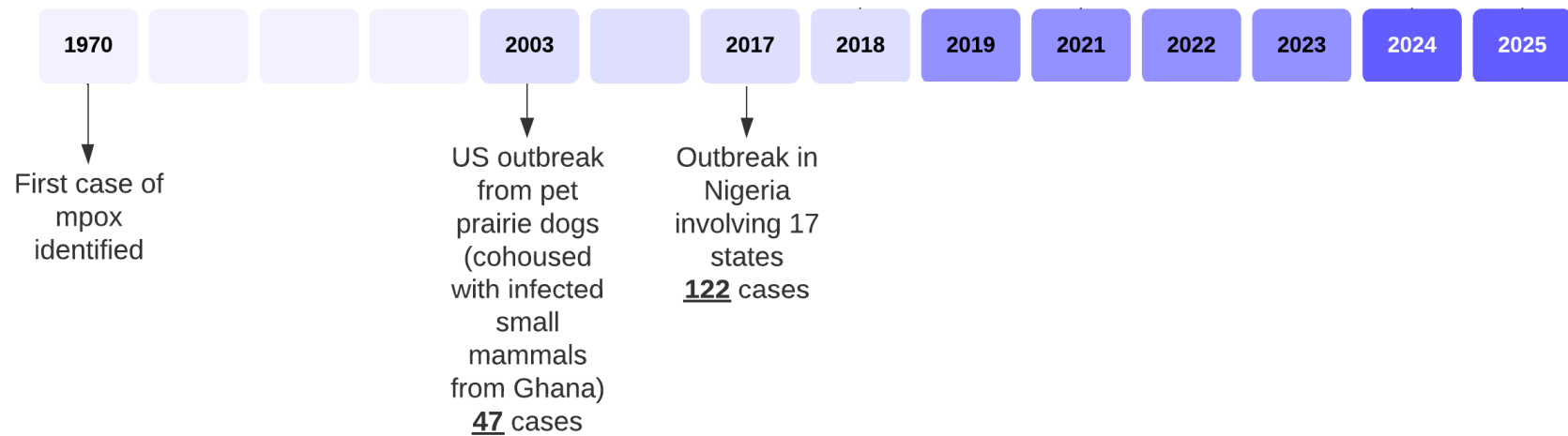
# Mpox historical context



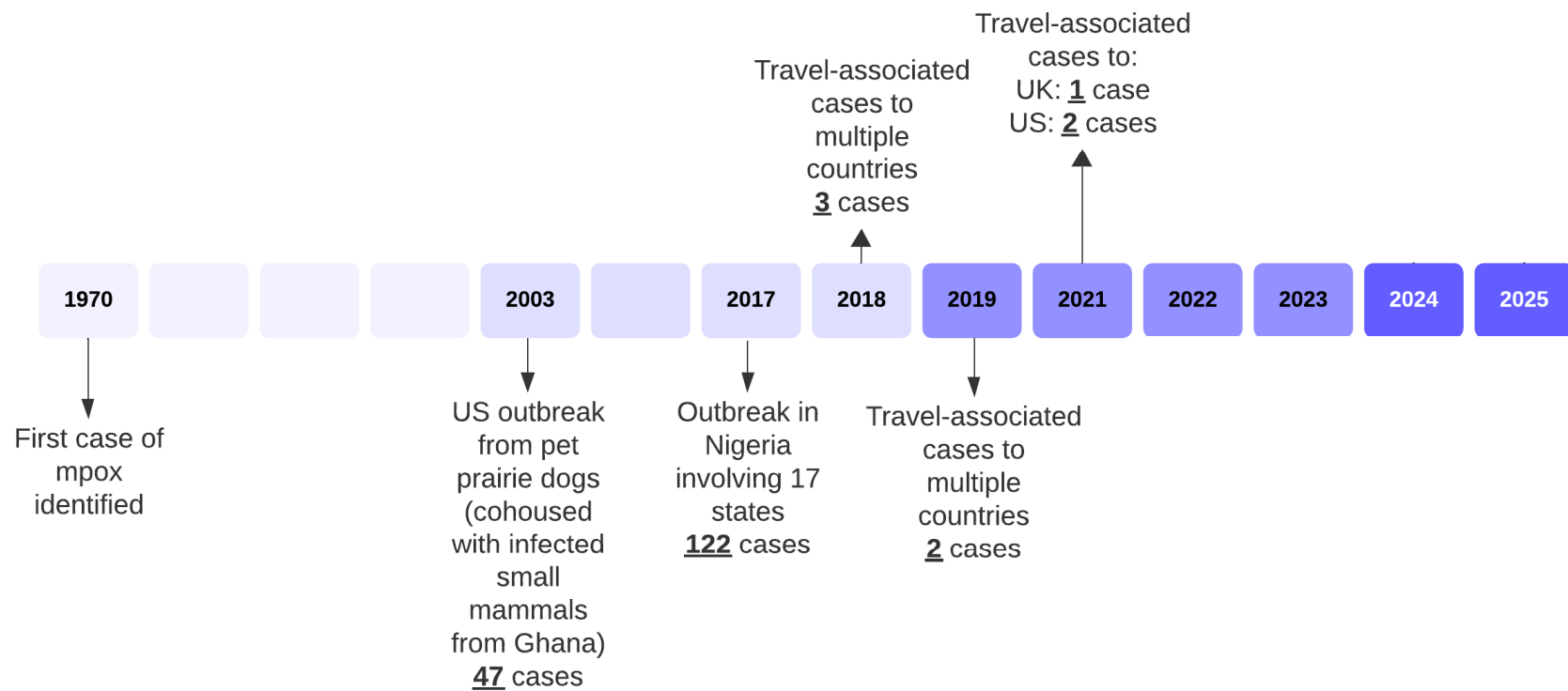
# Mpox historical context



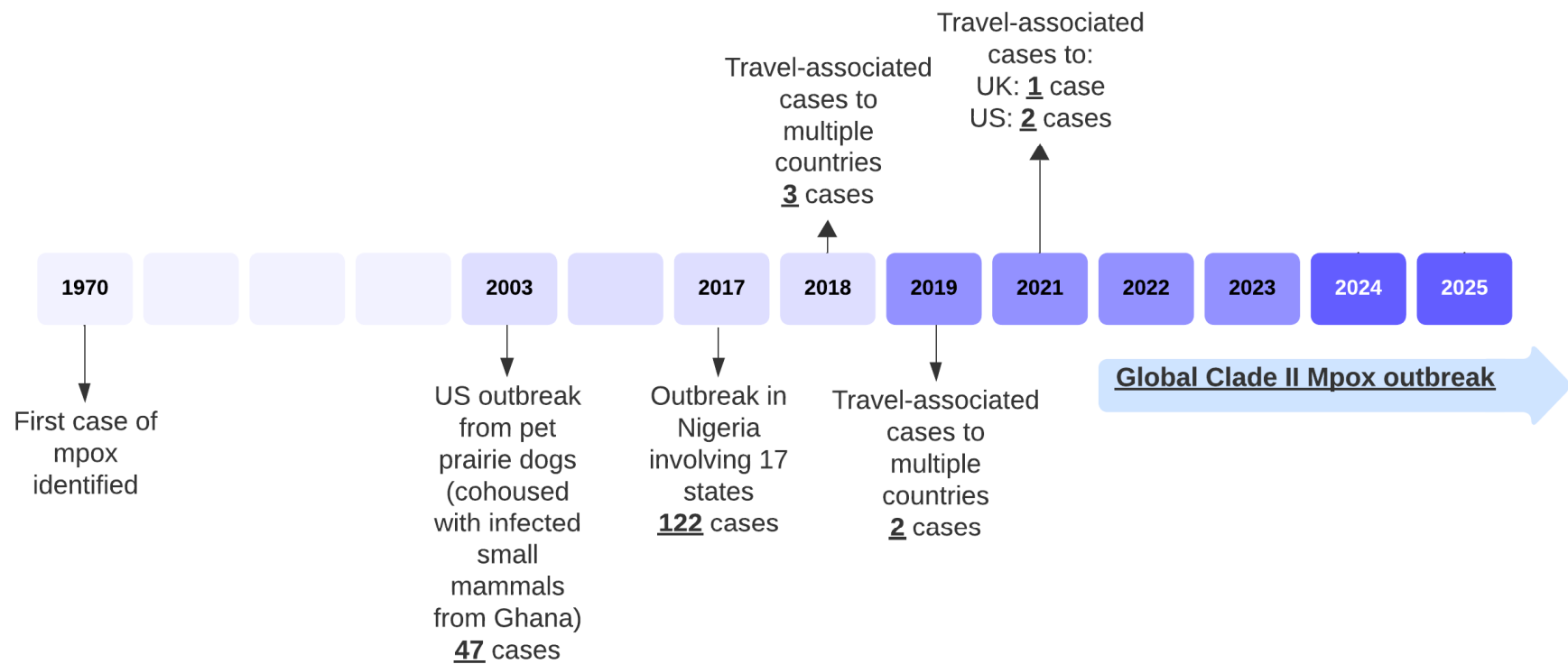
# Mpox historical context



# Mpox historical context



# Mpox historical