

Supplementary Table S1. Comparison of guidance on suspect case definition

Diagnostic criteria	Singapore <sup>18</sup>	WHO <sup>10</sup>	US <sup>37</sup>	UK <sup>38</sup>	Australia <sup>39</sup>
<b>Criterion 1</b>	<p>Acute unexplained rash, with clinical or laboratory exclusion of</p> <ul style="list-style-type: none"> <li>• Varicella zoster</li> <li>• Herpes zoster</li> <li>• Herpes simplex</li> <li>• Molluscum contagiosum</li> <li>• Disseminated gonococcal infection</li> <li>• Syphilis</li> <li>• Chancroid</li> <li>• Lymphogranuloma venereum</li> <li>• Granuloma inguinale</li> <li>• Dengue</li> <li>• Eczema and allergic reactions</li> </ul>	<p>Acute unexplained rash with onset after 1 January 2022, for which other more locally relevant common dermatoses do not adequately explain the clinical picture. These include:</p> <ul style="list-style-type: none"> <li>• Varicella zoster</li> <li>• Herpes zoster</li> <li>• Herpes simplex</li> <li>• Molluscum contagiosum</li> <li>• Measles</li> <li>• Disseminated gonococcal infection</li> <li>• Syphilis</li> <li>• Chancroid</li> <li>• Lymphogranuloma venereum</li> <li>• Granuloma inguinale</li> <li>• Allergic reactions</li> </ul>	<p>New onset of deep-seated, well-demarcated lesions ± central umbilication, which progress from macules to papules to vesicles to pustules, and then scabs</p>	<p>An unexplained rash or lesion(s) on any part of the body (including genital/perianal, oral), or proctitis (for example anorectal pain, bleeding) in a patient who fulfils any of the following criteria:</p> <ul style="list-style-type: none"> <li>• Has an epidemiological link to a confirmed, probable or highly probable case of monkeypox in the 21 days before symptom onset, or</li> <li>• Identifies as a gay, bisexual or other man who has sex with men (GBMSM), or</li> <li>• Has had one or more new sexual partners in the 21 days before symptom onset</li> </ul>	<p>Laboratory suggestive evidence:</p> <ol style="list-style-type: none"> <li>1. Detection of <i>Orthopoxvirus</i> by nucleic acid amplification testing in clinical specimens, OR</li> <li>2. Detection of <i>Orthopoxvirus</i> by electron microscopy from clinical specimens in the absence of exposure to another <i>Orthopoxvirus</i></li> </ol>
<b>Criterion 2</b>	<p>At least 1 of the following accompanying symptoms:</p> <ul style="list-style-type: none"> <li>• Fever</li> <li>• Headache</li> <li>• Backache</li> <li>• Malaise</li> <li>• Asthenia</li> <li>• Lymphadenopathy</li> </ul>	<p>At least 1 of the following accompanying symptoms:</p> <ul style="list-style-type: none"> <li>• New fever &gt;38.5°C</li> <li>• Headache</li> <li>• Myalgia</li> <li>• Asthenia</li> <li>• Lymphadenopathy</li> </ul>	<p>High clinical suspicion for monkeypox, defined as presentations of illnesses such as secondary syphilis, herpes and varicella zoster, which can be similar to monkeypox</p>	<p>Febrile prodrome compatible with monkeypox infection, where there is known prior contact with a confirmed case in the 21 days before symptom onset</p>	<p>A clinically compatible rash or lesion(s) on any part of the body with or without one or more clinical feature(s) of monkeypox virus infection:</p> <ul style="list-style-type: none"> <li>• Current or history of fever &gt;38°C</li> <li>• Headache</li> </ul>

