

1 Project Description for Determination of Exemption from Human Subjects Review

2 3 TITLE: Knowledge, Attitudes, and Practices about Travel Health among Aid Agency Staff and 4 Volunteers

5
6 **Summary:** The popularity of international mission trips and short-term humanitarian volunteer missions
7 has meant that large numbers of people are now visiting foreign destinations and coming into contact with
8 tropical diseases and health risks that are unfamiliar to the average American. In particular, dengue fever,
9 chikungunya fever, and now Zika fever are vector-borne diseases that are present in many tropical and
10 subtropical regions. The World Health Organization (WHO) estimates that there are over 100 endemic
11 countries and areas where dengue can be transmitted. As of May 30, 2014, PAHO/WHO reported 4,406
12 confirmed cases of chikungunya as a result of local transmission for the first time in the Americas, and it
13 remains an important health threat for travelers to Africa, Asia, and islands in the Indian Ocean and
14 Western Pacific. As of September 29, 2016, PAHO/WHO also reported mosquito-borne evidence of Zika
15 in 71 countries or territories since 2015, 12 countries reported person-to-person transmission of Zika and
16 47 reported local transmission in the Americas and the Caribbean for the first time. Of the 71 countries,
17 21 reported microcephaly and other neurologic malformations potentially associated with a Zika virus
18 infection and 18 reported an increase in Guillain-Barre Syndrome (GBS) related to a Zika virus infection.
19 Most travelers do not seek pre-travel medical care before going abroad. Of those who do, most see a
20 primary care provider who might not be trained in travel medicine. Unlike traditional tourists, missionary
21 and humanitarian aid travelers may stay in rustic conditions in rural areas, and may be unaware of the
22 risks to their health. Furthermore, travel health messages may not always reach these unique travelers.
23 An exploratory study of health messaging was conducted in 2010 with travel agents and staff from
24 mission and humanitarian organizations (also known as sending agencies). The purpose was to gather
25 information about what pre-travel health recommendations were made to these travelers, determine their
26 sources of information, and identify ways to improve adherence to general travel health and safety
27 guidelines, particularly regarding dengue fever. The study found that travel agents and mission/human
28 service organization provided some information about safety and health issues primarily regarding
29 vaccinations. While traditional travel agents primarily relied on travelers to look for pre-travel health
30 consultation on their own such as through a state health department websites or Google, sending
31 agencies provided a direct link to CDC's Travelers' Health website, but said the website should be more-

32 user-friendly. Sending agencies showed more interest in learning about dengue prevention and informing
33 travelers during pre-travel training and by using electronic-based educational materials. Ultimately, the
34 burden for understanding personal health and safety risks appeared to be treated as the responsibility of
35 the individual traveler rather than of the sending or travel agency. This work also focused on dengue and
36 did not include knowledge related to chikungunya; very little is known about these types of aid workers
37 and their understanding of chikungunya. There is a significant need to determine how to: improve
38 outreach to missionary/humanitarian organizations regarding health risks, develop appropriate mosquito-
39 borne disease prevention messages, develop a more user-friendly and interactive dengue, chikungunya,
40 and Zika website, and determine the best way to report dengue, chikungunya, and Zika fever among
41 travelers.

42
43 **Current Knowledge/Justification:** Two MMWRs were published in June 2010 and July 2011 reporting
44 dengue fever in two groups of missionaries returning from the Caribbean. The first was a group of
45 missionaries from Iowa and Minnesota that traveled to the Dominican Republic in 2008 of which at least
46 42% (14/33) were diagnosed with dengue fever upon return to the US. The second was a group of 28
47 missionaries from Georgia and Nebraska of which 7(25%) had diagnosed dengue virus (DENV) infection
48 after travel to Haiti; five of these missionaries were hospitalized.

49
50 Of the missionaries to the Dominican Republic, none of those interviewed were aware of dengue fever as
51 a health threat in the Caribbean and none had sought travel health information from online sources before
52 departure. Only two had visited a health care provider or travel health clinic for pre-travel information, and
53 neither had discussed dengue with the provider. However, dengue is a significant health threat in the
54 Dominican Republic, with nearly 10,000 cases reported in the country in 2007. The study of missionaries
55 returning from Haiti found that 19 of the 21 (90%) had a pre-travel healthcare appointment, 12 (57%)
56 sought pre-travel advice on Internet, and 10 (48%) reported pre-travel knowledge about dengue. Although
57 10 (48%) of these missionaries reported being bitten by mosquitoes, only five (24%) said they used
58 repellents multiple times a day. Reportedly, 10 (48%) wore long pants and two (10%) wore long-sleeve
59 shirts more than one day. Previous studies reported dengue among military personnel deployed to Haiti

60 and high DENV seroprevalence among Haitian children.