context



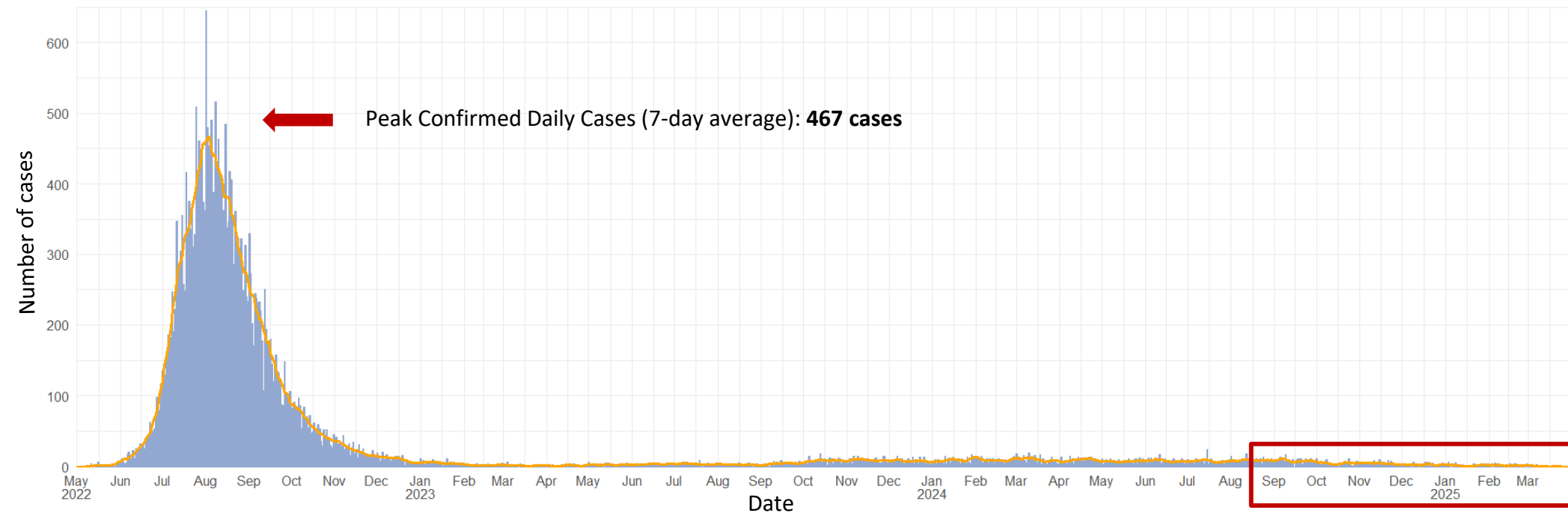
# Global Mpox Outbreak, 2022

- First case in this outbreak identified in the United Kingdom in May 2022
- Primarily affecting gay, bisexual, and other men who have sex with men (MSM)
- Associated with person-to-person spread via close skin-to-skin contact including sex
- Deaths have occurred, primarily among persons with severe immunocompromise from advanced HIV
- U.S. case counts and deaths comprise 1/3 of cases and deaths globally
  - >30,000 cases
  - >60 deaths

