Supplementary Appendix

Supplement to: Thornhill JP, Barkati S, Walmsley S, et al. Monkeypox virus infection in humans across 16 countries — April–June 2022. N Engl J Med 2022;387:679-91. DOI: 10.1056/NEJMoa2207323

This appendix has been provided by the authors to give readers additional information about the work.

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SUPPLEMENTARY APPENDIX

Supplement to: Thornhill J, Barkati S, Walmsley S al. Human Monkeypox Infection across

16 Countries — April–June 2022

This appendix has been provided by the authors to give readers additional information about the work.

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We would like to thank all the individuals with monkeypox infection who contributed their clinical data and images to the case series without whom this work would not be possible. We thank SHARE Collaborative Programme Manager Ms Sadna Ullah for administrative help. We thank the many clinicians in 16 countries who worked so hard to provide us with the data for the case series. They are all listed as investigators below and their contribution was invaluable.

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Authorship contributions

Contributions to the Design, Conduct and Reporting of the Case Series

Prof Chloe Orkin (CMO) initiated and lead the collaboration on behalf of the SHARE-net group. CMO and John Thornhill (JPT) developed the Case Report Spreadsheet (CRS), RP, PM, MBK, VA and SW provided clinical input. JPT and CMO gathered the data and assure the quality of the data collected from the participating sites. JPT performed the analysis. The first draft was jointly written by CMO and JPT. All subsequent drafts were written and edited by CMO, JPT, MBK, SW, AA, JR, SB et al and approved by the main authors. The Image library curation was led by SB. CMO, JPT, SB, JN developed the slide template for uniform presentation of image chronologies. Main authors MY, JN, JL, AB, AC, CB, SN, DM, PM, AH, DT, CP, SW curated images. Investigators Cornelia Staehlin and Suneeta Soni also submitted images. The map of clinical sites was created by SN and CMO. The table on seminal fluid was created by AA, FM and JPT. The decision to publish these results and images was agreed by all authors. The writing group vouches for and the data, the analysis and the content of the manuscript.

Figures

Figure S1 Case Report Form – World Health Organisation





Global Clinical Data Platform

Monkeypox CASE REPORT FORM (CRF)

INTRODUCTION

The Rapid Core CRF is designed to collect data obtained through examination, interview and review of hospital or clinic notes of patients with suspected, probable, or confirmed monkeypox infection. Data may be collected prospectively or retrospectively. The data collection period is defined as the period from hospital admission or first clinic visit to discharge from care, transfer, death, or continued hospitalization without possibility of continued data collection.

This CRF has three modules:

Module 1: To be completed on the first day of presentation or admission to the health centre.

Module 2: To be completed daily during hospital stay for as many days as resources allow,

or on follow-up visits to health centre.

Module 3: To be completed at last visit, either hospital discharge or last follow-up.

Pregnancy module: To be completed if currently pregnant or recently pregnant <=21 days.

GENERAL GUIDANCE

Participant identification numbers consist of a site code and a participant number. You can register on the data management system by monkeypox_clinicaldataplatform@who.int and our data management team will contact you with instructions for data entry and will assign you a 5-digit site code at that time. Please contact us at monkeypox_clinicaldataplatform@who.int for any information.

MPX CASE REPORT FORM 14 June 2022

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Module 1 - page 2

					Country	<u> </u>	
ate of enrolment	لحاله	LILIL	2 LOLLI	2.1			
ta, DEMOGRAPHICS Sex at birth □Male □If date of birth is Unknown Health care worker? □Y if yes: □not wearing all Race/ethnicity (tick all □Hispanic/Latino □O History of smallpox vacci Pregnant?* □Yes □No If No, was person recent If Yes, also complete Pre	n, record: res □No recomments applies ther □U cination nation by pregnant	Age Unknown Inded PF Unknown Inded Inded PF Unknown Inded Index	Asian DAM B DNO DU S DNO DU S DNO DI S DNA III	of birth] months I'No OU/ Dother s ian/White	OR L Nown pecify	I ∐days
L DATE OF ONSETAN	D A DANCE	NON VOT	TAL OLONO IS	rfavallable data af presentat	Combalacia	e/emil	
Symptom onset (date of First described symptom/s:	firet/earlie	st sympt	om) [D] D	N = 1 = N 2 1 0 1 =	LI		
]°C Heart rate <u>V_I</u> BP [][][Xsysto	beats/mir	Respir	atory rate [_](diastolic)mm	breaths/min	t ⊡Yes	□No	□Unknown
rC Heartrate BP	beats/min olic) [] esponsive	Respir IL e (otrok	atory rate [_](diastolic)mm a one] W	I breaths/min Hg Severe dehydration /eight kg	1 ⊡Yes	□No	□Unknown
Heart rate	beats/mir lic [] esponsive n sisting at a	Respir	atory rate [_](diastolic)mm a cne) W	I]breaths/min Hg Severe dehydration leight [_ _ kg			
Heart rate	beats/min olic) [] esponsive	Respir IL e (otrok	atory rate [_](diastolic)mm a one] W	I breaths/min Hg Severe dehydration /eight kg	□Yes		□Unknown
teart rate	beats/mir lic [] esponsive n sisting at a	Respir	atory rate [_](diastolic)mm a cne) W	I]breaths/min Hg Severe dehydration leight [_ _ kg			
Heart rate	beats/mir ofc) [I esponsiven n sisting of a 	Respir L e (circle camissic	atory rafe [](diastoric)mm a one) w or initial visit	Ijbreaths/min Hg Severe dehydration eight [][]kg Diabetes	□Yes	□No	□Unknown
Heart rate	beats/mir ofc) [I esponsiven n sisting of a 	Respir	atory rate [](diastolic)mm a one) W writer initial visit	Ijbreaths/min Hg Severe dehydration reight	□Yes	□No	DUnknown DUnknown
Heart rate	beats/min c	Respir	atory rate [](diastolic)mm a one) William or initial visit Unknown	I breaths/min Hg Severe dehydration feight	□Yes □Yes □Yes	□No □No □No	□Unknown □Unknown □Unknown
Heart rate	beatstmin lc	Respir	atory rate [](diastoric)mm a cne)	Ijbreaths/min Hg Severe dehydration reight	□Yes □Yes □Yes □Yes	□No □No □No	□Unknown □Unknown □Unknown □Unknown
Heart rate I I I BP I I I I I I I I I I I I I I I I I I I	beats/mir ofc) [Respir	atory rate [](diastoric) mm cone) wicorinitial visit Unknown Unknown Unknown	Ijbreaths/min Hg Severe dehydration leight [][]kg Diabetes Current smoking Tuberoulosis (active) Tuberoulosis (previous) Asplenia	□Yes □Yes □Yes □Yes □Yes	ONo ONo ONo ONo	□Unknown □Unknown □Unknown □Unknown □Unknown
Heart rateII BP [] [] [] (systomalert Voice Pain Unrolleght] [] (e. Co-MORBIDITIES (e. Chronic cardiac disease (not hypertension) Hypertension Chronic pulmonary disease Asthma Chronic kidney disease Chronic liver disease Chronic liver disease Chronic neurological disorder	beatshnin	Respir	atory rate [](diestoric)mm s one) Writer initial visit Unknown Unknown Unknown Unknown Unknown	Ijbreaths/min Hg Severe dehydration reight	□Yes □Yes □Yes □Yes □Yes □Yes □Yes	ONO ONO ONO ONO ONO ONO ONO	DUnknown
Heart rate	beatshnin	Respir	atory rate [](disstolic)mm cone) Windown Unknown Unknown Unknown Unknown Unknown Unknown	Ijbreaths/min Hg Severe dehydration leight	□Yes □Yes □Yes □Yes □Yes □Yes □Yes □Yes	ONO ONO ONO ONO ONO ONO ONO ONO	DUnknown DUnknown DUnknown DUnknown DUnknown DUnknown