61

62 A review of the literature highlighted travel agents as the best source to provide pre-travel health
63 information. For example, Hamer and Conner (2004) found that 50% of US travelers interviewed in an
64 airport survey considered travel agents to be their primary source of general pre-travel information. Both
65 Provost and Soto (2001) and Crockett and Keystone (2005) also found that a recommendation to visit a
66 travel health clinic, as provided by a travel agent, was the single most important factor predicting pre-
67 travel health consultations. Regarding dengue, over 50% of surveyed agents in Ivatts, *et. al.* (1999)
68 “usually” gave some broad guidelines and recommended seeing a travel health provider, but the majority
69 also incorrectly answered questions about dengue fever. Most responding travel agents in this study
70 expressed an interest in becoming more involved in providing health information. However, our study
71 reported that although travel agents advised travelers to look for pre-travel information regarding safety
72 and vaccinations in the Internet, they demonstrated little interest in providing health information directly to
73 travelers.

74

75 Travel health clinics/physicians are the best resource for pre-travel health information, yet their services
76 are greatly underutilized. La Rocque *et. al.* (2010) found that of the 476 survey respondents residing in
77 the US and traveling to low or low-middle countries, 54% sought health advice prior to departure. The
78 internet (43%) and primary care providers (385) were the most common sources of health information,
79 followed by travel medicine specialists (30%). Travel agents/trips organizers constituted 9% of the
80 sources of health information among travelers. Because some of the sending agencies provided some
81 form of travel assistance when planning trips and a few provided pre-travel training themselves, they
82 could supply a valuable point for an intervention to address this knowledge gap and a good liaison to
83 contact and promote travel health clinics/medicine specialist. In analyzing travel health behaviors using
84 the Health Belief Model, Crockett and Keystone (2005) identified improved health practices (i.e., vaccine
85 uptake)when travelers were both aware of the potential risks on their trip and given access to appropriate
86 pre-travel health information. Sending agencies (missionary organizers and humanitarian organizations)
87 are in the unique position of being able to address both of these issues with their volunteers and can raise

88 awareness of the importance of health and safety while abroad.

89

90 **Study Design and Locations:** Focus group discussions will be conducted online with adult employees
91 and missionaries of international humanitarian/aid organizations. Potential participants will be selected
92 based on self-identified experience participating in or organizing international trips. Direct recruitment will
93 take place via two approaches: 1) we will identify and make a list of potential missionary and humanitarian
94 organizations using online information, and 2) snowball suggestions (key informants identify others who
95 know about the topic or who the researcher should contact). We will contact target agencies via phone
96 explaining the goal of the focus groups and request to speak with the most appropriate person. If this
97 “cold calling” approach is unsuccessful we will send email requests to introduce the study ahead of time
98 and place follow-up phone calls. If they agree to participate, we will send the date, time and internet link
99 for joining focus groups sessions. We will conduct one to three focus groups with each sending agency
100 for a range of 3 to 9 focus groups and a range of 18 – 90 individual participants.

101

102 This study is limited to adults; age will be assessed via self-report, prior to initiating the consent process.
103 Before participation and during telephone calls, focus group participants will be explicitly asked their age
104 to ensure they are legal adults (minimum age 18 years for the US and age 21 years for Puerto Rico)
105 (Attachment A – Script for Telephone Calls to Screen and Recruit Participants of Focus Groups with Staff
106 and Missionaries of Sending Agencies). Potential respondents who are below the age of majority (21 for
107 Puerto Rico) will be excluded. Verbal consent will be sought from all participants. Participants will be
108 asked about their knowledge, attitudes, and practices (including personal protection measures to avoid
109 illness while traveling abroad) regarding travel health and specifically dengue, chikungunya and Zika.
110 Sending agencies will also be asked about the health and safety recommendations they currently make to
111 their volunteers regarding international travel and surveyed on the potential usefulness and content of
112 CDC’s travel health information.