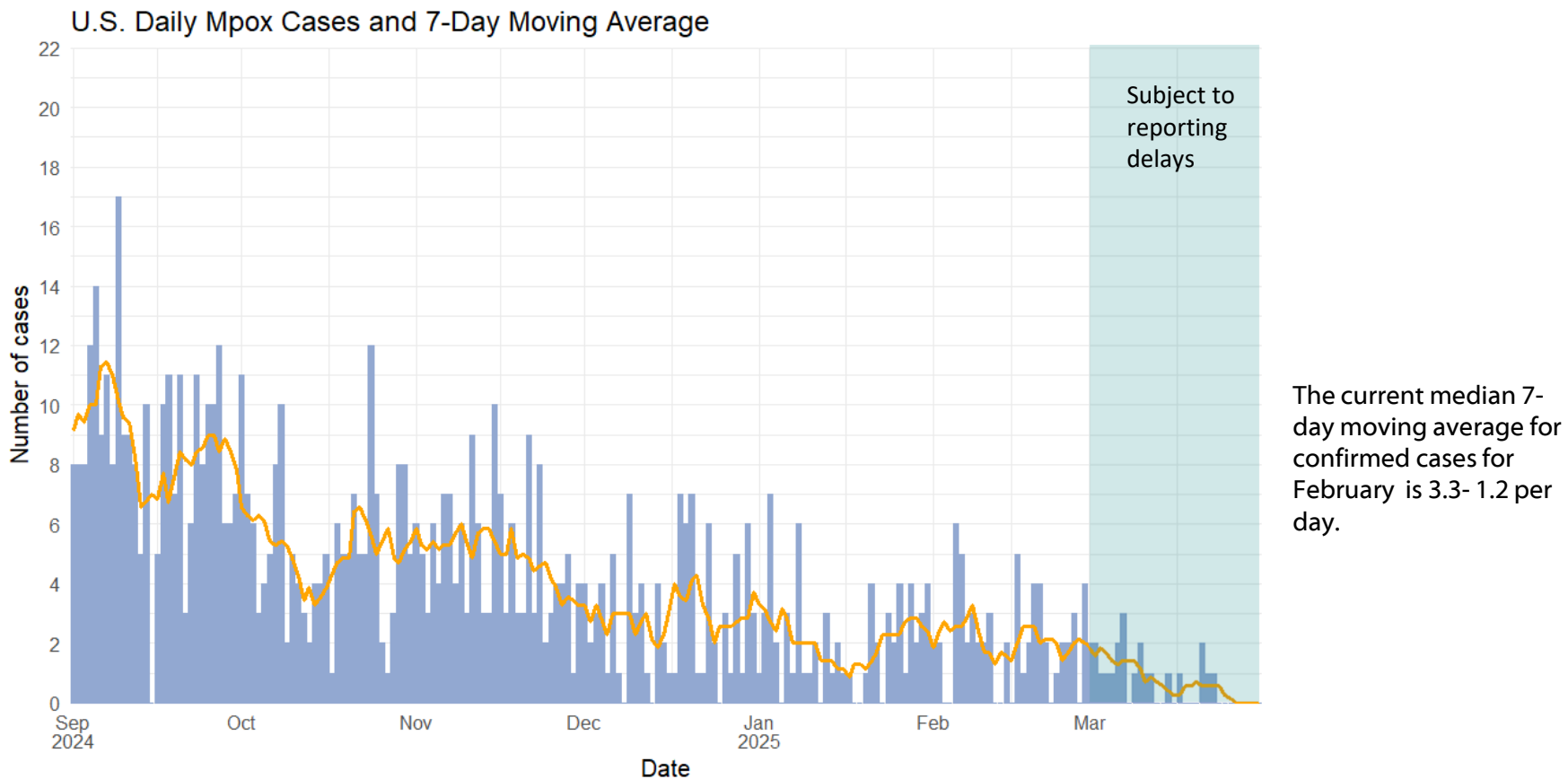


# United States mpox case count and 7-day moving Average – May 2022 through March 2025

U.S. Daily Mpox Cases and 7-Day Moving Average



# United States mpox case count and 7-day moving average – August 2024 through March 2025



## Current Recommendation (voted February 2023)

- ACIP recommends the 2-dose\* JYNNEOS vaccine series for persons aged 18 years and older at risk of mpox during an mpox outbreak<sup>§</sup>.

\*Dose 2 administered one month after dose 1

<sup>§</sup>Public health authorities determine whether there is an mpox outbreak; a single case may be considered an mpox outbreak at the discretion of public health authorities. Other circumstances in which a public health response may be indicated include ongoing risk of introduction of mpox into a community due to disease activity in another geographic area.

# Current Recommendation (voted October 2023) – updated language

ACIP recommends vaccination\* with the 2-dose<sup>†</sup> JYNNEOS vaccine series for persons aged 18 years and older at risk for mpox<sup>§</sup>?