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World Health Organization	PARTICIPANT D	Module 1 – page 3
1d. SIGNS AND SY	YMPTOMS ON ADMISSION	
Number of lesions of	on the entire body that are NOT resolved (resolved = scabbed and desc	uamated):
□0 □1-5 □6-25	□26-100 □>100 □>250	

Number of lesions on the right leg (to the hip crease, including front and back of foot and leg):	
Number of lesions on the right arm (including hand and shoulder):	
Number of lesions on the left leg (to the hip crease, including front and back of foot and leg):	
Number of lesions on the left arm (including hand and shoulder):	
Number of lesions on the genitals (from hip crease to hip crease):	

Does the patient have active lesions in the following areas:

Face	□Yes	□No	□Unknown	Palms of hands	□Yes	□N6	□Unknown
Nose	□Yes	□No	Ellinknown	Arms	ClYes	□No	□Unknown
Mouth	□Yes	□No	□Linknown	Forearms	□Yes	□No	□Unknown
Chest	□Yes	□No	Dunknown	Thighs	DYes	□No	□Unknown
Abdomen	□Yes	□No	□Unknown	Legs	□Yes	□No	□Unknown
Back	□Yes	□No	Dunknown	Soles of feet	DYes	ONo	□Unknown
Perianal	□Yes	□No	□Unknown	Other	□Yes	□No	□Unknown
Genitals	□Yes	□No	□Unknown	Specify where:	-		

Types of lesions on the body:

Macule	□Yes □No	□Unknown	Umbilicated pustule	□Yes	□No	□Unknown
Papule	□Yes □No	□Unknown	Ulcerated lesion	□Yes	□No	□Unknown
Early vesicle	□Yes □No	□Unknown	Crusting of a mature lesion	□Yes	□No	□Unknown
Small pustule	□Yes □No	□Unknown	Partially removed scab	□Yes	□No	□Unknown

Pain at any lesion site: DYES DNO If yes, pain score (0-10: 0 is no pain, 10 is worst imaginable pain; [__] [__]

1e. SIGNS AND SYMPTON	AS ON ADMISS	NON				
Sore throat	□Yes □No	□Unknown	Chest pain	DYes	□No	□Unknown
Muscle aches (myalgia)	□Yes □No	DUnknown.	Joint pain (arthralgia)	Dyes	□No	DUnknown
Headache	□Yes □No	DUnknown	Fatigue/malaise	□Yes	□No	□Unknown
Visual symptoms/Keratitis	□Yes □No	Dunknown	Psychological disturbance	□Yes	□No	Dürknown
Vomiting/rausea	□Yes □No	DUnknown	Diarmoea	□Yes	□No	DUnknown
Genital ulcers	□Yes □No	DUnknown	Dizziness	DYes	□No	DUnknown.
Anal ulgers	□Yes □No	Unknown	Decreased urine output	□Yes	□No.	□Urknown
Lymphadenopathy If yes, Axillary	☐Yes, not po	ainful 🗆	NO NO NO			

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NEJM Manuscript ID: 22-07323



PARTICIPANT ID	السال
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Module 2 - page 4

	□6-	the entire body that are NOT 25 □26–100 □>100	resolved [resolved = sc	abbed and desquamated):
□0 □1–5				
		the right leg (to the hip creas		UKNIBBIONIWWW
		the right arm (including hand		المالات المالات
lumber of lesio	ons on	the left leg (to the hip crease,	, including front and ba	
lumber of lesio	ons on	the left arm (including hand a	and shoulder):	
lumber of lesio	ons on	the genitals (from hip crease	to hip crease):	
	-	ctive lesions in the following are	THE RESERVE OF THE RE	
Face	□Ye		100000	DY66 DNo DUnknown
Nose	□Ye		142000	□Yes □No □Unknown
Mouth	□Ye		100000	DYes DNo DUnknown
Chest	□Ye	F. STORES OF BUILDING	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	□Yes □No □Unknown
Abdomen	□Ye		200000000000000000000000000000000000000	DYes DNo DUnknown
Back	□Ye		The second secon	□Yes □No □Unknown
Periana!	□Ye		5.0000000000000000000000000000000000000	□Yes □No □Unknown
Genitals	□Ye	s DNo DUnknown	Specify where:	
vpes of lesions	on the	body.		
Early vesicle		□Yes □No □Unknown	Ulcerated lesion	☐Yes ☐No ☐Unknown
Small pustule		□Yes □No □Unknown	Crusting of a mature lesion	□Yes □No □Urknown
Umbilicated pus	stule	□Yes □No □Unknown	Partially removed soat	□Yes □No □Unknown

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NEJM Manuscript ID: 22-07323



MODULE 3. Complete at discharge/death/last follow-up

Date	Specimen type	Test performed	Result
_ = /,9_ V_400 _	Offensial Power O'Combined esself of the formal seeds O'Combined esself of the Offensial seeds O'Combined OSAL OCTA Offensial seeds O'Combined Seeds of the Offensial seeds O'Combined Seeds O'Combined Seeds O'Combined Seeds O'Combined Seeds O'Combined Seeds O'Combined Seeds	O Monkayoon POR O Cirilogoverna POR O Cirilog	Officeries Officeries Officeries
1 1 1 1 1 1 100 E	Official Residue Official seeds OContributed manifer in throat seeds OContributed manifer in the official seeds OCITIC OCONTRIBUTE OFFI OCITIC SEEDS	O Mostingpoin PCR O Cirillogravitras PCR O Cirillo	OPcodes Obligative Octivizione
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11 (11 14 14 1400 1	Offices (19) well OCampional sessibly + the cell well OSpatian OSAL OCTA Observational week Ostate OState of treat well OCitics (State of treat)	Other	OPositie Oligatie Olimowa
	O'Control seat O'Control seat O'Control seat O'Control seat P - Broad seat O'Control Seat O'Cont	O(ther	OFcoher Otogoties OUtknown



PARTICIPANT ID I	11 11	11 11 1	1-1 11	11 11 1
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Module 3 - page 6

Shock	□Yes	□No	□Unknown	Bacteraemia	□Yes	□No	□Unknown
Seizure	□Yes	□No	□Unknown	Bacterial super-infection	□Yes	□No	□Unknown
Meningitis/encephalitis	□Yes	□No	□Unknown	Bleeding	□Yes	□No	Dünknown
Anaemia	□Yes	□No	□Unknown	Abecess	□Yes	□No	□Unknown
Cardiac arrhythmia	□Yes	□No	□Unknown	Myocarditis/pericarditis	□Yes	□No	DUnknown
Cardiac arrest	□Yes	□No	DUnknown	Acute renal injury	□Yes	□No	DiUnknown
Prieumonia	□Yes	□No	DUnknown	Pancreatitis	□Yes	□No	Dilnknown
Cellultis	□Yes	DNo	□Unknown	Liver dysfunction	□Yes	□No	□Unknown
Acute respiratory distress syndrome (ARDS)	□Yes	□No	DUnknown	Cardiomyopathy	□Yes	□No	□Unknown
Stroke: ischaemic stroke	□Yes	□No	□Unknown	Ocular infection	□Yes	□No	DUnknown
Necrotizing infection	□Yes	□No	□Unknown	Other If yes, specify	□Yes	□No	DUnknown

	□Yes	□No	□Unknown	Intravenous fluids? DYes	□No	□Unknown
Experimental orthopo:	antiviral?	□Yes	ONo OUr	known		
If yes: Defincteofovir D Define, specify:				V-100-1-1		
If yes; side effect repo						_
Antibiotic? □Yes	□No	DU	known			
If yes, specify : Deftris	oxone 🗆 Dox	yoyoline	□Amoxicillin-cla	wulanate Other		-
Antifungal agent?	□Yes	□No	□Unknown			
	□Yes	□No	□Unknown			
Other		□Yes	DINo:	□Unknown		