113

114 **Study Objectives:**

115 a. Identify barriers and facilitating factors for the routine implementation of pre-travel health

- 116 consultations.
- 117 **b.** Identify preferred routes for travel health and disease prevention information, with a specific focus
118 on large groups traveling internationally, as with short-term missionaries and other humanitarian
119 groups.
- 120 **c.** Gather information that will assist in the creation of educational materials for missionary and
121 humanitarian aid volunteers.
- 122 **d.** Determine interest and best mechanism to report illness for surveillance purposes.
- 123

124 **Specific Research Questions** will include:

125 **A. Sending agencies**

- 126 ❖ How many international group trips would you estimate that you've worked with in the past year?
- 127 ❖ What regions (e.g. Africa, Latin America and the Caribbean, Southeast Asia and the Pacific
128 Islands, North America) do you primarily organize trips for?
- 129 ❖ Which type of trips do you help organize: trips for large or small groups, long-term or short- term
130 trips? How does coordination of these types of trips differ? How is it the same?
- 131 ❖ How often do you provide travel health and safety information to your volunteers?
- 132 ❖ Where do you most often go when looking for travel health information? (ex. travel health clinic,
133 general medical doctor, CDC website, general travel guides, etc.)
- 134 ❖ If you have visited CDC's website to seek travel health information, how would you describe this
135 site? What about the site was easy to use? What was difficult to use? What would you like to see
136 changed?
- 137 ❖ How comfortable do you feel providing health and safety information to your volunteers?
- 138 ❖ How often do you refer your volunteers to a travel health clinic for more specific information?
- 139 ❖ If CDC were to produce some educational materials intended for short-term mission groups,
140 would you or your organization be interested in distributing them to your volunteers? What format
141 would you find most useful? (ex. brochures, posters, email templates).
- 142 ❖ Would you personally be interested in learning more about travel health recommendations for
143 popular destinations? How would you most like to receive this information? Do you think you

- 144 would share this information with your volunteers?
- 145 ❖ What sort of health and safety recommendations do you make for volunteers traveling to the
- 146 Caribbean? Southeast Asia?
- 147 ❖ What do you know about diseases that are carried by mosquitoes?
- 148 ❖ Have you ever heard of dengue fever? What do you know about dengue fever?
- 149 ❖ Have you ever heard of chikungunya fever? What do you know about chikungunya fever?
- 150 ❖ Have you ever heard of Zika fever? What do you know about Zika fever? How Zika differs from
- 151 dengue and chikungunya?
- 152 ❖ Do you give your travelers advice on how to avoid mosquito bites? What do you tell them
- 153 specifically? Do you think these measures are effective?
- 154 ❖ Do you receive reports from your volunteers about illness? Would you be interested in receiving
- 155 reports from your volunteers about illness? How could volunteers report illness to you?
- 156
- 157 **B. Volunteers**
- 158
- 159 ❖ In how many international trips have you participated in the past year?
- 160 ❖ What regions have you visited (e.g. Africa, Latin America and the Caribbean, Southeast Asia and
- 161 the Pacific Islands, North America)?
- 162 ❖ How long have you stayed? In what type of accommodations have you stayed in during the trips?
- 163 ❖ What are your main concerns for health and safety before beginning travel? How much of a
- 164 concern are health issues for you when thinking about your travel?
- 165 ❖ How often do you look for travel health and safety information? When do you look for this
- 166 information?
- 167 ❖ Where do you most often go when looking for travel health information? (ex. travel health clinic,
- 168 general medical doctor, CDC website, general travel guides, etc.)
- 169 ❖ If you have visited CDC's website to seek travel health information, how would you describe this
- 170 site? What about the site was easy to use? What was difficult to use? What would you like to see
- 171 changed?

- 172 ❖ Did you receive any training from your organization before your trip? How often do you receive
- 173 pre-travel training from your organization? What type of information do you receive?
- 174 ❖ Would you be interested in learning more about travel health recommendations for popular
- 175 destinations? How would you most like to receive this information?
- 176 ❖ If CDC were to produce some educational materials intended for short-term mission groups,
- 177 would you be interested in receiving them? What format would you find most useful? (ex.
- 178 brochures, posters, email templates).
- 179 ❖ What do you know about diseases that are carried by mosquitoes?
- 180 ❖ Have you ever heard of dengue fever? What do you know about dengue fever?
- 181 ❖ Have you ever heard of chikungunya fever? What do you know about chikungunya fever?
- 182 ❖ Have you ever heard of Zika fever? What do you know about Zika fever? How Zika differs from
- 183 dengue and chikungunya?
- 184 ❖ Do you worry about diseases carried by mosquitoes? How worried are you?
- 185 ❖ How can you prevent mosquito bites? Do you think that prevention measures are effective?
- 186 ❖ Would you be interested in notifying someone if you get sick during the trip? How could you
- 187 report if you get sick to your organization?
- 188