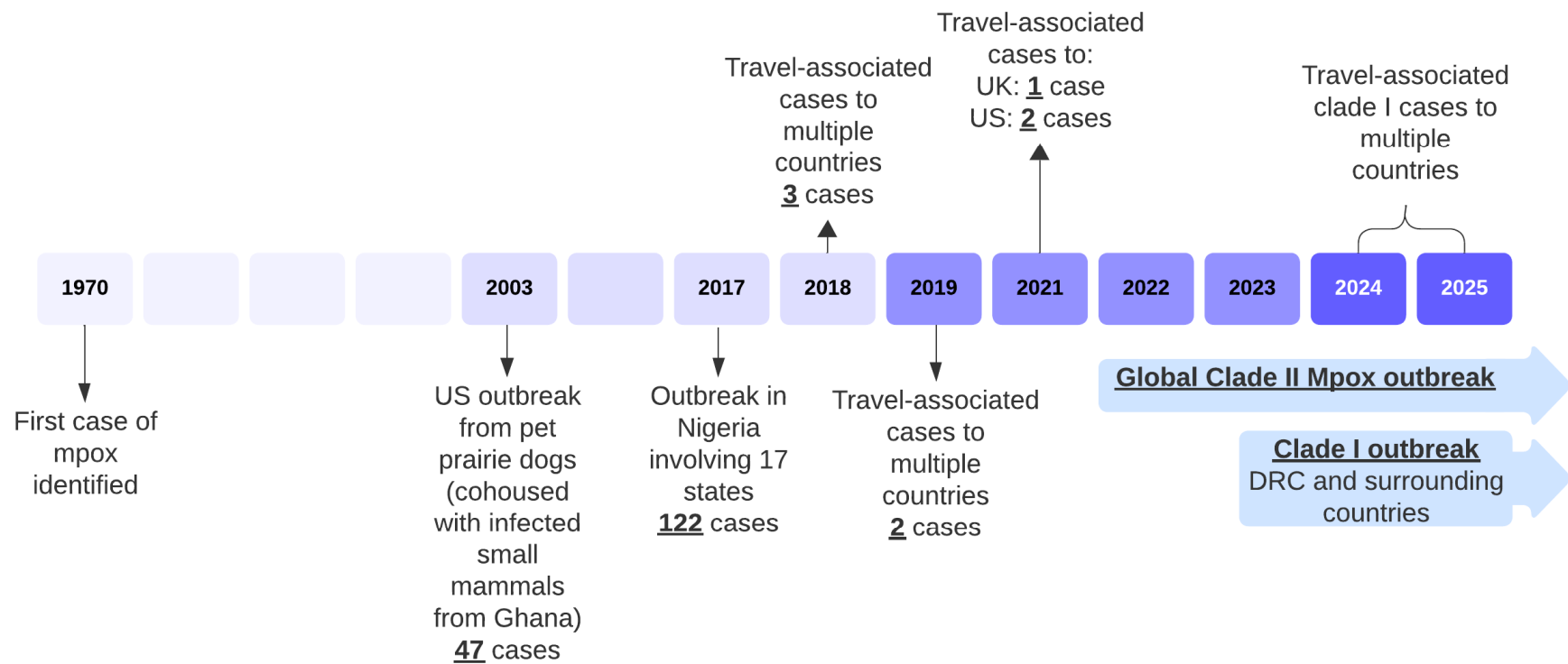
\*Interim recommendation to be revisited in 2-3 years