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PARTICIPANT ID

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3d. SUPPOR receive/	/E CARE for those hospitalized, at any time during hospitalization, did the plergo:	atient
Date of IC Date of IC Oxygen therap Oxygen I	admission? EYes ENo EUnknown If yes, total duration: admission [] [] [] [] [] [] [] EY [] ENA discharge [] [] [] [] [] [] [] [] EY [] ENA EYes ENo EUnknown If yes, complete all: Total duration:days w: E1-5 L/min E8-10 Umin E11-15 L/min E>15 L/min Nasal prongs EHF nasal cannula EMask EMask with reservoir ECPAPYNIV	WA.
Non-invasive v	tilation? (e.g. BPAP, CPAP) DYes DNo DUnknown If yes, total duration	days
Extracorporeal Inotropes/vasc	con (any)? □Yes □No □Unknown If yes, total duration:days CMO) support? □Yes □No □Unknown If yes, total duration:days essors? □Yes □No □Unknown If yes, total duration:days at therapy (RRT) or dialysis? □Yes □No □Unknown	
3e. OUTCOME		
Outcome date If discharged	larged alive □Hospitalized □Transfer to other facility □Death □Palliative disched □L□ V □ V □ V □ V □ V □ □Unknown ve, ability to self-care at discharge versus before illness: □Same as before il	ilness DWorse
3f. CLINICAL I	LUSION CRITERIA	
Suspected	□Yes □No	
Probable	□Yes □No	
Confirmed	DYes DNo	
* See definitions Suverilance da	re: myesticution and contact tracing for Monkeypox: Interim guistance (who int).	

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ADDENDUM - PREGNANCY MODULE

To be completed for women who are either:

- currently pregnant, or
- recently pregnant (within 21 days of pregnancy outcome)

Complete within 24 hrs from hospital admission or outpatient facility

Pregnant not in labour 🗆						
Pregnant in labour						
Postpartum (days)	[] Breastfeedi	ng? Dires	□No			
Post-abortion/miscarriage						
Number of fetuses 🗆	Singleton DTwin	□Triplet	Dother [] □Unknov	wm .	
Was this an IVF pregnancy?	Yes DNo DUnk	nown	72	- 12		
P-1b. ABORTION OR MISCARR	IAGE (prior to ad)	mission)				
Date of induced abortion or sport	taneous abortion/s	nissed abort	on/intscarr	lage?		
DIDM MINNES	1					
Were symptoms of MPX present :	st the time?	Yes □No	Dünkn	own.		
P-1c. OBSTETRIC HISTORY						
Number of previous pregnancies Number of previous vaginal della Number of previous caesarean de	eries [1	Sestation (
	nhito neodous d	eliveries:				
P-1d. Please tick any which ap	bild on the Alone of					
Preterm birth (< 37 weeks)	pry to previous or	□Yes.	□No	□Unknown		
Preterm birth (< 37 weeks' gestation)	pry to previous or	□Yes □Yes	□No	□Unknows.		
Preterm birth (< 37 weeks' gestation) Congenital anomaly	pry to previous o	ΩYes ΩYes ΩYes	□No □No	Dünknews Dünknews		
Preterm birth (< 37 weeks) gestation) Congenital anomaly Stillborn	pry to previous or	DYes DYes DYes DYes [□No □No □No	Dunknown Dunknown		
Preterm birth (< 37 weeks) gestation) Congenital anomaly stillborn Neonatal death (< 7 days)	piy tu previous o	ΩYes ΩYes ΩYes	□No □No	Dünknews Dünknews		
Preterm birth (< 37 weeks' gestation) Congenital anomaly Stillborn Neonatal death (< 7 days) Weight < 2500g	piy tu previous o	DYes DYes DYes DYes [□No □No □No	Dunknown Dunknown		
		DYES DYES DYES DYES I	□No □No □□No □No	Dunknown Dunknown		
Preterm birth (< 37 weeks) gestation) Congenital anomaly Stillborn Neonatal death (< 7 days) Weight < 2500g Weight > 4500g	FACTORS DURIN	DYES DYES DYES DYES I	□No □No □No □No	Dunknown Dunknown		
Preterm birth (< 37 weeks) gestation) Congenital anomaly Stillborn Neonatal death (< 7 days) Weight < 2500g Weight > 4500g P-Le, ALCOHOL, DRUGS - RISK Alcohol consumption (Biot/recreational drug use	FACTORS DURIN	OYes OYes OYes OYes OYes OYes OYes OYes	ONO	Dunknown Dunknown		
Preterm birth (< 37 weeks) pestation) Congenital anomaly stillborn Neonatal death (< 7 days) Weight < 2500g Weight > 4500g P-1e, ALCOHOL, DRUGS - RISK Alcohol consumption Biot/recreational drug use	FACTORS DURIN	OYes OYes OYes OYes OYes OYes OYes OYes	ONO	□Unknown □Unknown □Unknown		
Preterm birth (< 37 weeks) gestation() Congenital anomaly Stillborn Neonatal death (< 7 days) Weight < 2500g Weight > 4500g P-Le, ALCOHOL, DRUGS — RISK Alcohol consumption Hidt/recreational drug use Smoking use	FACTORS DURIN Oves Oves Oves Oves Oves Oves Oves Oves	O'res	GNANCY COND COND	Dunknown Dunknown Dunknown Dunknown	_	
Preterm birth (< 37 weeks' gestation) Congenital anomaly Stillborn Neonetal death (< 7 days) Weight < 2500g Weight > 4500g P-Le. ALCOHOL, DRUGS - RISK Alcohol consumption (Biot/recreational drug use Smoking use P-LE. MEDICATIONS DURING T	FACTORS DURIN Oves Oves Oves Oves Oves Oves Oves Oves	O'res O'res O'res O'res O'res O'res O'res O'res O'ne O'ne O'ne O'ne O'ne O'ne O'ne O'ne	GNANCY COND COND	DUNknown DUnknown DUnknown DUnknown	□Ne	Dürknave
Preterm birth (< 37 weeks) gestation) Congenital anomaly Stillborn Neonatal death (< 7 days) Weight < 2500g Weight > 4500g P-Le, ALCOHOL, DRUGS — RISK Alcohol consumption Hildt/recreational drug use Smoking use	FACTORS DURIN Oves Oves Oves Oves Oves Oves Oves Oves	O'res	GNANCY COND COND	Dunknown Dunknown Dunknown Dunknown	_	Dürksown Dürksown
Preterm birth (< 37 weeks) gestation) Congenital anomaly Stillborn Neonatal death (< 7 days) Weight < 2500g Weight > 4500g P-Le, ALCOHOL, DRUGS - RISK Alcohol consumption Hidt/recreational drug use Smoking use P-Lf, MEDICATIONS DURING T	FACTORS DURIN Oves Oves Oves Oves Oves Oves Oves Oves	O'ves	GNANCY COND COND	DUnknown DUnknown DUnknown DUnknown DUnknown DUnknown DUnknown DUnknown	□Ne	
Preterm birth (< 37 weeks' gestation) Congenital anomaly Stillborn Neonetal death (< 7 days) Weight < 2500g Weight > 4500g P-Le. ALCOHOL, DRUGS - RISK Alcohol consumption (Biot/recreational drug use Smoking use P-LE. MEDICATIONS DURING T	FACTORS DURING Oves Oves Oves Oves Oves Oves Oves Oves	O'res	GNANCY Enown Intown Sect of curre peracetamo	DUNknown DUnknown DUnknown DUnknown DUnknown DUnknown DUnknown DUnknown	□No □No specify g	Dünknown
Preterm birth (< 37 weeks' gestation) Congenital anomaly Stillborn Neonatal death (< 7 days) Weight < 2500g Weight > 4500g P-Le, ALCOHOL, DRUGS - RISK Alcohol consumption (Biot/recreational drug use Smoking use P-LE, MEDICATIONS DURING T Fever or pain treatment Anticonvulsants Anti-names Prematal vitamins	FACTORS DURIN Oves Oves Oves Oves Oves Oves Oves Oves	OYes OYes OYes OYes OYes OYes OYes OYes	GNANCY COUNTY COUNTY	DUNKnown DUnknown DUnknown DUnknown DUnknown DUnknown DUnknown If yes If yes	□No □No specify g	Dünknawn generic same:
Preterm birth (< 37 weeks' gestation) Congenital anomaly Stillborn Neonatal death (> 7 days) Weight < 2500g Weight > 4500g P-Le, ALCOHOL, DRUGS - RISK Alcohol consumption Hidt/recreational drug use Smoking use P-LE, MEDICATIONS DURING T Fever or pain treatment Anticonvulsants Anti-nauces	FACTORS DURIN OYES OYES OYES OYES HIS PREGNANCY ACEL NSAI Othe	OYes OYes OYes OYes OYes OYes OYes OYes	GNANCY GNANCY TOWN TOWN Set of carre paracetamo	DUNKnown DUnknown DUnknown DUnknown DUnknown DUnknown Tyes Tyes Tyes Tyes Tyes Tyes	□No □No specify g specify g specify g	Dünknawn generic same: generic same:

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Complete at discharge/death or future delivery

Delivery during admission	Dyes DNo				
Delivery date	LB B M S L S M 2 L C L S				
Mode of delivery	☐ Vaginal delivery ☐ Caesarean section				
	Reason for a-section:				
	☐ Prolonged labour ☐ Abnormal positioning ☐ Fetal distress				
	☐ Birth defects ☐ Repeat caesarean ☐ Chronic health condition				
	☐ Cord prolapse ☐ Cephalopelvic disproportion (CPD) ☐ Unknown				
	☐ Genital lesions				
Onset of labour	☐ Sporteneous☐ Caesarean section before labour				
	□ Induced □ Unknown				
Fetal presentation at delivery	□ Cephalic □ Transverse □ Breech				
Amniotic fluid at delivery	☐ Clear ☐ Meconium stained ☐ Unknown				

Pregnancy outcome	ElUndelivered/intact pregnancy	☐Spontaneous abortion*			
	□Induced abortion*	☐Missed abortion*			
	☐Mecerated stillbirth*	□Fresh stilbirth*			
	☐Post-abortion/postpartum on admis	sion*			
	*Bate of pregnancy outcome: [SW MIN WEST OF THE T			
Maternal death	□Yes □No				
	If yes, what was the underlying cause of death?				
	□Abortive outcome				
	Citypertensive disorders in pregnancy, childbirth and the puerpersum				
	□Obstetric haemor rhage				
	□Pregnancy-related infection				
	CiOther obstetric complication not included in above causes				
	Di/nanticipated complications of management (e.g. anaesthesia-related complications)				
	□Indirect material death				
	CiObstetric death of unspecified cause				
	□Deaths from a coincidental cause (e.g. motor vehicle accident)				

Compileations during the	Gestational diabetes	Dives	□No.	Dürknows	
course of pregrancy	Gestational hypertension	Dires	□No	DUrknown.	
	Anaemia (Hb < 11 g/dL)	Dres	DNo	□Unknowe:	
	Obstetric infections	Dres	□No	Dunknows	
	Intrauterine growth restriction	□Yes:	□No.	Dunknown	
	Bleeding	Dives	□No.	Dunknows	
	Pre-eclampsia	Dres	□No	□Unknown	
	Eclampsia	Dires.	□No:	□Unknown	

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World Realth Organization	PARTICIPANT ID
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Acute or late stage pregnancy complications	Placental previa/accreta/percreta	Dres	□No		Dünknown	
to a parational	Preeclampsia/eclampsia [ok?]	Dives	DNo		Durksows	
	Placental abruption	□Yes	□No	0	□Unknown	
	Preterm contractions.	Dres	□Ne		Dünksows	
	Preterm labour	Dives	DNo		□Unknows.	
	Preterm rupture of membranes	Dires	□Ne		□Unknown:	
	Puerperal septicaemia or severe in	fection	□Ves I	ΠNo	□Unknown	
	Haemorrhage		□Yes I	□No	□Unknerein	
	STI untreated (i.e. herpes, syphilis,	chiamydia	gonorrhoe	10	Dies DNo	Dünknerein
	If haemorrhage, which type:					
	□ Antepartum/intrepertum □ P	ostperture	haamomha	64	☐ Abortion-relat	(ed
	Embolic disease	□Yes.	□No	2.	□Unkruren	
	Anaesthetic complication	Over	□No		Dünkscen	

P-3d. TREATMENT during hospitalisation or outpatient course						
Tocolysis	□Yes	□No	□Unknown			
Induction of labour	□Yes	□No	□Unknown			

Any sampling conducted? If so, please describe the test and the results	DAmetotic fluid	☐ PCR ☐ Other (specific)	Wallolf all all follows and all all all all all all all all all al	☐ Positive ☐ Negative ☐ Undetermined
	□Placenta	☐ Pich ☐ Other (specify)	MYTON ATA	☐ Positive ☐ Negative ☐ Undetermined
	DCord blood	C POR Cother (specify)	MSTOTETAL	[] □ Positive □ Negative □ Undetermined
	Ch'aginal swab	☐ POR ☐ Other (specify)	N 3 0 + + 	☐ Positive ☐ Negative ☐ Undetermined
	DFaeces/tectal weah	C Other (specify)	MSTON ATA	☐ Positive ☐ Negative ☐ Undetermined
	□Pregnancy tissue in the case of fetal demise/ induced abortion	☐ PCR☐ ☐ Other [specify]	MSKONAKA LUKAKA	☐ Positive ☐ Negative ☐ Undetermined
	□Breastmik	☐ PCR ☐ Other (specify)	M2K0K K I	☐ Positive ☐ Negative ☐ Undetermined

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PARTICIPANT ID I	.11	115 111	11 1-1	11 11	11 1	Module 1 - page 1
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P-3f. NEONATAL OUTCOMES	TAX
Date of birth [DD/MM/YYYY] Time of birth [e.g. 1421]	CONCONCENT OF MISTORIAN
Participant ID of the mother:	[IIIIIIIIIIII] - [IIIIIIIIIIIIIIIIII
MPX lab tast of reconate	□Performed □Not performed □Unknown If yes: [
Apgar score at 5 minutes	Score: [
Birth weight	Grams:
Respiratory distress syndrome	□Yes □No □Unknown
Admission to NICU	Cines Citto Dünknown
Neonatal outcome	□Discharged healthy □Discharged with complications/sequelae □Details: □ □Clinical referral to specialist ward /other hospital □Details: □ □Death Oate of death: □□(□□/□□/□□/□□/□□/□□/□□/□□/□□/□□/□□/□□/□
If neonate died, primery cause of death	□Preterm/low birth weight □Birth sophysia □Infection □Birth trauma □Congenital/birth defects □Other □Unknown
Any congenital anomalies	□Neural tube defects □Congenital malformations of ear □Congenital malformations of digestive system □Congenital malformations of digestive system □Congenital malformations of gential organs □Chromosomal abnormalities □Reduction defects of upper and lower limbs

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Instructions for completion

Thank you for taking the time to completing this datasheet
There are two data sheets for completion on separate tabs PLEASE
COMPLETE THIS_SITE DATA and PLEASE COMPLETE THIS_CASE DATA

We aim to collect data on both **confirmed monkey pox cases** and those **not yet confirmed but with a high clinical suspicion**, please enter data for all cases

Where possible please use the dropdown menus for completion

Each site is given a list of unique identifiers labelled as study number, please use the study number provided to identify cases should we have any data queries

Please only include consented cases and store the consent at your clinical site with the patient record

To ensure secure data transfer may I ask you to send your completed spreadsheet with anonymised data using egress.