189 ■ **PROCEDURES/METHODS**

190

191 ***Timeline:***

192	October, 2016:	Update and submit amended protocol for Human
193		Subjects and OMB approval
194	October-December, 2016	Update the list of Mission and Humanitarian
195		Organization in the continental United States
196		and Puerto Rico
197	January-April, 2016:	Coordinate and Conduct interviews
198	May-September, 2016:	Analyze notes
199	September-December, 2016:	Produce educational materials; develop scientific
200		manuscript for publication

201 **Study Population:** This study will involve focus groups with 30 – 90 individual participants; staff and
 202 volunteers from sending agencies. This study is limited to adults. Questions will be asked only about the
 203 participants' general practices.

Group	Number of focus group participants	Maximum N of focus groups	Maximum sample size
Missionary/Humanitarian Agency 1	8-10	3	30
Missionary/Humanitarian Agency 2	8-10	3	30
Missionary/Humanitarian Agency 3	8-10	3	30
TOTAL			90

204
 205 **Consent:** Before participation, focus group participants will receive an electronic copy of the consent form
 206 (Attachment B – Verbal Consent for Participants of Focus Group Regarding Travel Health Messages)
 207 prior to the beginning of the online focus group discussion. At the beginning of the online focus group, the
 208 moderator will read the consent form along with the participants and will ask participants to verbally
 209 consent. Participants will be informed about the purpose of the research, and that participation is strictly
 210 voluntary, that they may decline to answer any or all questions and they may withdraw from participation
 211 at any time. Verbal consent will be obtained from all participants as focus groups will be conducted via
 212 internet using Adobe Connect.

213
 214 **Role of CDC personnel:** CDC moderators (from Travelers' Health or Dengue Branch) will conduct the
 215 focus groups with participants and will brief participants on the focus group discussion process before
 216 each group session begins (e.g. the importance of speaking one at a time; there is no wrong or right
 217 answers, all opinions are welcome; the presence of note takers to record answers and that audio will be
 218 taped; the voluntary nature of participation; that no individually identifiable information will be collected
 219 during the group discussion Attachment C – Instructions for the Participation in Focus Group
 220 Discussions). CDC personnel will also conduct the educational materials review. Analyses (as detailed
 221 below) will also be conducted by CDC staff.

222
 223 **Data Storage and Analysis:** No personally identifiable information will be collected. Focus group

224 sessions will have a moderator and a note taker from CDC and discussions will also be digitally audio
225 taped for verbatim transcription. Names of participants will not be recorded. Data will be stored at CDC's
226 Dengue Branch. Carmen Pérez, a behavioral scientist from CDC's Dengue Branch, will oversee data
227 analysis. Joanna Gaines, a behavioral scientist from CDC's Travelers' Health Branch, will serve as a
228 secondary coder to ensure inter-rater reliability. A thematic and content analysis of the notes from focus
229 groups discussions will be performed. Notes and transcriptions from audio tapes will be compiled and
230 coded under categories which will be developed based on study objectives. Categories will later be
231 arranged by themes for discussion.

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242 Supplemental Information regarding Protection of Human Subjects

243

244 ■ **Description of Risks:** There are no physical, social or psychological risks to subjects anticipated due
245 to participation in this research.

246

247 Participation in the focus groups is not expected to place participants at risk for negative social stigma or
248 other negative effects.

249

250 ■ **Anticipated Benefits:** Participants in this project will have the opportunity to discuss their current
251 knowledge, attitudes, and practices regarding travel health dissemination to their clients and be given
252 links to the CDC travel health website for more information.

253

254 ■ **Vulnerable populations:** Participants will be recruited from non-incarcerated persons. All participants
255 will be adults. We will be asking for the participation of sending agencies and missionaries/volunteers
256 with experience in organizing international group travel or participating in this type of travel. It is possible
257 that pregnant women could be recruited to participate (they will not be excluded); however participation in
258 this research is not expected to pose any risk to pregnant women or their fetuses. No questions will be
259 asked about individual participants.

