Monkeypox Update

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Advisory Committee on Immunization Practices
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Medical Countermeasures Stockpiled for Orthopoxviruses

Vaccines

- JYNNEOS
- ACAM2000

Treatment

- Tecovirimat
- Vaccinia Immune Globulin Intravenous (VIGIV)
- Cidofovir

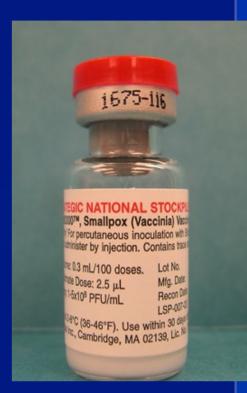
JYNNEOS

- JYNNEOS is a live vaccine produced from the strain Modified Vaccinia Ankara-Bavarian Nordic (MVA-BN), an attenuated, non-replicating orthopoxvirus
 - Also known as IMVAMUNE, IMVANEX, MVA
- Licensed by FDA in September 2019
- Indication
 - JYNNEOS is indicated for prevention of smallpox and monkeypox disease in adults 18 years of age and older determined to be at high risk for smallpox or monkeypox infection
 - CDC is developing an Expanded Access Investigational New Drug Protocol to allow the use of JYNNEOS for monkeypox in pediatric populations



ACAM2000

- ACAM2000 is a live vaccinia virus vaccine
- Licensed by FDA in August 2007
- Replaced Dryvax license withdrawn by manufacturer and remaining vaccine destroyed
- Indication
 - ACAM2000 is indicated for active immunization against smallpox disease for persons determined to be at high risk for smallpox infection
 - CDC-held Emergency Access Investigational New Drug Protocol allows use for Non-Variola Orthopoxvirus Infection (e.g., monkeypox) during an outbreak



ACAM2000 and JYNNEOS

| - | ACAM2000 | JYNNEOS | |
|---|--|---|--|
| Vaccine virus | Replication-competent vaccinia virus | Replication-deficient Modified vaccinia Ankara | |
| "Take" | "Take" occurs | No "take" after vaccination | |
| Inadvertent inoculation and autoinoculation | Risk exists | No risk | |
| Serious adverse event | Risk exists | Fewer expected | |
| Cardiac adverse events | Myopericarditis in 5.7 per 1,000 primary vaccinees | Risk believed to be lower than that for ACAM2000 | |
| Effectiveness | FDA assessed by comparing immunologic response and "take" rates to Dryvax* | FDA assessed by comparing immunologic response to ACAM2000 & animal studies | |
| Administration | Percutaneously by multiple puncture technique in single dose | Subcutaneously in 2 doses, 28 days apart | |

^{*}Both ACAM2000 and Dryvax are derived from the NYC Board of Health strain of vaccinia; ACAM2000 is a "second generation" smallpox vaccine derived from a clone of Dryvax, purified, and produced using modern cell culture technology.

Vaccine Supply

JYNNEOS

- As of June 14, the SNS held more than 36,000 courses in its immediate inventory
- ~150,000 courses to be delivered in the next few weeks
- ~500,000 courses to be delivered this year
- ~250,000 courses to be manufactured from existing bulk vaccine to be delivered later this year
- ~7.9 million courses that could be filled and finished upon request by the government

ACAM2000

>100 Million doses

Pre-Exposure Prophylaxis

- On November 3, 2021, the Advisory Committee and Immunization Practices (ACIP) voted to recommend vaccination for select persons at risk for occupational exposure to orthopoxviruses
- Policy note published June 3, 2022
 - Use of JYNNEOS (Smallpox and Monkeypox Vaccine, Live, Nonreplicating) for Preexposure Vaccination of Persons at Risk for Occupational Exposure to Orthopoxviruses: Recommendations of the Advisory Committee on Immunization Practices — United States, 2022

Pre-Exposure Prophylaxis

People who should get PrEP include:

- Clinical laboratory personnel who perform testing to diagnose orthopoxviruses, including those who use polymerase chain reaction (PCR) assays for diagnosis of orthopoxviruses, including Monkeypox virus
- Research laboratory workers who directly handle cultures or animals contaminated or infected with orthopoxviruses that infect humans, including Monkeypox virus, replicationcompetent Vaccinia virus, or recombinant Vaccinia viruses derived from replication-competent Vaccinia virus strains
- Certain healthcare and public health response team members designated by public health authorities to be vaccinated for preparedness purposes

Pre-Exposure Prophylaxis

- At this time, most clinicians in the United States and laboratorians not performing the orthopoxvirus generic test to diagnose orthopoxviruses, including monkeypox, are not advised to receive orthopoxvirus PrEP
 - Laboratorians should consult with laboratory biosafety officers and supervisors to identify risks and precautions, depending on the type of work they are doing
 - Clinicians and laboratorians should use recommended infection control practices