Egress is a secure file sharing email platform.

https://switch.egress.com/ui/signin.aspx

A key for the data requested is below, if you have any questions please call or email me, thank you John

Variable Key

Study Number	Unique study identifier provided on blank template,			
Site	Please select your site or country from the dropdown list			
Age	Please input age in whole numbers			
Gender Identity	Please select gender identity from dropdown list			
Ethnicity	Please select ethnicity from dropdown list			
Ethnicity - other	If ethnicity not listed, please use freetext			
Sexual Orientation	Please select sexual orientation from dropdown list			
HIV status	What is the persons HIV status, select from dropdown list			
Date of last CD4	If the person is living with HIV, what was the date of last CD4 count in format dd/mm/yyyy			
Last CD4Count	If the person is living with HIV, what was the absolute CD4 count			
Date of last HIV viral load	If the person is living with HIV, what was the date of last HIV VL in format dd/mm/yyyy			
Last VL (cpm)	If the person is living with HIV, what was the last HIV viral in CPM			
On ART	If the person is living with HIV, Is the Patient currently taking ART			
ART Regimen				
TDF/TAF or ABC or 2DR	If on ART select from dropdown			
3TC or FTC	If on ART select from dropdown			
3rd Agent	If on ART select from dropdown			
Comments or other regimens	If on ART but drug not in dropdown please add in freetext			
Transmission Route	What was the suspected route of transmission			
Contact	Was the individual in contact with a known case of Monkey Pox			
Recent Travel 1/12	Did the individual travel abroad in the previous month before their diagnosis			
Necent Haver 1/12	diagnosis			
If Travel, list country of travel	diagnosis If abroad which country was visited			
If Travel, list country of				
If Travel, list country of travel	If abroad which country was visited Did the individual attend a sex on site venue in the previous month			
If Travel, list country of travel Sex on Site Venue	If abroad which country was visited Did the individual attend a sex on site venue in the previous month before their diagnosis Did the individual attend a festival or large party (with more than 30			
If Travel, list country of travel Sex on Site Venue Festival or Large Event	If abroad which country was visited Did the individual attend a sex on site venue in the previous month before their diagnosis Did the individual attend a festival or large party (with more than 30 people) in the previous month before their diagnosis			
If Travel, list country of travel Sex on Site Venue Festival or Large Event If yes, name of event	If abroad which country was visited Did the individual attend a sex on site venue in the previous month before their diagnosis Did the individual attend a festival or large party (with more than 30 people) in the previous month before their diagnosis If yes, please specify event or party Did the individual report any chemsex use in the month before their			
If Travel, list country of travel Sex on Site Venue Festival or Large Event If yes, name of event ChemSex Initial presenting complaint to	If abroad which country was visited Did the individual attend a sex on site venue in the previous month before their diagnosis Did the individual attend a festival or large party (with more than 30 people) in the previous month before their diagnosis If yes, please specify event or party Did the individual report any chemsex use in the month before their diagnosis			
If Travel, list country of travel Sex on Site Venue Festival or Large Event If yes, name of event ChemSex Initial presenting complaint to department Department Presenting	If abroad which country was visited Did the individual attend a sex on site venue in the previous month before their diagnosis Did the individual attend a festival or large party (with more than 30 people) in the previous month before their diagnosis If yes, please specify event or party Did the individual report any chemsex use in the month before their diagnosis What was the individual's initial reason for seeking medical attention What was the initial healthcare setting attended, please select from			
If Travel, list country of travel Sex on Site Venue Festival or Large Event If yes, name of event ChemSex Initial presenting complaint to department Department Presenting to	Did the individual attend a sex on site venue in the previous month before their diagnosis Did the individual attend a festival or large party (with more than 30 people) in the previous month before their diagnosis If yes, please specify event or party Did the individual report any chemsex use in the month before their diagnosis What was the individual's initial reason for seeking medical attention What was the initial healthcare setting attended, please select from dropdown			
If Travel, list country of travel Sex on Site Venue Festival or Large Event If yes, name of event ChemSex Initial presenting complaint to department Department Presenting to Date of Presentation	Did the individual attend a sex on site venue in the previous month before their diagnosis Did the individual attend a festival or large party (with more than 30 people) in the previous month before their diagnosis If yes, please specify event or party Did the individual report any chemsex use in the month before their diagnosis What was the individual's initial reason for seeking medical attention What was the initial healthcare setting attended, please select from dropdown what was the date of presentation in dd/mm/yyyy			

Sore Throat /	Did the individual report sero threat or phonymeitic			
Pharyngitis	Did the individual report sore throat or pharyngitis			
Lymphadenopathy Y/N	Did the individual have lymphadenopathy			
Low mood Y/N	Did the individual report low mood			
Myalgia Y/N	Did the individual report muscle aches or myalgia			
Rash (Y/N)	Did the individual have a rash			
Type of rash	Please select the type of rash from the dropdown menu or describe later in freetext			
Face, body, genitals,	Please select where the rash was present, if multiple sites please			
Palms or soles	specify in the next column			
If multiple sites please specify	If rash is present in different sites, please list these			
Number of lesions	Select from dropdown list the number of lesions present			
Mucosal Lesion Y/N	Were mucosal lesions present, if so, describe in the next column			
Please describe the mucosal lesions	Please describe the location and frequency of the lesions			
Any Other Clinical Features	Please add any other clinic feature to this freetext box			
Sexual History	Please enter the number of sexual partners in the previous three months			
PrEP	Please indicate if the individual used PrEP in the month prior to MPX\			
Concurrent STI	Where there concurrent STIs diagnosed			
If yes, which one(s)	If yes select which one from the dropdown list			
Gonorrhoea	Was gonorrhoea suspected or diagnosed			
Site of Gonorrhoea	what site was gonorrhoea diagnosed from			
Chlamydia	Was chlamydia suspected or diagnosed			
Site of Chlamydia	what site was chlamydia diagnosed from			
Syphilis	Was syphilis diagnosed			
HIV	If HIV status was reported as negative or unknown, was a repeat HIV test taken at time of M Pox diagnosis			
	At the time of data collection was the diagnosis of M Pox confirmed			
MPV Diagnosis	by PCR or a high clinical suspicion with PCR awaited			
	Was a M Pox PCR taken from a Skin/Rash/Lesion			
Monkeypox viral DNA	Was a M Pox PCR or serology taken from Blood			
detected via PCR	Was a M Pox PCR taken from a Nose or Throat swab			
	Was a M Pox PCR taken from a Urine sample			
Treated as?	Was the individual treated as an inpatient or an outpatient			
M Pox Treatment	Did the individual receive a treatment for M Pox			
	If treatment other than supportive was given, which treatment was			
Which Treatment	given, select from dropdown			
Smallpox vaccination	Does the individual have a history of small pox vaccination			
Hepatitis B Surface Antigen	Is the HBsAg status positive, negative or unknown			
Hepatitis C antibody	Is the HCV Ab positive, negative or unknown			
Hepatitis C PCR	Is the HCV PCR undetectable or unknown			
Any other information	Any comments or other relevant information			

Sample of Case Report Spreadsheet

Study Number	Consented	Site	Age	Gender Idenity	Ethnicity
Each Site is given 20 unique numbers	Has the Case Consented Yes/No			Male Female Trans Man Trans Woman Non-Binary Other	White Black Asian Mixed First Nation, Inuit, Métis LatinX Other - please specify
ID	Dropdown	Dropdown	Number	Dropdown	Dropdown