260

261 ■ **Protection of Privacy and Confidentiality:** Focus group moderators are expected to treat statements
262 made by participants as confidential. When data are used in reporting research findings, they will be
263 presented in such a way that participants will not be able to be identified.

264

265 **EXPLANATION OF WHY THIS PROJECT IS EXEMPT:**

266

267 All participants in this research are adults. Prisoners will not be part of the population being recruited for
268 this study. There are no physical, social or psychological risks to subjects anticipated due to participation
269 in this research. The subject matter (travel health information dissemination) is not one that is expected to

270 cause social stigma or controversy. The research will involve focus group sessions. The subjects will not
271 be able to be identified either directly or indirectly from the information that appears in the final data set.
272 Disclosure of the subjects' response outside of the research setting (such as in a journal publication)
273 would not have the potential to place the subjects at risk of criminal or civil liability or be otherwise
274 damaging – the subject matter is unlikely to contain sensitive information and responses will not be
275 traceable to the subjects.

276

277 **Attachment A – Script for Telephone Calls to Screen and Recruit Participants of Focus**
278 **Groups with Staff and Missionaries of Sending Agencies**

279 Hello, my name is _____. I work with the Centers for Disease Control and Prevention. Before
280 we begin, can I ask you to confirm that you are over 18 years of age (in the US and 21 in Puerto
281 Rico)? Does your agency plan travel outside the United States? (If no, ask to speak to a person
282 over 18 years.) We are talking to sending agencies like yours to know about the health
283 information that your volunteers get when they travel out of the country. We want to learn what
284 volunteers know about travel health and how you share this information with them. This will
285 help us improve our health messages especially, about dengue, chikungunya and Zika.

286 We are inviting you to participate in focus groups online. We will like your help to contact
287 volunteers to participate in discussion groups online. Participation is voluntary. If you like to
288 take part, I will send you an email with a consent sheet and the date, time and internet link for the
289 focus groups. Will you like to take part?

290 Readability Index: 6.7 (seventh graders)

291

292 **Attachment A Spanish version – Guión para realizar las llamadas telefónicas para Cernir y**
293 **Reclutar los Participantes de los Grupos Focales con Personal y Misioneros de Agencias de**
294 **Servicios Humanitarios**

295 Hola, mi nombre es _____. Trabajo con los Centros para el Control y Prevención de
296 Enfermedades. Antes de comenzar, ¿puedo pedirle que confirme si es mayor de 18 años de edad
297 (en los Estados Unidos y 21 si es en Puerto Rico)? (Si no es mayor de edad, pida hablar con una
298 persona mayor de 18 años). Estamos hablando con agencias de servicios humanitarios como la
299 suya para conocer sobre la información de salud que sus voluntarios obtienen cuando viajan
300 fuera del país. Queremos conocer qué saben sus voluntarios sobre salud del viajero y cómo
301 ustedes comparten esta información con ellos. Esto nos ayudará a mejorar nuestros mensajes de
302 salud, especialmente, sobre el dengue, el chikungunya y el zika.

303 Le estamos invitando a participar en nuestros grupos de discusión en línea. Nos gustaría contar
304 con su ayuda para comunicarnos con otros voluntarios para participar en grupos de discusión en
305 línea. La participación es voluntaria. Si quiere participar, le enviaré un correo electrónico con
306 una hoja de consentimiento y la fecha, hora y enlace de Internet para los grupos de discusión.
307 ¿Quiere participar?

308 Índice de Legibilidad: 76.9 (grado 7)

309

310 **Attachment B – Instructions for the Participation in Focus Group Discussions**

311 Thank you for taking the time to participate in this group discussion.

312 Before we begin, is this a group session of staff from sending agencies or is this a group of
313 missionaries or volunteers?

314 To guide the discussion we will follow these instructions.

- 315 ▪ Please, do not say your name out loud during the discussion. We will not use your
316 personal information. We will erase from the conversation if by any chance you say your
317 name or other information that could identify you.
- 318 ▪ We will assign you a number. Please, state your number before speaking. It will help you
319 to introduce yourself before speaking. Also, it will help us to follow your comments.
- 320 ▪ Wait until the speaker finishes speaking to start talking.
- 321 ▪ Speak slow, loud and clear. We will take notes while we're talking in order to better help
322 me remember our conversation.
- 323 ▪ This whole discussion is voluntary. If there is a question that you don't want to answer,
324 you don't have to.
- 325 ▪ There are no right-or-wrong answers for these questions. It's important to say what you
326 think. If you want to end your participation at any time just tell me.

