How Allocation Works

- The federal government maintains a national stockpile of JYNNEOS vaccine. Although the stockpile is being rapidly increased, there is currently not enough vaccine to distribute without prioritization.
- States will be allocated vaccine in 4 phases. In early phases, the number of doses sent to each state was based on a combination of the number of monkeypox cases and the size of the underlying population at risk for monkeypox.
- High-risk populations include men who have sex with men, gay men, bisexual, transgender, and gender non-conforming and other communities who have sex with men and who have engaged in intimate, or skin-to-skin contact with others in the past 14 days areas where monkeypox is spreading.
- **Phase 1** calls for the government to allocate 56,000 doses nationwide from the strategic stockpile.
  - Used to vaccinate monkeypox cases and close contacts.
- In late July or early August, **Phase 2** will make 240,000 additional doses available nationwide.

Learn More About Allocation by Jurisdiction

- Updated JYNNEOS vaccine dose allocations by jurisdiction: [https://aspr.hhs.gov/SNS/Pages/JYNNEOS-Distribution.aspx](https://aspr.hhs.gov/SNS/Pages/JYNNEOS-Distribution.aspx)

How Much Vaccine We Expect

- As of July 19th, Tennessee has received 5,370 courses (10,740 doses) of the JYNNEOS vaccine.
- Tennessee has been allocated 1085 doses in **Phase 2b**. We anticipate receiving 3360 doses in Phase 3.
- Allocation is currently reserved for known contacts (which includes accounting for 1st and 2nd doses); however, plans are underway to expand vaccination outreach to others at highest risk for monkeypox.
- CDC and TDH do not currently recommend a “first dose preference strategy” (giving just one dose instead of two) due to the potential limited effectiveness of a single dose.

Other Vaccination Options (Information about ACAM20000)

- ACAM2000 is live virus vaccine made with vaccinia virus (like an old-fashioned smallpox vaccine).
- Administered as one percutaneous dose via multiple puncture technique with a bifurcated needle.
- Following a successful inoculation, a lesion (known as a “take”) will develop at the site of the vaccination; the lesion may take up to 6 weeks or more to heal. The take can be spread to other parts of the body or even to other people.
- Individuals who receive vaccination with ACAM2000 must take precautions to prevent the spread of the vaccine virus.
- Adverse reactions include injection site pain, swelling, and redness; fever; rash; lymph node swelling; and complications from inadvertent inoculation.
- People who are eligible for and offered ACAM2000 will be tested for HIV to ensure they are HIV negative, counseled on potential side effects, and sign an informed consent.
- Due to concerns about the above risks, ACAM2000 is not currently being distributed.

<table>
<thead>
<tr>
<th>ACAM2000 should NOT be given to individuals who meet any of the criteria below:</th>
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<tbody>
<tr>
<td>o Infants &lt; 12 months of age</td>
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<tr>
<td>o Cardiac disease</td>
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<tr>
<td>o Eye disease treated with topical steroids</td>
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<tr>
<td>o Congenital or acquired immune deficiency disorders, including people living with HIV (regardless of immune status)</td>
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<tr>
<td>o Taking immunosuppressive medications</td>
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<tr>
<td>o Atopic dermatitis/eczema and persons with a history of atopic dermatitis/eczema or other acute or exfoliative skin conditions</td>
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<tr>
<td>o Pregnancy</td>
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</tbody>
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