<sup>†</sup> Dose 2 administered 28 days after dose 1

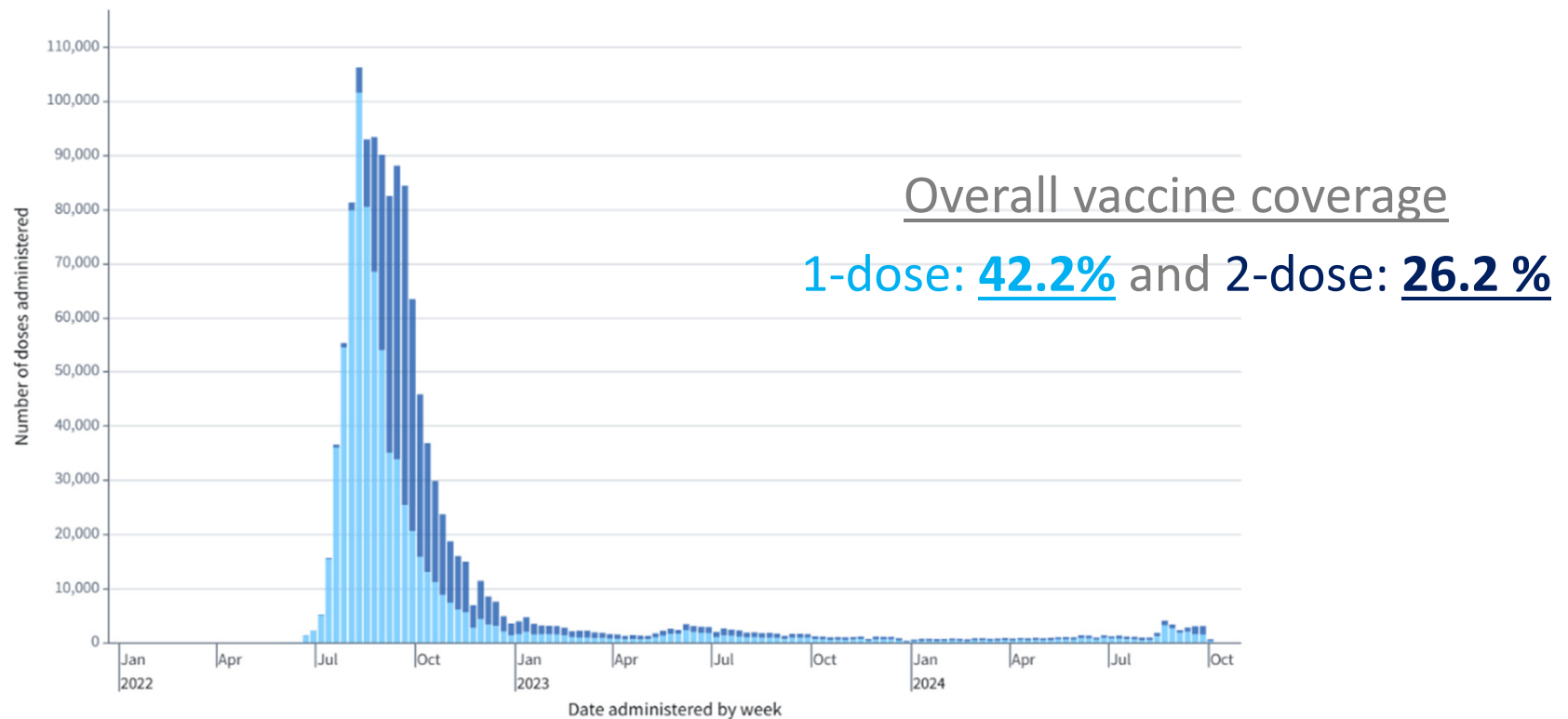
<sup>§</sup>Persons at risk:

1. Gay, bisexual, and other men who have sex with men (MSM), or a person who has sex with MSM who in the past 6 months have had one of the following:
  - A new diagnosis of  $\geq 1$  sexually transmitted disease
  - More than one sex partner
  - Sex at a commercial sex venue
  - Sex in association with a large public event in a geographic area where mpox transmission is occurring
2. Sexual partners of persons with the risks described in above
3. Persons who anticipate experiencing any of the above