327 Please keep in mind that your opinion will help us to improve our health messages.

328 Thanks.

329 Grade Level: 5.2

330

331 **Attachment B Spanish Version – Instrucciones para la Participación en las Discusiones de**
332 **Grupos Focales**

333 Gracias por tomar de su tiempo para participar en este grupo de discusión.

334 Antes de empezar, ¿es este un grupo de personal de las agencias que envían voluntarios o es un
335 grupo de misioneros?

336 Para guiar la discusión vamos a seguir estas instrucciones.

337 ▪ Por favor, no diga su nombre durante la discusión. No usaremos su información personal.
338 Si usted dice su nombre u otra información que pueda identificarlo, lo borraremos de la
339 grabación.

340 ▪ Le daremos un número. Por favor, diga su número antes de hablar. Le ayudará a
341 presentarse antes de hablar. Y, nos ayudará a seguir sus comentarios.

342 ▪ Espere hasta que el hablante termine de hablar para comenzar a hablar.

343 ▪ Hable lento, fuerte y claro. Vamos a tomar notas mientras hablamos para ayudarnos a
344 recordar mejor nuestra discusión.

345 ▪ Toda esta discusión es voluntaria. Si hay una pregunta que no desee contestar, no tiene
346 que hacerlo.

347 ▪ No hay respuestas buenas o malas para estas preguntas. Es importante decir lo que
348 piensa. Si desea terminar su participación en cualquier momento, me lo dice.

349 Por favor, piense que su opinión nos ayudará a mejorar nuestros mensajes de salud.

350 Gracias.

351 Índice de legibilidad: 80.1 (grado 6)

352

353 **Attachment C – Verbal Consent for Participants of Focus Group Regarding Travel Health**
354 **Messages**

355

356 **Intro:** Thank you for taking the time to talk with me. Before we begin, can I ask you to confirm
357 that you are over the age of 18 (for US residents or 21 for Puerto Rican residents)? (If person
358 cannot confirm, give thanks and ask them to end participation.) My name is (x) and I work with
359 Centers for Disease Control and Prevention in _____ (Atlanta, Georgia; San Juan, Puerto
360 Rico). We are talking with sending agencies like yours about travel health information,
361 especially for volunteer groups traveling internationally. We want to learn what people know
362 about travel health and how they share that information with their volunteers. This will help us
363 to improve our health messages.

364 ▪ I'd like to talk to you for about 20 minutes– how long is up to you and the time you have
365 available. We are inviting you to participate in a focus group session online.

366 ▪ I won't ask for the name of anyone in your family or any of your organization's
367 members.

368 ▪ Our discussion will be confidential, to the extent allowed by law – that means whatever
369 you tell me doesn't get repeated to other people in the community. I might ask other
370 people the same questions, but I won't repeat to them what you say.

371 ▪ We will be writing up a report from these discussions, and I might include some of the
372 ideas that you give me, but I won't use your name or anything else to identify you.

373 ▪ I will take notes while we're talking in order to better help me remember our
374 conversation.

375 ▪ This whole discussion is voluntary. If there is a question that you don't want to answer,
376 you don't have to. There are no right-or-wrong answers for these questions. It's important
377 to say what you think. If you want to end our discussion at any time just tell me.

378 So, given these points are you OK with being in our group discussion?

379 Thanks.

380 Grade Level: 6.7

381 **Attachment E Spanish Version– Consentimiento Verbal para Participantes de Grupos**
382 **Focales sobre Mensajes de Salud al Viajero**

383

384 **Introducción:** Gracias por tomarse el tiempo para hablar conmigo. Antes de comenzar, ¿puedo
385 pedirles que confirmen que son mayores de 18 años (para residentes de Estados Unidos o 21 para
386 residentes de Puerto Rico)? (Si algún participante no es mayor de edad, por favor dele las gracias
387 e indíquele que no puede continuar participando). Mi nombre es (x) y yo trabajo con los Centros
388 para el Control y Prevención de Enfermedades en _____ (Atlanta, Georgia; San Juan,
389 Puerto Rico). Estamos hablando con las agencias que envían voluntarios como la suya, o con sus
390 voluntarios, sobre información de salud de viaje, en especial para los grupos de voluntarios que
391 viajan al extranjero. Queremos saber lo que la gente sabe acerca de la salud al viajero y cómo
392 comparten esa información con sus voluntarios. Esto nos ayudará a mejorar nuestros mensajes de
393 salud.