ACIP Contraindications for ACAM2000 and JYNNEOS for PrEP

| Contraindication | ACAM2000 Primary | ACAM2000 Revaccinees | ACAM2000 Household | JYNNEOS |
|--|---------------------|----------------------|-----------------------|---------|
| | Vaccinees | | Contacts ¹ | |
| History or presence of atopic dermatitis | X | X | Х | - |
| Other active exfoliative skin conditions | X | X | Х | - |
| Conditions associated with immunosuppression | X | Х | X | - |
| Pregnancy | Х | Х | Х | - |
| Aged <1 year | Χ | Х | Х | - |
| Breastfeeding | Χ | X | - | - |
| Serious vaccine component allergy | Χ | X | - | Х |
| Known underlying heart disease (e.g., coronary | X | X | - | - |
| artery disease or cardiomyopathy) | | | | |
| Three or more known major cardiac risk factors | Х | - | - | - |

Current Outbreak Response in the US

- Surveillance (case identification, laboratory confirmation)
- Containment (isolation of cases, contact tracing)
- Vaccination of close contacts (PEP) based on risk exposure assessment*
 - High degree of exposure: PEP recommended
 - Intermediate degree of exposure: Informed clinical decision making recommended on an individual basis to determine whether benefits of PEP outweigh risks
 - Brief interactions and those conducted using appropriate PPE in accordance with Standard Precautions are not high risk and generally do not warrant PEP

https://www.cdc.gov/poxvirus/monkeypox/clinicians/monitoring.html#exposure

Vaccine Strategy Considerations

- Jurisdictions with larger numbers of cases are reporting that high percentages of contacts cannot be identified
 - Several considering or planning for expanded vaccination
 - Electing similar approaches to strategies being used in Montreal and the UK
- Currently limited supply of JYNNEOS
- Some jurisdictions have expressed concerns about potential serious adverse events with use of ACAM2000, especially considering that milder disease is typically being reported
- CDC using the Evidence to Recommendation (EtR) framework to structure deliberations and guide vaccine strategy

Treatment Considerations for Monkeypox

- Many individuals infected with monkeypox virus have a mild, self-limiting disease course in the absence of specific therapy
- The prognosis for monkeypox depends on multiple factors such as previous vaccination status, initial health status, and concurrent illnesses or comorbidities

Treatment Considerations for Monkeypox

- Persons who should be considered for treatment following consultation with CDC might include:
 - Persons with severe disease (e.g., hemorrhagic disease, confluent lesions, sepsis, encephalitis, or other conditions requiring hospitalization)
 - Persons who may be at high risk of severe disease:
 - People with immunocompromising conditions (e.g., HIV/AIDS, leukemia, lymphoma, generalized malignancy, etc.)
 - Pediatric populations, particularly patients younger than 8 years of age
 - Pregnant or breastfeeding women
 - People with a history or presence of atopic dermatitis, people with other active exfoliative skin conditions
 - People with one or more complication
- Persons with monkeypox virus aberrant infections that include its accidental implantation in eyes, mouth, or other anatomical areas where monkeypox virus infection might constitute a special hazard (e.g., the genitals or anus)

Tecovirimat

- Tecovirimat is an antiviral medication that is approved by the FDA for the treatment of human smallpox disease in adults and pediatric patients weighing at least 13 kg
 - Also known as TPOXX or ST-246
- Oral capsule and IV formulations approved by FDA in July 2018 and May 2022, respectively



- Indication
 - Tecovirimat is indicated for the treatment of human smallpox disease in adults and pediatric patients weighing at least 3 kg
 - CDC-held Emergency Access Investigational New Drug Protocol allows use of Tecovirimat for Non-Variola Orthopoxvirus Infection (e.g., monkeypox)
 - Includes allowance for opening an oral capsule and mixing its content with liquid or soft food for pediatric patients weighing less than 13 kg
- Available from the Strategic National Stockpile as an oral capsule formulation or an intravenous vial
 https://www.accessdata.fda.gov/drugsatfda_docs/label/2018/208627s000lbl.pdf

Vaccinia Immune Globulin Intravenous (VIGIV)

- VIGIV is licensed by FDA for the treatment of complications due to vaccinia vaccination, including:
 - Eczema vaccinatum
 - Progressive vaccinia
 - Severe generalized vaccinia
 - Vaccinia infections in individuals who have skin conditions
 - Aberrant infections induced by vaccinia virus (except in cases of isolated keratitis)



 CDC-held Emergency Access Investigational New Drug Protocol allows use of VIGIV for Non-Variola Orthopoxvirus Infection (e.g., monkeypox)

https://www.fda.gov/vaccines-blood-biologics/approved-blood-products/vaccinia-immune-globulin-intravenous-human

Cidofovir

- Cidofovir (also known as Vistide) is an antiviral medication that is approved by the FDA for the treatment of cytomegalovirus (CMV) retinitis in patients with Acquired Immunodeficiency Syndrome (AIDS)
- CDC-held Emergency Access
 Investigational New Drug Protocol allows
 the use of Cidofovir for Non-Variola
 Orthopoxvirus Infection (e.g., monkeypox)



Medical Countermeasure Requests

- CDC is available for consultations to assist with medical countermeasure utilization including appropriate vaccine and antiviral use
- Clinicians should work with State or Territorial Health Authorities to requests vaccines, Tecovirimat, VIGIV, or cidofovir
- Health departments can reach CDC consultants through the CDC Emergency Operations Center



Questions?

For more information please contact Centers for Disease Control and Prevention

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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.



