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
832.393.4220
www.houstonhealth.org/services/disease-prevention/monkeypox

Harris County Public Health Hotline
Assistance for Harris County Residents outside of Houston City Limits
832.927.0707
www.publichealth.harriscountytx.gov/monkeypox

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Adapted in part from the County of Los Angeles Public Health
I attest the information provided is accurate to the best of my knowledge.

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.

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

Provider Name

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

Clinic Name

Clinic Address

Clinic Phone Number

Provider Email Address

Provider Signature

Provider NPI

Date

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