Mpox Response REDCap Reference Guide

The below REDCap surveys are utilized by IDOH operations during the mpox response. The survey's purpose and unique link are included below.

JYNNEOS Vaccine



JYNNEOS Pre-Registration Form

- <u>https://redcap.isdh.in.gov/surveys/?s=JLK7MRJN48</u>
- This form should be submitted by individuals seeking mpox JYNNEOS vaccine who are atrisk for mpox exposure. Individuals pre-registered and identified on the list will receive text messages from IDOH when clinics occur in their region.

JYNNEOS Provider Enrollment

- <u>https://redcap.isdh.in.gov/surveys/?s=C7M4JTHW8PFCF88Y</u>
- This form is to be utilized by healthcare providers or clinics who wish to be approved providers to receive and administer JYNNEOS vaccine. Survey includes documenting the clinic's ability to maintain minimum storage and handling requirements, and ability to administer JYNNEOS vaccine according to EUA intradermal administration requirements.

JYNNEOS Vaccine Administration and Consent Form

- <u>https://redcap.isdh.in.gov/surveys/?s=TPRKCY7F38</u>
- This form collects JYNNEOS vaccine administration and consent. A new survey must be completed for every individual dose that is administered.

JYNNEOS Approved Provider Reorder Form

- <u>https://redcap.isdh.in.gov/surveys/?s=XECAA8P4NDM8JCNL</u>
- This form is for approved JYNNEOS providers to request additional doses of JYNNEOS vaccine. Upon receipt, IDOH will review requests against previous allocations and administration data to verify current provider vaccine inventory.

JYNNEOS Post-Exposure Prophylaxis Request Form

- <u>https://redcap.isdh.in.gov/surveys/?s=P4JAXMXNEC8P473F</u>
- This form is utilized for requesting JYNNEOS vaccine for use as post-exposure prophylaxis (PEP).

Mpox Testing

ERC / IDOHL – Mpox Specimen Testing Request Form

- <u>https://redcap.isdh.in.gov/surveys/?s=JD4MX897H4</u>
- Form intended for healthcare providers to request mpox testing through the Indiana Department of Health (IDOH) Laboratories.

TPOXX (tecovirimat)

TPOXX Request Form

- <u>https://redcap.isdh.in.gov/surveys/?s=3REN7J3XRDE3FTTJ</u>
- Survey to request utilization of TPOXX (tecovirivmat) for the treatment of orthopoxvirus infections, including mpox, for eligible patients. To be utilized by healthcare providers and local health departments only.