- 394 ▪ Me gustaría hablar con ustedes alrededor de 20 minutos- cuánto tiempo usted desea
395 hablar depende de ustedes y el tiempo que tengan disponible. Les invitamos a participar
396 en una sesión de grupo focal en línea.
- 397 ▪ No voy a pedir el nombre de ningún familiar o cualquiera de los miembros de su
398 organización.
- 399 ▪ Nuestra discusión será confidencial, en la medida que la ley lo permita - que significa que
400 todo lo que me digan no se repetirá a otras personas en la comunidad. Yo podría
401 preguntar a otras personas las mismas preguntas, pero no voy a repetir a ellos lo que
402 ustedes digan.
- 403 ▪ Vamos a escribir un informe de estas discusiones, y podríamos incluir algunas de las
404 ideas que usted me den, pero no vamos a usar sus nombres o cualquier otra cosa para
405 identificarlos.
- 406 ▪ Vamos a tomar notas mientras hablamos para ayudarnos a recordar mejor nuestra
407 conversación.
- 408 ▪ Toda esta discusión es voluntaria. Si hay una pregunta que no desean contestar, no tienen
409 que hacerlo. No hay respuestas buenas o malas para estas preguntas.
- 410 ▪ Es importante decir lo que piensan. Si desean finalizar nuestra discusión en cualquier
411 momento sólo díganlo.

412 Siendo que entienden estos puntos, ¿quieren ustedes estar en nuestra discusión de grupo?

413 Gracias.

414 Índice de legibilidad: 84.1 (grado 6)

415

416 **Attachment D Spanish Version** – Guía de Preguntas del Moderador para realizar Grupos
417 Focales con las Organizaciones de Misioneros y Voluntarios

418

- 419 1. ¿Cuántos viajes internacionales coordinó el pasado año?
- 420 2. ¿Hacia qué regiones generalmente coordina los viajes? (Ejemplo; África, América Latina
421 y el Caribe, del sudeste de Asia y las islas del Pacífico, América del Norte).
- 422 3. ¿Qué tipo de viajes ayuda a coordinar, viajes a largo plazo o viajes a corto plazo?
423 ¿Coordina viajes para grupos pequeños o viajes para grupos grandes? ¿En qué se
424 diferencian? ¿En qué se parecen? (Sondeo: ¿En qué tipo de alojamiento se han quedado
425 durante los viajes?)
- 426 4. ¿Con cuánta frecuencia ofrece información sobre seguridad y salud del viajero a sus
427 voluntarios?
- 428 5. ¿A dónde va generalmente para buscar información sobre salud del viajero? (ejemplo;
429 clínica de salud del viajero, médico en medicina general, sitio web de CDC, guías de
430 viajes en general, etc.).
- 431 6. Si usted ha visitado el sitio de web de CDC para buscar información sobre salud del
432 viajero, ¿cómo describiría este sitio de web?
- 433 7. ¿Qué cosa de este sitio web le resultó fácil de usar? ¿Qué cosa fue difícil de usar? ¿Qué le
434 gustaría que cambiara?
- 435 8. ¿Cuán cómodo se siente ofreciendo información de salud y seguridad a los voluntarios?
436 ¿Se siente preparado para hablar sobre temas de salud? ¿De seguridad?
- 437 9. ¿Con cuánta frecuencia usted refiere a sus voluntarios a clínicas de salud para viajeros
438 para obtener información más específica?
- 439 10. Si el CDC fueran a producir un material educativo dirigido a grupos de misioneros que
440 viajan por periodos cortos, ¿estaría usted o su organización interesado en distribuirlo
441 entre sus voluntarios? ¿En qué formato lo encontraría más útil? (folletos, afiches,
442 formatos de correo electrónico).
- 443 11. ¿Estaría interesado en aprender más sobre las recomendaciones de salud para viajes a los
444 destinos más populares? ¿Cómo le gustaría recibir esta información? ¿Daría usted esta
445 información a sus voluntarios?