# Mpox current situation

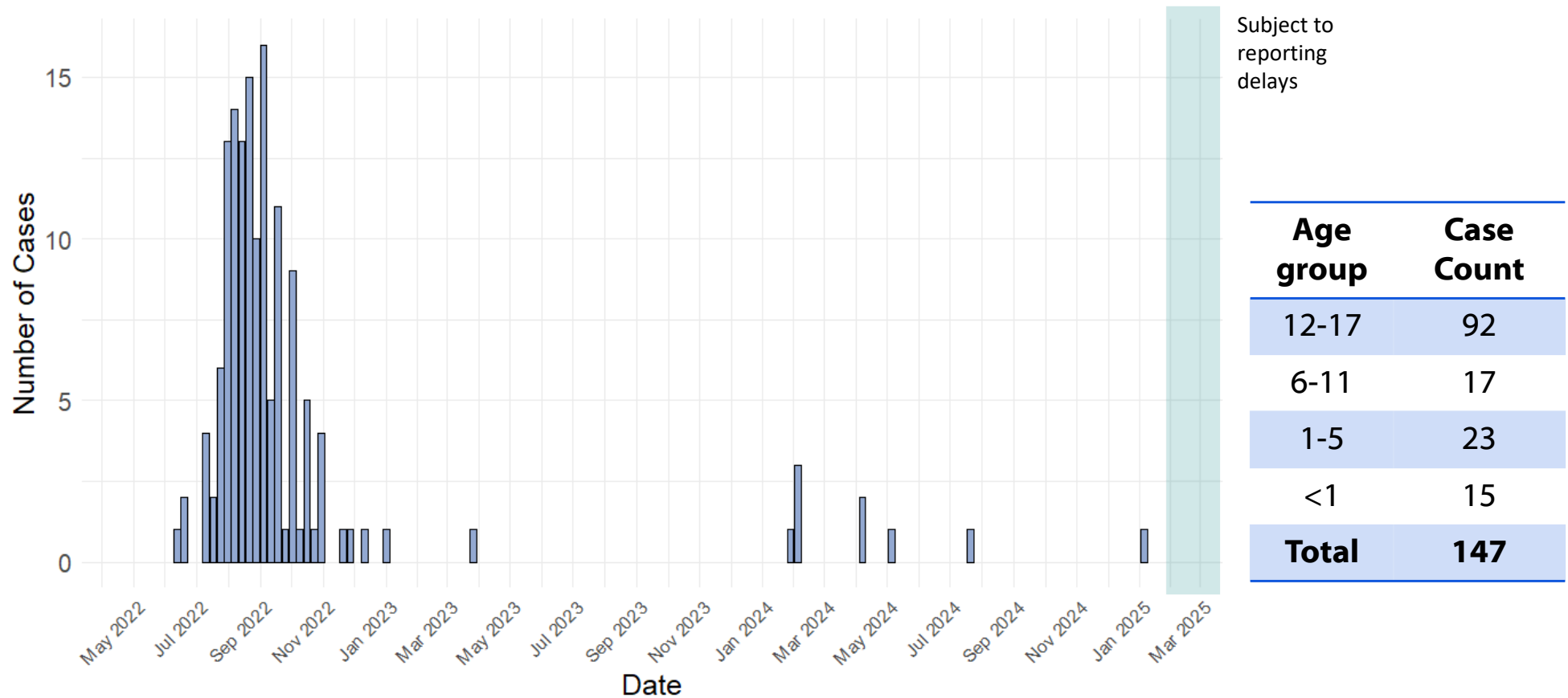


## Jynneos vaccine coverage in the United States among people at risk for mpox – June 2022 to September 2024



- Modeling data suggests *any increase* in coverage reduces the risk of outbreaks, and low coverage (<50%) could promote larger outbreaks

# U.S. mpox case trends in adolescents and pediatrics, May 2022 – March 2025



## New data on safety and immunogenicity in adolescents

- Previously, there was no data evaluating Jynneos in children <18 years
- An NIH sponsored trial completed last year evaluating Jynneos in 12–17-year-old adolescents
  - DMID 22-0020: A Phase 2 Randomized, Open-Label Multisite Trial to Inform Public Health Strategies Involving Use of MVA-BN Vaccine for Mpox (DoSES)
    - Stage 2: non-inferiority trial of Jynneos in adolescents compared to adults
- Proposed recommendations would *extend* current recommendations to 12–17-year-old adolescents



## Proposed Recommendation 1

- ACIP recommends the 2-dose\* JYNNEOS vaccine series for persons **12–17 years of age** at risk of mpox during an mpox outbreak<sup>§</sup>.

\*Dose 2 administered one month after dose 1

§Public health authorities determine whether there is an mpox outbreak; a single case may be considered an mpox outbreak at the discretion of public health authorities. Other circumstances in which a public health response may be indicated include ongoing risk of introduction of mpox into a community due to disease activity in another geographic area.

## Proposed Recommendation 2

ACIP recommends vaccination\* with the 2-dose<sup>†</sup> JYNNEOS vaccine series for persons aged **12–17 years** at risk for mpox<sup>§</sup>?