Sexual Orientation	MSM	
Heterosexual Homosexual Bisexual Pansexual Other	Yes/No	
Dropdown	Dropdown	
	Heterosexual Homosexual Bisexual Pansexual Other	

HIV status	If PLHIV:							
positive negative unknown	Last CD4 date	Last CD4Count	HIV VL Date	Last VL (cpm)	On ARVs			
Dropdown	date	number	date	number	Dropdown			

ART Regimen						
tenofovir (TDF/TAF) or abacavir or 2DR	lamivudine or emtricitabine	dolutegravir bictegravir raltegravir elvitegravir/c DRV/c or DRV/r ATV/c or ATV/r doravarine rilpivirine efavirenz nevirapine	Comments or other regimen			
Dropdown	Dropdown	Dropdown	freetext			

Transmission Route	Contact	Recent Travel 1/12	list country of travel
Sexual Household Non-sexual close contact Healthcare worker Unknown	Contact of another case	Y/N	
Dropdown	Dropdown	Dropdown	Dropdown

Sex on Site Venue	Festival or Large Event	If yes, name of event
Did the person attend a sex on site venue or party in the month before M Pox diagnosis	Did the person attend a large gathering or party (>30 people) in the month before M Pox diagnosis	
Dropdown	Dropdown	freetext

ChemSex	Initial presenting complaint to department	Department Presenting to
Any Chemsex use reported in the 1 month before M Pox Diagnosis	Were Monkey Pox symptoms the reason the person attended, please describe	Sexual health clinic Emergency department Primary care/GP Dermatology HIV clinic Other Hospital Clinic Other
Dropdown	free text	Dropdown

Date of Presentation	M Pox Clinical Features							
dd/mm/yy	Fever (Yes/No)	Lethargy Exhaustion (Yes/No)	Headache (Yes/No)	Sore Throat / Pharyngitis (Yes/No)	Lymph- adenopathy (Yes/No)	Low Mood (Yes/No)	Myalgia (Yes/No)	
date	Dropdown	Dropdown	Dropdown	Dropdown	Dropdown	Dropdown	Dropdown	

M Pox Clinical Features							
Rash (Y/N)	Type of rash Vesicular- pustular rash Macular Single ulcer Multiple ulcers Other	Face Body, Genitals Palms or Soles Other	If multiple sites please specify	Number of lesions <5 5 to 10 11 to 20 >20	Mucosal Lesions Yes No Not known	Please describe Mucosal lesions	Any Other Clinical Features
Dropdown	Dropdown	Dropdown	free text	Dropdown	Dropdown	freetext	freetext

Seuxal History	PrEP	Concurrent STI	If yes, which one(s)
Number of sexual partners in previous 3 months	PrEP us in the previous 3months Yes No Not Known	Yes/No	Choose from dropdown Chlamydia Gonorrhoea Syphilis Warts (HPV) Molluscum Contagiosum Herpes (HSV) NSU LGV Shigella Other
freetext	Dropdown	Dropdown	Dropdown

Gonorrhoea	Site of Gonorrhoea	Chlamydia	Site of Chlamydia	Syphilis	HIV
Y/N	1=Pharyngeal, 2= Rectal, 3= Vaginal, 4= Penile	Y/N	1=Pharyngeal, 2= Rectal, 3= Vaginal, 4= Penile	Y/N	If HIV status was reported as negative or unknown, was a repeat HIV test taken at time of M Pox diagnosis
Dropdown	Dropdown	Dropdown	Dropdown	Dropdown	Dropdown

MPV Diagnosis	Monkeypox viral DNA detected via PCR				
Confirmed MPV	Skin/Rash/Lesion (Y/N)	Blood (Y/N)	Nose or Throat swab (Y/N)	Urine (Y/N)	
Dropdown	Dropdown	Dropdown	Dropdown	Dropdown	

Treated as?	M Pox Treament	Which Treatment	Smallpox vaccination history
1= Inpatient, 2= Outpatient	Was M Pox treatment, other than supportive treatment given Yes/No	Which M Pox Treatment was Used Smallpox vaccine Cidofovir Tecovirimat Vaccinia immune globulin (VIG) Other	Yes/No/Unknown
Dropdown	Dropdown	Dropdown	Dropdown

Hepatitis B Surface Antigen	Hepatitis C antibody	Hepatitis C RNA	
Positive/Negative or unknown	Positive/Negative or unknown	Is the HCV PCR positive, negative (i.e. undetectable) or unknown	
Dropdown	Dropdown	Dropdown	

Any other information
Comments
Free text

Sample of Clinical Site Information Form

	Please add information below
Name of Clinic	
Country of Site	
Type of clinic	
e.g., sexual health only, HIV only, infectious diseases	
No of PWH attending clinic	
Total number of confirmed monkepox cases	
Site PI (name)	
Person completing this form (name)	
Contact details of Site PI	
Contact details of person completing this form	

Tables

Table S1: International Clinical Case Definition

Currently used monkeypox case definitions (as of 27th of June 2022)

	World Health Organisation (WHO)	European Centre for Disease Prevention and Control (ECDC)	Centers for Disease Control and Prevention (CDC)	UK Health Security Agency (UKHSA)	Public Health Agency of Canada (PHAC)
Rash description	An unexplained acute rash or one or more acute skin lesions	An unexplained rash on any part of the body	A deep-seated and well-circumscribed lesion, often with central umbilication; and lesion progression through specific sequential stages—macules, papules, vesicles, pustules, and scabs	An unexplained rash on any part of their body	An unexplained acute rash
Fever	>38.3°C (101°F)	Fever (usually > 38.5°C)	Not mentioned	>38.5°C	>38.5°C
Lymphadenopathy	Lymphadenopathy	Generalised or localised	Not mentioned	Lymphadenopathy	Lymphadenopathy
Mucosal lesions	Not mentioned	Not specifically mentioned	Not mentioned	Not mentioned	An unexplained acute genital, perianal or oral lesion (s)
Other symptoms	intense headache, back pain, myalgia and intense asthenia	headache, backache, and fatigue	Not mentioned	chills, headache, exhaustion, Myalgia (muscle and body aches) Back pain Asthenia (profound weakness)	Headache, myalgia, back pain, asthenia

 $\underline{https://www.gov.uk/guidance/monkeypox-case-definitions}$

 $\underline{https://www.cdc.gov/poxvirus/monkeypox/clinicians/case-definition.html}$

https://www.who.int/publications/i/item/WHO-MPX-Surveillance-2022.2

https://www.canada.ca/en/public-health/services/diseases/monkeypox/health-professionals/national-case-definition.html
https://www.ecdc.europa.eu/en/news-events/epidemiological-update-monkeypox-multi-country-outbreak-15-june

Table S2 "Demographics and clinical presentation of Human Monkeypox Virus infection in people with and without HIV"

Demographics and clinical presentation of Human Monkeypox Virus infection in people with and without HIV

with and without HIV		
	HIV status negative or unknown HIV Status	People with HIV
	N=310 (59%)	N=218 (41%)
Age, years Median (range)	36 (18-68)	39 (21,62)
Gender, n (%) Male Female Trans or non-binary	309 (>99) 0 1 (<1)	218 (100) 0 0
Sexual Orientation, n (%) Heterosexual Homosexual Bisexual	7 (2) 297 (96) 6 (2)	2 (1) 212 (97) 4 (2)
Ethnicity, n (%) White Black Mixed Latin X Other	240 (77) 14 (5) 12 (4) 30 (10) 14 (4)	158 (73) 10 (5) 7 (3) 37 (17) 6 (2)
Medical setting of presentation, n (%) Sexual Health Clinic Emergency Department Primary Care Dermatology HIV Clinic Other Hospital Clinic Private hospital / Other	82 (26) 77 (25) 14 (5) 20 (6) 59 (19) 15 (5) 43 (14)	38 (17) 29 (13) 6 (3) 18 (8) 95 (44) 15 (7) 17 (8)
Suspected route of transmission Sexual Close Contact Non-Sexual Close Contact Household Contact Other/unknown	298 (96) 2(<1) 2 (<1) 8 (3)	206 (95) 2 (1) 1 (1) 9 (3)
Clinical features, n (%)		
Rash Fever Headache Myalgia Lethargy/Exhaustion Lymphadenopathy Pharyngitis	298 (96) 194 (62) 84 (27) 102 (33) 134 (43) 183 (59) 60 (19)	202 (93) 136 (62) 61 (28) 63 (29) 82 (38) 112 (51) 53 (24)

