Peer Review File

Article Information: https://dx.doi.org/10.21037/jhmhp-22-103

Comment 1: This is a protocol for testing the preparedness for a healthcare delivery system, which needs to be indicated in the title.
Reply 1: Thank you for your suggestion. We have changed the manuscript title from "Testing Monkeypox Readiness in Healthcare Delivery Systems" to "A Protocol for Testing Monkeypox Preparedness in Healthcare Delivery Systems".
Changes in the text: See Reply 1.

Comment 2: Second, in the abstract the authors did not explain why the healthcare delivery settings are important for early detection and management of monkey pox, the theoretical framework for this protocol, and comments and suggestions for improving the preparedness for healthcare delivery system based on the results of the testing.
Reply 2: Thank you for your suggestion. To address why health care delivery settings are important, we have added the sentence "Healthcare delivery settings play a critical role in executing a response strategy during management and early detection of monkeypox." To address the comment about suggestions for improving the preparedness of healthcare delivery we have added the sentence "Based on the outlined objectives, more emphasis should be placed on educating staff on screening criteria, notification protocols, and waste management to continue improving the preparedness of healthcare delivery systems." We have also addressed how such drills are based on the field of emergency management to address the theoretical framework.
Changes in the text: See Reply 2.

Comment 3: Third, in the introduction of the main text, please consider to briefly review the etiology and transmission of monkeypox and analyze the rationale for the theoretical framework of this protocol. I suggest the authors to emphasize on the case history of homosexual behavior and the STD nature of monkeypox. If possible, I would like to suggest the authors describe the steps of the protocol by using a mind map.
Reply 3: The second paragraph of the introduction addresses the overlap in presentation and modes of transmission of mpox with sexually transmitted infections and content was added to further underscore etiology and epidemiology.
Changes in the text: Mpox transmission between humans is generally thought to occur during prolonged person-to-person contact with exposure to respiratory droplets, perianal/vaginal regions, and/or mpox rash or skin lesions. Symptoms usually start within five days of infection and may include fevers/chills, headache, muscle aches, back pain, fatigue, and lymphadenopathy. Skin lesions or rash may appear 1-3 days after initial symptoms, usually beginning on the face and spreading to the palms, soles, extremities,

and trunk. The medical moulage in our exercise simulated mpox papules on the palms (Figure 1).

Comment 4: Fourth, in the conclusion a brief discussion on the design, limitations, and further improvement work on the proposed protocol is needed.
Reply 4: To address the comment on the design, limitations and further improvement, we included the sentence: “While this protocol outlines objectives to test, there are limitations to how many and which objectives can be tested based on the structure and function of the health facilities at which they are tested. In addition, these exercises are only as valuable as the buy-in from healthcare providers and a healthcare system at large, where the realistic nature of the exercise is key to hone instincts around responding to potentially high-risk threats.”
Changes in the text: See Reply 4.