				<p>Febrile prodrome defined as:</p> <ul style="list-style-type: none"> <li>• Fever <math>\geq 38^{\circ}\text{C}</math></li> <li>• Chills</li> <li>• Fatigue</li> <li>• Headache</li> <li>• Myalgia</li> <li>• Backache</li> <li>• Arthralgia</li> <li>• Lymphadenopathy</li> </ul>	<ul style="list-style-type: none"> <li>• Backache</li> <li>• Arthralgia</li> <li>• Myalgia</li> <li>• Fatigue</li> <li>• Lymphadenopathy</li> </ul> <p>A clinically compatible rash is described as such:</p> <ul style="list-style-type: none"> <li>• Lesions typically begin to develop simultaneously and evolve together on any given part of the body, and may be generalised or localised, discrete or confluent. The evolution of lesions progress through four stages—macular to papular to vesicular to pustular—before scabbing over.</li> <li>• The clinical features should not be explained by other causes of acute rash: chickenpox, shingles, measles, herpes simplex, or bacterial skin infections</li> <li>• Some cases may present with proctitis (painful inflammation of the rectum) in the absence of an externally visible rash or lesion(s)</li> </ul>
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<b>Criterion 3</b>	<p>Any of the following potential exposures in the last 21 days:</p> <ul style="list-style-type: none"> <li>• Travel to countries with reported confirmed or probable cases of monkeypox</li> <li>• Close contact with an infected individual</li> <li>• Casual sexual encounters during travel regardless of country</li> <li>• Sexual or intimate experiences within a social or sexual group where monkeypox activity is circulating</li> </ul>	<p>Any of the following potential exposures in the last 21 days:</p> <ul style="list-style-type: none"> <li>• Epidemiologic link to a probable or confirmed case including contact with contaminated surfaces without appropriate personal protective equipment</li> <li>• Multiple or anonymous sexual encounters</li> <li>• Anti-orthopoxvirus IgM antibody within 4–52 days after rash onset, or a 4-fold rise in IgG antibody titre comparing acute and convalescent titres in an individual without previous other exposures to orthopoxviruses e.g. smallpox or monkeypox vaccination</li> <li>• Positive test for orthopoxvirus infection without specific monkeypox virus PCR</li> </ul>	<p>Any of the following potential exposures in the last 21 days:</p> <ul style="list-style-type: none"> <li>• Contact with a similar rash, or confirmed/ probable diagnosis of monkeypox</li> <li>• Sexual or intimate experiences within a social or sexual group where monkeypox activity is circulating</li> <li>• Travel to countries outside the US with reported confirmed cases of monkeypox</li> <li>• Contacted an animal/carcass that is an African endemic species or an animal product derived from such species</li> </ul>	NA	<p>Epidemiological evidence:</p> <ol style="list-style-type: none"> <li>1. An epidemiological link to a confirmed or probable case of monkeypox virus infection in the 21 days before symptom onset, OR</li> <li>2. Overseas travel in the 21 days before symptom onset, OR</li> <li>3. Sexual contact and/or other physical intimate contact with a gay, bisexual or other man who has sex with men in the 21 days before symptom onset, OR</li> <li>4. Sexual contact and/or other physical intimate contact with individuals at social events associated with monkeypox activity in the 21 days before symptom onset</li> </ol>
<b>Case definition</b>	<p>All 3 criteria must be fulfilled to meet suspect case definition. Additionally, risk factors not in the 3 criteria but mentioned in MOH reporting guidelines for</p>	<p>Criteria 1 and 2 must be fulfilled to meet suspect case definition All 3 criteria must be fulfilled to meet definition for a probable case</p>	<p>A suspect case is defined as either criterion 1, or both criteria 2 and 3, and absence of exclusion criteria:</p> <ul style="list-style-type: none"> <li>• An alternative diagnosis that fully</li> </ul>	<p>A highly probable case is defined as a person with an <i>Orthopoxvirus</i> PCR positive result in 2022 and where monkeypox remains the most likely diagnosis</p>	<p>A probable case requires laboratory suggestive evidence (criterion 1) AND clinical evidence (criterion 2)  A suspected case requires clinical evidence (criterion 2)</p>

	<p>emerging infectious diseases include<sup>36</sup>:</p> <ul style="list-style-type: none"> <li>• Contact with infected animals</li> <li>• Bush meat consumption or preparation</li> </ul>		<p>explains the presentation</p> <ul style="list-style-type: none"> <li>• No development of rashes within 5 days of onset of other symptoms consistent with monkeypox</li> <li>• High-quality samples are negative for nucleic acid amplification test to <i>Orthopoxvirus</i> or monkeypox virus, or absence of antibodies to <i>Orthopoxvirus</i></li> </ul>	<p>A probable case is defined as criterion 1</p> <p>A possible case is defined as one or more of the following:</p> <ul style="list-style-type: none"> <li>• Criterion 2</li> <li>• An illness where the clinician has a suspicion of monkeypox, such as unexplained lesions, including but not limited to genital, anogenital or oral lesion(s), and/or proctitis (e.g. anorectal pain, bleeding)</li> </ul>	<p>AND epidemiological evidence (criterion 3)</p>
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MOH: Ministry of Health; PCR: polymerase chain reaction  
Superscript numbers: Refer to REFERENCES