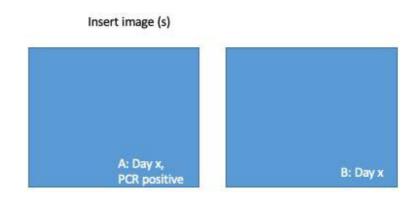
Proctitis	45 (15)	30 (14)
Low Mood	27 (9)	27 (12)
City of a stitute was been successful as DCD+ as (C/)		
Site of positive monkeypox virus PCR†, n (%) Skin lesion	204 (09)	208 (98)
Nose or throat swab	304 (98) 73 (24)	65 (30)
Urine	7 (2)	7 (3)
Blood	15 (5)	20 (9)
Semen	14 (5)	15 (7)
	(-)	- ()
Description of rash, n (%)		
Vesicular- Pustular	178/298 (60)	113/202 (56)
Macular	10/298 (3)	9/202 (5)
Single ulcer	32/298 (11)	22/202 (11)
Multiple ulcers	56/298 (19)	39/202 (19)
Other	22/298 (7)	19/202 (9)
Number of skin lesions, n (%)		
<5	123 (40)	84 (39)
5-10	77 (25)	54 (25)
11-20	68 (22)	44 (20)
>20	25 (8)	31 (14)
No Lesions or missing data, n	17	5
Cita(a) of Book* in (0/)		
Site(s) of Rash*,n (%) Genital	235 (76)	140 (69)
Face	75 (24)	149 (68) 60 (28)
Body	175 (56)	116 (53)
Palms or soles	26 (8)	25 (12)
Turns of soiles	20 (0)	23 (12)
Mucosal lesions Present, n (%)	122 (39)	95 (44)
Location of Mucosal lesions	00/100/50	CA (05 (CO)
Anogenital only	83/122 (68)	64/95 (68)
Oral Only	27/122 (22)	24/95 (25) 7/05 (7)
Anogenital & Oral Nasal and/or eye	9/122 (7) 3/122 (3)	7/95 (7) 0
wasar and/or cyc	3/122 (3)	O
STI testing performed, n (%)	208/310 (67)	169/218 (78)
Presence of concomitant STI in those tested	56 /208 (27)	53/169 (31)
10/		
Management setting, n (%)	20 (12)	21 /14\
Inpatient Outpatient	39 (13) 271 (87)	31 (14) 187 (86)
Monkeypox specific treatment given, n (%)	12 (4)	13 (6)
Monkeypox treatment used, n (%)		
Cidofovir	7 (2)	5 (2)
Tecovirimat	3 (1)	5 (2)
Vaccina IG	0	1 (<1)
Other	2 (<1)	0

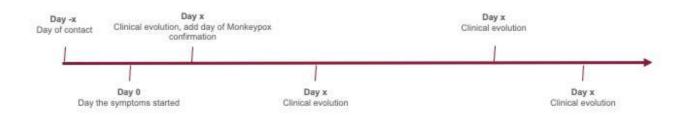
Values given represent (%) for categorical variables and median (interquartile range or range) for continuous variables. Abbreviations: Latin X, Latin American origin or descent; PCR, polymerase chain reaction; PrEP, Pre-exposure prophylaxis.

*may be present in more than one site †not all sites were tested in all individuals

Table S3 Image presentation template

Figure X: Evolution of cutaneous lesion in an individual with Human Monkeypox infection. A shows..., B shows... PCR status is indicated where available.





Statistical Analysis Plan (SAP)

Statistical Analysis Plan (SAP) - Human Monkeypox Infection across 16 Countries — April–June 2022

Remit of SAP

The purpose of this document is to provide details of the statistical analyses and presentation of results to be reported within the principal paper(s) of the "Viruses know no borders – a global human monkeypox infection cases series".

Caser series title Human Monkeypox Infection across 16 Countries — April–June

2022

Objective Primary objective:

 To describe the clinical presentation, routes of transmission, diagnosis and initial management of the current (May – June 2022) human monkeypox epidemic outside of endemic areas so as to inform current international case definitions and to allow early

identification and support clinical management

Case series description: This is a retrospective convenience sample case series, cases

were identified through existing clinical and research networks. A new global collaborative group (SHARE-net) was led by the SHARE Collaborative at Queen Mary University of London and formed to support data collection and inform the monkeypox

clinical response.

Setting Data were collected from 43 clinical site in 16 countries

presenting over a two-month period. Cases were submitted from 4 continents (Europe, North America, South America and

Australia).

Case Definition We used the UK Health Security Agency (UKHSA) definition of

a confirmed case - a laboratory-confirmed monkeypox infection defined by a positive monkeypox virus PCR from any anatomical site. The PCR platform was locally determined as

per availability and guidelines.

Data Collection

Each contributing centre completed a de-identified structured case report spreadsheet (CRS) developed on May 31, 2022 (Supplemental Figure S2). Dropdown menus and free text fields were used. The CRS captured clinical data and demographic data and was not part of a research protocol. Variables of interest were derived from case definitions that preceded this outbreak, and evolving international case definitions (Supplemental Figure 1 and Table S1). The CRS was iteratively refined from the growing clinical experience within our network. Confirmed monkeypox virus infections diagnosed since April 27th 2022 were submitted between June 1st - 24th 2022. Templates were provided for uniform presentation of the clinical image web library. (Supplemental Figure S2 and web library SX).

Data Sharing

De-identified data from consented individuals was securely transferred to the coordinating site and stored and analysed within the Queen Mary University of London Barts Cancer Institute data safe haven. A secure email data transfer platform (Egress) was used to transfer anonymised data.

Analysis Methods:

This analysis is a descriptive report of cases collected. Frequencies of categorical data and binary outcomes such as clinical, characteristics and demographics were presented as proportions and percentages. For continuous variables the median and range or first and third quartiles were reported. For a variable, where the frequency of missing data is greater than 5 cases this is indicated in the tables. It is not indicated where the data was reported as "No or Unknown" as was the case for specific clinical characteristics. Data analysis was performed using IBM SPSS Statistics Version 28.0.0.0 (190).

Statistical tests

As this is a descriptive analysis, p-values were not reported for the differences between groups.

