



UK Health
Security
Agency

Mpox (MVA) vaccine

Vaccination consent for children

Information about mpox and why your child is being offered vaccination against this disease can be found in the accompanying parental information letter. The information below gives more details about the vaccine being offered.

After careful assessment,

is offering vaccination to anyone who may be at risk of developing mpox infection. Mpox is caused by a virus that is closely related to the one that causes smallpox.

The vaccine being offered is manufactured by Bavarian Nordic. It is called Imvanex® in the UK and Europe. Imvanex® has been authorised by the UK's Medicines and Healthcare products Regulatory Agency (MHRA) to protect against smallpox and mpox. The vaccine is called Jynneos® in the US. They are made by the same company and both are being used routinely in the UK.

Imvanex® is licensed for use in people aged 12 years and over and Jynneos® is licensed for use in people aged 18 years and over.

Mpox disease is known to be more serious in young children than in older children and adults. Therefore the UK Health Security Agency (UKHSA) and the Joint Committee on Vaccination and Immunisation (JCVI) recommend the use of the MVA-BN vaccine in children: younger than described in its license. This is known as off-label use of the vaccine. The vaccine has been given safely to a number of children in the UK and works well.

A single dose of vaccine is being advised for your child because they have been in contact or may be in contact with a case of mpox. Vaccination is most effective before exposure but may provide some protection even when given up to 14 days after contact. The MVA-BN is normally injected below the skin or into the muscle (subcutaneous or intramuscular). It can also be given by an injection into the skin, like the BCG vaccine against TB (intradermal). This second method is only used when several people are being vaccinated together.

The vaccine has an acceptable safety record, causing very similar mild side-effects to other vaccines. Flu-like symptoms are a common side-effect; however, serious side-effects are rare. Any adverse reaction or illness following vaccination may require further medical assessment and you should call your local Health Protection Team contact as soon as possible to arrange this.

Please answer the questions on the next page so that the person giving the vaccine knows about important information before vaccinating. A very small number of children cannot have the vaccine.

The immunisation team will answer any questions you have. More information is also available on the NHS website here:
www.nhs.uk/conditions/mpox

or the UKHSA mpox information leaflet
www.gov.uk/government/publications/monkeypox-vaccination-resources

Child details

Child's full name (first name and surname):	Date of birth:
Child's home address:	GP name:
Postcode:	GP address:
Parent/carer email address:	Child's NHS number (if known):
Daytime contact telephone number for parent/carer:	School/nursery:
	Year group/class:

Medical information (Please answer all questions)

1. Has your child been vaccinated against mpox or smallpox in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has your child had a confirmed anaphylactic reaction to a dose of MVA-BN vaccine in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has your child had a confirmed anaphylactic reaction to any of the following antibiotics in the past: benzonase, gentamicin or ciprofloxacin? If yes, please provide more information:	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Does your child have any other serious allergies (e.g. chicken protein)? If yes, please specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Does your child have atopic dermatitis (eczema)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Does your child have a condition or are they receiving any treatment that weakens the immune system? If yes, please provide more information:	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Has your child ever had keloid scarring (excessive growth of scar tissue)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. (If appropriate) Is there any possibility your child could be pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Does your child currently have a raised temperature or are they currently unwell?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide any other relevant information here:	

Please turn over to complete consent

Consent for mpox vaccination

<input type="checkbox"/> YES I want my child to receive mpox vaccination	<input type="checkbox"/> NO I do not want my child to receive mpox vaccination
If you do not want your child to have the mpox vaccine, it would be helpful to understand why:	

Name of parent or guardian:	Relationship to child:
Signature:	Date:

Office use only

Pre-session eligibility assessment for MVA-BN vaccine	Eligibility assessment for MVA-BN vaccine on day of vaccination
Eligible for MVA-BN vaccine? <input type="checkbox"/> Yes <input type="checkbox"/> No	Acutely unwell on the day of vaccination? <input type="checkbox"/> Yes <input type="checkbox"/> No
Intra-dermal vaccination suitable (if applicable)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable Additional information:	Any other reason identified for postponing or excluding from vaccination? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide more information:
Assessment completed by (name, designation and signature):	Child eligible for MVA-BN vaccine today? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date:	

Vaccine details

Date	Time	Dose of vaccine (ml)	Administration route	Site of injection	Product name	Batch number	Expiry date
			<input type="checkbox"/> ID <input type="checkbox"/> SC <input type="checkbox"/> IM	<input type="checkbox"/> Lt arm <input type="checkbox"/> Rt arm <input type="checkbox"/> Other _____	<input type="checkbox"/> Imvanex <input type="checkbox"/> Jynneos		

Administered by

Name	Designation	Signature	Site/clinic	Date