

Supplementary Information 1

Consolidated Criteria for Reporting Qualitative Research (COREQ) Checklist

A Qualitative Study of the 2025 Mpox Epidemic in Sierra Leone as a Multidimensional Social Phenomenon

Page references refer to the clean revised manuscript.

Item	COREQ criterion	How the manuscript addresses the criterion	Location
Domain 1: Research team and reflexivity			
1	Interviewer/facilitator	Four trained qualitative interviewers conducted the in-depth interviews and focus group discussions. The lead author did not recruit, consent, or interview participants within his supervisory chain.	Section 2.4, pp. 6-7; Section 2.6, p. 8
2	Credentials	The field team comprised two public health officers and two social science researchers. The manuscript reports their disciplinary preparation, qualitative fieldwork experience, and study-specific training.	Section 2.4, p. 7
3	Occupation	At the time of fieldwork, two interviewers worked as public health officers and two worked as social science researchers.	Section 2.4, p. 7
4	Gender	Two interviewers were women and two were men.	Section 2.4, p. 7

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5	Experience and training	All interviewers had prior qualitative fieldwork experience. They received study-specific training in interviewing, mpox transmission, confidentiality, stigma, HIV-sensitive practice, distress management, referral, and audio-file security.	Section 2.4, p. 7
6	Relationship established before study commencement	Interviewers did not provide clinical care to participants and did not supervise them. Where prior acquaintance existed, participants could choose another interviewer or decline without explanation.	Section 2.4, p. 7
7	Participant knowledge of the interviewer	The invitation and consent process explained the study purpose, confidentiality protections, voluntary participation, and the separation between research participation and clinical care, employment, benefits, or agency relationships.	Sections 2.3 and 2.7, pp. 4-5 and 8-9

Item	COREQ criterion	How the manuscript addresses the criterion	Location
8	Interviewer characteristics	The manuscript describes interviewer gender, Sierra Leonean nationality, disciplinary role, language fluency, fieldwork experience, and procedures for language and gender matching. It also explains the lead author's institutional position and the reflexive safeguards used to limit its influence.	Sections 2.4 and 2.6, pp. 6-8; Section 4.11, pp. 19-20
Domain 2: Study design			
9	Methodological orientation and theory	The study used an interpretive qualitative design. Analysis combined the Framework Method with reflexive thematic analysis. The six social dimensions operated as sensitizing concepts rather than fixed categories.	Section 2.1, pp. 3-4
10	Sampling	Sampling was purposive and sought maximum variation across eight participant positions, two sites, modes of care, HIV experience, response roles, and community roles.	Section 2.3, pp. 4-5

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11	Method of approach	Authorized data custodians screened survivors in response records. District health staff, community health workers, or care staff gave standardized invitations. Contact details reached the study team only after permission. Participants living with HIV followed a protected clinical pathway.	Section 2.3, pp. 4-5
12	Sample size	Ninety unique people participated: 52 completed one in-depth interview each, and 38 different people joined six focus group discussions. No participant contributed to both modes.	Section 2.3, p. 5; Table 1, pp. 5-6
13	Non-participation	Study staff approached 103 eligible people. Ninety participated. Seven declined without giving a reason, four could not arrange a private time, and two could not be reached after initial permission. No participant withdrew after consent.	Section 2.3, p. 5
14	Setting of data collection	Interviews occurred in private rooms at district health facilities, community offices, or participants' homes, according to participant preference. Focus groups met in neutral community rooms.	Section 2.4, pp. 6-7

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15	Presence of non-participants	No nonparticipant attended an interview. Focus groups included only participants, a facilitator, and a note-taker.	Section 2.4, p. 7
16	Description of sample	The manuscript describes the two study sites and reports participant group, data-collection mode, sex, age range, and site distribution.	Section 2.2, p. 4; Table 1, pp. 5-6
17	Interview guide	A semi-structured topic guide covered structural, institutional, cultural, relational, subjective, and systemic dimensions. The team piloted it with two non-study participants and revised it for clarity, sequence, and sensitivity. The full guide appears in Appendix 1.	Section 2.4, p. 7; Appendix 1, p. 23
18	Repeat interviews	No repeat interviews or focus group sessions occurred.	Section 2.4, p. 7
19	Audio or visual recording	All sessions were audio-recorded with consent.	Section 2.4, p. 7
20	Field notes	Interviewers wrote field notes after each session to record context, emotional tone, interruptions, nonverbal signs, language or social-distance concerns, and early analytic observations.	Section 2.4, p. 7

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21	Duration	In-depth interviews lasted 42 to 91 minutes. Focus group discussions lasted 78 to 112 minutes.	Section 2.4, p. 7
22	Data saturation	The study used information power rather than a single overall saturation claim. Information power was assessed within each stakeholder group and across the full sample using aim specificity, experience relevance, dialogue quality, site variation, and contribution to the developing explanation.	Section 2.3, p. 5
23	Transcripts returned	Transcripts were not returned because many contained sensitive third-party information and required cross-language review. The team instead conducted two member-reflection sessions with 12 participants from six stakeholder groups.	Section 2.6, p. 8
Domain 3: Analysis and findings			
24	Number of data coders	ENI and LN led coding, with regular review by the full author team. Twelve transcripts across participant groups, sites, and languages were double-coded.	Section 2.5, pp. 7-8

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25	Description of the coding tree	The final coding structure contained six parent dimensions, descriptive subcodes, and cross-domain codes. Cross-domain codes included stigma, trust, disclosure, care displacement, and resource flow.	Section 2.5, p. 8
26	Derivation of themes	Theme development combined deductive sensitizing concepts with inductive codes generated from the data. The team revised the framework after early coding and retained movement across domains rather than forcing each account into one category.	Sections 2.1 and 2.5, pp. 3-4 and 7-8
27	Software	NVivo 15 served as the coding platform.	Section 2.5, p. 7
28	Participant checking	Two member-reflection sessions involved 12 participants from six stakeholder groups. Participants reviewed plain-language theme summaries and clarified the distinction between unsupported home care and household abandonment, while strengthening the analysis of post-recovery stigma.	Section 2.6, p. 8

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29	Quotations presented	The Results present 17 quotations identified by participant or focus group code, role, sex where relevant, and site. Quotations cover all six dimensions and include divergent accounts.	Sections 3.2-3.7, pp. 10-15
30	Data and findings consistent	The thematic overview, Table 2, quotations, analytic commentary, negative cases, and discussion follow the same six-domain structure. Cross-domain movements are identified rather than hidden by the presentation structure.	Section 3.1 and Table 2, pp. 9-10; Sections 3.2-3.7, pp. 10-15
31	Clarity of major themes	Six major themes are named in Table 2 and developed in separate Results subsections: structural, institutional, cultural, relational, subjective, and systemic.	Table 2, pp. 9-10; Sections 3.2-3.7, pp. 10-15
32	Clarity of minor themes and diverse cases	Subthemes appear in Table 2. The analysis reports negative and divergent cases, including participants with adequate isolation resources, communities that supported reintegration, and a survivor who experienced less fear when information and supplies arrived early.	Section 2.5, p. 8; Sections 3.2, 3.5, and 3.6, pp. 10-14; Sections 4.9 and 4.11, pp. 18-20