Web gallery

Supplement to: Thornhill J, Barkati S, Walmsley S al. Human Monkeypox Infection across 16 Countries — April–June 2022

Viruses without Borders-Image Library

1

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Chronology of Cutaneous, genital and mucosal lesions (figure 1-20)	.3
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2



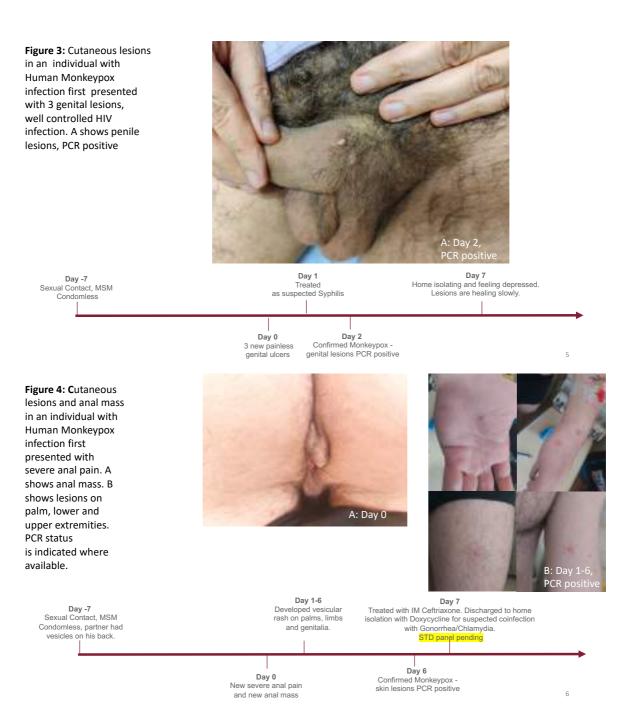


Figure 6: Anal/perianal and cutaneous lesions in an individual with Human Monkeypox infection first presented with fever and one perianal lesion. A shows Anal/perianal lesions. B1-B3 show cutaneous lesions of the scalp arm and leg respectively.

Day -6

Sexual Contact, MSM

Condomless



Figure 5: Evolution of cutaneous lesion in an individual with Human Monkeypox infection first presented with a single genital lesion. A shows the lesion at the base of the penis. B shows the evolution of the lesion. PCR status is indicated where available.



initially treated as outpatient

scalp

Figure 7: Evolution of cutaneous lesions in an individual with Human Monkeypox infection first presented with a single anal lesion. A1-A3 show evolution of the anal lesions. PCR status is indicated where available.







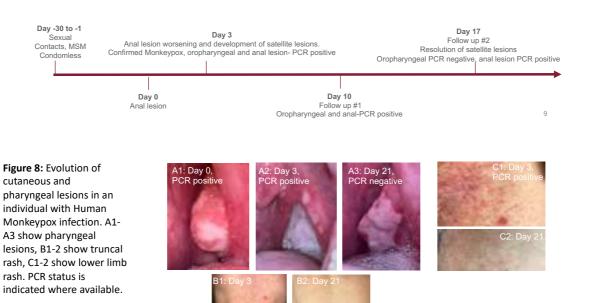




Figure 9: Evolution of genital lesions in an individual with Human Monkeypox infection. A1-A3 show genital lesions. PCR status is indicated where available.







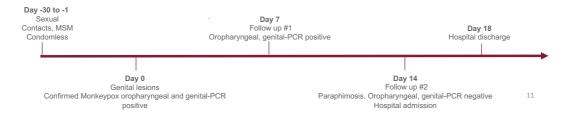


Figure 10: Evolution of perianal lesions in an individual with Human Monkeypox infection. A1-A3 show evolution of the perianal lesions. PCR status is indicated where available.









Figure 11: Evolution of cutaneous lesions in an individual with Human Monkeypox infection first presented with foot and hand lesions, HIV well controlled. A1-A3 show evolution of foot lesion. B1-B3 show evolution of finger lesion. PCR status is indicated where available.



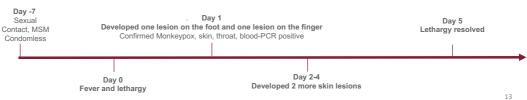


Figure 12: Cutaneous lesions in an individual with Human Monkeypox infection first presented with single painful perianal ulcer in a HIV-positive individual. A shows a single perianal ulcer. PCR status is indicated where available.



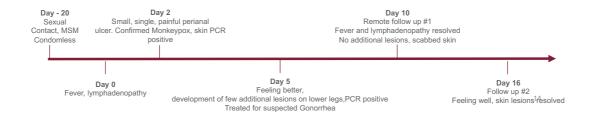


Figure 13: Evolution of clinical signs in a HIV-positive individual with Human Monkeypox infection. A shows a single oral lesion. B shows additional skin lesions and the first dose of tecovirimat. PCR status is indicated where available.





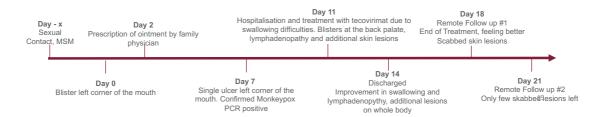


Figure 14: Evolution of clinical signs in a single individual with Human Monkeypox infection. A shows a CT scan of a severe MPX-related proctitis. B and C show additional skin lesions. PCR status is indicated where available.







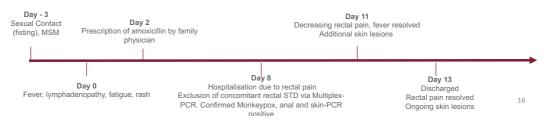


Figure 15: Evolution of nasal lesions in an individual with Human Monkeypox infection first presented with a single nasal lesion. A1-A5 show evolution of a nasal lesion, B shows a single forearm lesion. PCR status is indicated where available. Day -4 Last sexual contact, MSW



Figure 16: Evolution of cutaneous lesions in an individual with Human Monkeypox infection. A1-A3 show facial lesions, B shows anal lesions, C shows a lesion on the scalp, D and E shows back and gluteal lesions, respectively. PCR status is indicated where available.

Day -14

Sexual Contact MSM

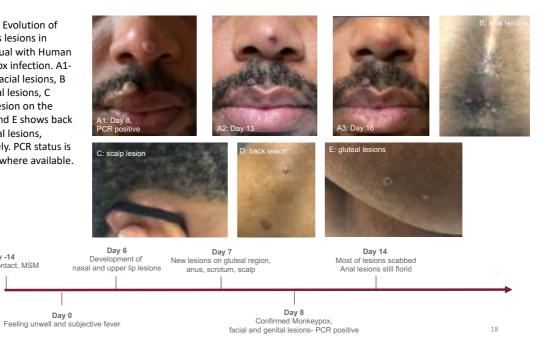


Figure 17: Evolution of cutaneous lesions in an individual with Human Monkeypox infection. A1-A7 show evolution of lesions of the penis. PCR status is indicated where



Figure 18: Evolution of cutaneous lesions in an individual with Human Monkeypox infection affected by vitiligo (off therapy). A and B show lesions of the hands, C1-2 show evolution of a chest lesion, D1-2 show evolution of a penile lesion, E shows a gluteal lesion and F shows perianal lesions. PCR status is indicated where available.

Day -7

Sexual intercourse, MSM condomless

Day 0



skin- PCR positve

Figure 19: Evolution of oral and genital lesions in an HIV-positive individual with Human Monkeypox infection. A shows tongue lesions and B show lesions of the penis. PCR status is indicated where available.







Figure 20: Rapid development and evolution of extensive skin lesions in an individual with Human Monkeypox infection. A1-A4 show evolution of forehead lesions and B1-B2 show evolution of tongue lesion on tecovirimat; C shows maculopapular rash with isolated A2: Day 8 3: Day 9 A: Day 11 pustules on the groin; D shows sole of foot. Day 7 Day 11 Day -4 Giving and receiving oral sex with known Day 2 Admitted to hospital with extensive maculopapular rash, multiple pustules, odynophagia with impaired oral intake; multiple skin specimens PCR Ongoing clinical Chills, myalgias, back pain, headache, ear-ache, tender positive, initiated on tecovirimat improvement male partner cervical lymphadenopathy Day 4 Day 0 Presented to Emergency Department
Pharyngitis and tongue lesions seen on exam Improved oral intake
Ongoing development of new papular and
pustular lesions Sore throat, sore tongue Confirmed Monkeypox, throat swab and tongue lesion-PCR

Figure 21: Genital lesions in individuals with Human Monkeypox infection.



Figure 22: Genital lesions in individuals with Human Monkeypox infection.



Figure 23: Skin lesions in individuals with Human Monkeypox infection.



Figure 24: Skin lesions in individuals with Human Monkeypox infection.