- 446 12. ¿Qué tipo de recomendaciones de salud y seguridad hace a voluntarios que viajan al
447 Caribe? ¿Y a los que viajan al sudeste de Asia?
- 448 13. ¿Qué sabe usted sobre las enfermedades que son transmitidas por mosquitos?
- 449 14. ¿Ha escuchado hablar sobre dengue? ¿Qué sabe usted sobre el dengue?
- 450 15. ¿Ha escuchado hablar sobre chikungunya? ¿Qué sabe usted sobre el chikungunya?
- 451 16. ¿Ha escuchado hablar sobre el zika? ¿Qué sabe usted sobre el zika? ¿Cómo se diferencia
452 el zika del dengue y el chikungunya?
- 453 17. ¿Ha dado algún consejo a sus viajeros sobre cómo evitar las picaduras de mosquitos?
454 ¿Qué les ha dicho específicamente? ¿Cree que estas medidas (consejos) son efectivas?
- 455 18. ¿Recibe informe de sus voluntarios cuando se enferman durante el viaje? ¿Estaría
456 interesado en recibir algún informe cuando sus voluntarios se enferman? ¿Cómo los
457 voluntarios le podrían reportar si han tenido de alguna enfermedad durante el viaje?
458
- 459 Índice de legibilidad – 70 – (grado 7)
460

462

- 463 1. ¿En cuántos viajes han participado en los últimos tres años?
- 464 2. ¿Qué regiones han visitado en los últimos tres años (por ejemplo, África, América Latina
465 y el Caribe, el sudeste de Asia y las islas del Pacífico, América del Norte)? ¿Por cuánto
466 tiempo se han quedado?
- 467 3. ¿En qué tipo de alojamiento se han quedado durante los viajes?
- 468 4. ¿Cuáles son sus principales preocupaciones de salud y seguridad antes de comenzar el
469 viaje? ¿Cuánta preocupación les causan los problemas de salud cuando piensan en un
470 viaje?
- 471 5. ¿Con qué frecuencia buscan información sobre salud y seguridad del viajero de su lugar
472 de viaje? ¿Cuándo buscan ustedes esta información?
- 473 6. ¿A dónde se dirigen más cuando buscan información de salud del viajero? (Ej. En
474 clínicas de salud del viajero, médico en medicina general, el sitio web de los CDC, guías
475 generales de viaje, etc.).
- 476 7. Si usted ha visitado el sitio web de los CDC para buscar información de salud del viajero,
477 ¿cómo describiría el sitio? ¿Fue fácil de usar? ¿Qué fue difícil de usar? ¿Qué te gustaría
478 que cambiara?
- 479 8. ¿Recibió algún adiestramiento de su organización antes de viajar? ¿Con qué frecuencia
480 reciben formación previa al viaje de su organización? ¿Qué tipo de información reciben?
- 481 9. ¿Estaría usted interesado en aprender más sobre las recomendaciones de salud al viajero
482 para los destinos misioneros más populares? ¿Cómo les gustaría recibir esta información?
- 483 10. Si CDC desarrollaran materiales educativos para grupos misioneros de viajes cortos, ¿les
484 interesaría recibir estos materiales? ¿Qué formato es más útil? (Ej. Folletos, carteles,
485 correos electrónicos).
- 486 11. ¿Qué saben ustedes sobre las enfermedades transmitidas por mosquitos?
- 487 12. ¿Alguna vez han oído hablar de la fiebre de dengue? ¿Qué saben ustedes sobre la fiebre
488 de dengue?
- 489 13. ¿Alguna vez han oído hablar de la fiebre de chikungunya? ¿Qué saben ustedes sobre la
490 fiebre de chikungunya?
- 491 14. ¿Alguna vez han oído hablar sobre la fiebre del zika? ¿Qué saben ustedes sobre la fiebre
492 del zika? ¿Cómo se diferencia el zika del dengue y el chikungunya?
- 493 15. ¿Les preocupan las enfermedades transmitidas por mosquitos? ¿Cuán preocupados están?
- 494 16. ¿Cómo pueden prevenir las picaduras de mosquitos? ¿Creen ustedes que las medidas de
495 prevención actuales son eficaces?
- 496 17. ¿Estarían interesados en notificar a alguien si se enferman durante el viaje? ¿Cómo
497 podrían informar si se enferman a su organización?

498

499 Índice de legibilidad 70.2 (grado 7)