\*Interim recommendation to be revisited in 2-3 years

<sup>†</sup> Dose 2 administered 28 days after dose 1

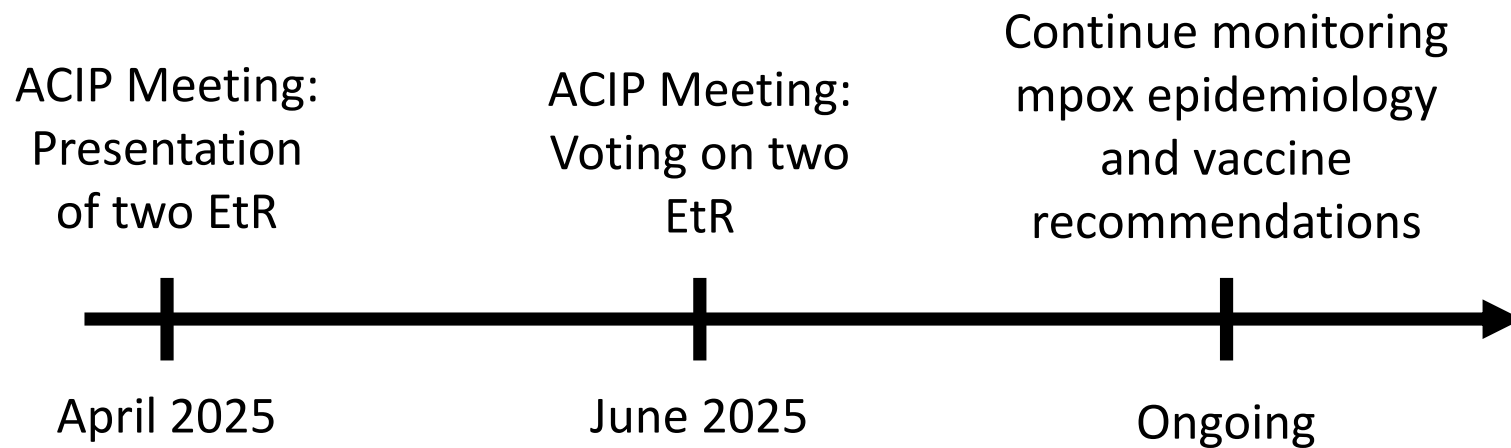
<sup>§</sup>Persons at risk:

1. Gay, bisexual, and other men who have sex with men (MSM), or a person who has sex with MSM who in the past 6 months have had one of the following:
  - A new diagnosis of  $\geq 1$  sexually transmitted disease
  - More than one sex partner
  - Sex at a commercial sex venue
  - Sex in association with a large public event in a geographic area where mpox transmission is occurring
2. Sexual partners of persons with the risks described in above
3. Persons who anticipate experiencing any of the above

## Goals for today's meeting

- Presentation of the safety and immunogenicity of Jynneos in 12–17-year-olds: Dr. C. Buddy Creech
- Evidence to recommendations framework:
  - Outbreak recommendations: Dr. Faisal Minhaj
  - Routine recommendations: Dr. Faisal Minhaj

## Tentative timeline for ACIP discussions and votes



# WG Composition

- **WG Chair**
  - Yvonne (Bonnie) Maldonado
- **WG Lead**
  - Faisal Syed Minhaj
- **ACIP Members**
  - Edwin Asturias
  - Lin Chen
- **Ex Officio/Liaison members**
  - CSTE: Paul Cieslak
  - ASTHO: Chris Taylor
  - NACHO: Philip Huang
  - FDA: Sixun Yang, Pete Weina
  - ACOG: Howard Minkoff
  - AAP: Jim Campbell
- **Ex Officio/Liaison members (cont.)**
  - HRSA: Vikram Krishnasamy
  - AIM: Heather Roth
  - NIH: Kimberly Taylor
  - IHS: Uzo Chukwama
  - NACI: Nicole Forbes, Joshua Montroy
  - IDSA: Shireesha Dhanireddy, Katherine Hsu
- **Invited Consultants**
  - Inger Damon
  - Stuart Isaacs
  - Mike Merchlinsky
  - Amanda Zarrabian
- **Clinician experts**
  - STIs, HIV, mpox, pediatrics
    - Jason Zucker
    - Kim Workowski
    - Pablo Sánchez
    - Beth Bell
  - Immunization
    - Ruth Karron
    - Flor Munoz-Rivas

# CDC Contributors

- **Mpox Epi/Lab/Vaccine experts**
  - Agam Rao
  - Andrea McCollum
  - Christina Hutson
  - Sathesh Panayampalli
  - Shama Cash-Goldwasser
- **Vaccine Safety**
  - Michael McNeil
  - Jonathan Duffy
- **Regulatory Affairs**
  - Yon Yu
- **STIs and HIV**
  - Laura Bachman
  - Jesse O'Shea
- **Drug Services**
  - Julian Jolly
- **Vaccine Implementation**
  - Liz Velazquez

# Thank you

For more information, contact CDC  
1-800-CDC-INFO (232-4636)  
TTY: 1-888-232-6348 [www.cdc.gov](http://www.cdc.gov)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

