

Evaluation of Dog Bite Surveillance and Rabies Vaccine Systems in Haiti – Medical Providers

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Semi-Structured Key Stakeholder Interview Questions Medical Centers
(To be administered to: Physicians and nurses involved in dog bite management)

I. DEMOGRAPHICS

- A. Education: Undergraduate Degree Master's Degree Professional Degree
 Other _____
- B. Position / Title: _____
- C. Years in Service at Center _____
- D. What are your job duties? **(Use questions below to guide discussion. Note main content of discussion)**
- _____
- _____
- _____
- _____
- a. What disease conditions do you oversee?** _____
- b. How many bite reports do you treat per month?** _____
- c. How many human encephalitis cases do you see per year?** _____
- d. How many suspect human rabies cases do you see per year?** _____
- E. Please describe what you know about the National Sentinel Surveillance System, operated by the Department of Epidemiology and Laboratory Resources
- F. Please describe your roles and responsibilities regarding surveillance of **animal bites**
- G. Please describe your roles and responsibilities regarding **human rabies** surveillance

II. DOG BITE SURVEILLANCE

- A. What is the case definition for a reportable bite?
- B. What is the case definition for a rabid animal?
- C. What is the case definition for human encephalitis?
- D. What is the case definition for human rabies?

E. Which of the following are reportable bites? (READ ALL)

1. Dog bites
2. Cat bites
3. Rat bites
4. Goat bites
5. Cow bites
6. Snake bites
7. Mongoose bites
8. Bat bites

- F. When a dog bite victim is treated at your hospital, who do you notify? (DO **NOT** READ RESPONSES, mark all that apply)
1. Ministry of Health (MSPP)
 2. DPSPE – Zoonotic Disease Unit
 3. Department of Epidemiology, Laboratory and Research (DELR)
 4. Departmental health office
 5. Commune Health Department
 6. Ministry of Agriculture
 7. We do not report dog bites
 8. Other: _____
- G. When do you need to report a dog bite? (DO **NOT** READ RESPONSES, choose the **one** best)
- | | | |
|----------------|---|-------------------------|
| 1. Always | 3. Only if the bite is severe | 5. Only when giving PEP |
| 2. Never | 4. Only if I know the animal has rabies | 6. I don't know |
| 7. Other _____ | | |
- H. What information do you report, when reporting a dog bite? (DO **NOT** READ RESPONSES, Circle all that the interviewee states)
- | | |
|--------------------------------------|----------------------------------|
| 1. Anatomical site of the bite wound | 4. Behavior of the biting animal |
| 2. Location where the bite happened | 5. Whether PEP was given |
| 3. Type of animal | 6. I don't know |
| 9. Other, please describe:
_____ | |
- I. Is there a standardized form to report dog bites to MSPP/NSSS/DELR?
- | | | |
|--------|-------|-----------------|
| 1. Yes | 2. No | 9. I don't know |
|--------|-------|-----------------|
- *if yes, please ask for a copy of a blank reporting form**
- J. If there is a form, is it in paper or electronic format?
- | | | |
|----------|---------------|-----------------|
| 1. Paper | 2. Electronic | 9. I don't know |
|----------|---------------|-----------------|
- K. When a dog bite report is completed, which organizations should receive a copy of the form? (DO **NOT** READ, mark **all** that apply)
- a. Commune health department
 - b. Departmental health office
 - c. Ministry of Health (MSPP)
 - d. DPSPE – Zoonotic Disease Unit
 - e. Department of Epidemiology, Laboratory and Research (DELR)
 - f. Ministry of Agriculture (MARNDR)
 - g. Hospitals

- h. We do not report dog bites
- i. Other: _____

L. How soon after hearing about a bite victim do you need to submit a bite report? (DO **NOT** READ RESPONSES, choose the **one** best)

- 1. Immediately
- 2. Report by the end of my shift
- 3. Report by the end of the day
- 4. Report by the end of the week
- 5. Report by the end of the month
- 6. It doesn't matter when I report
- 7. I do not report
- 8. I don't know

M. What methods do you use to submit bite report forms? (DO **NOT** READ, mark **all** that apply)

- a. Phone calls
- b. Mailed reports
- c. Hand delivered reports
- d. Faxed reports
- e. Emailed reports
- f. Electronic surveillance platform
- g. Other:

N. Are the forms used to track the bite victim's treatment outcomes?

- 1. Yes
- 2. No
- 9. I don't know

O. Are the forms analyzed to create epidemiologic summaries of bite events?

- 1. Yes
- 2. No
- 9. I don't know

P. Does MSPP/DELR share summaries of bite reports with your health facility (feedback)?

- 1. Yes
- 2. No
- 9. I don't know

Q. Are there any other uses for bite reports? [OPEN ANSWER]

R. Are there any other tools or documents you use to record or track bite events?

III. BARRIERS TO REPORTING

A. Are there aspects of the bite form that are difficult to fill out? If yes, please explain.

B. Have you ever **NOT** reported a bite event to your commune, department, or MSPP/DELR?

1. Yes 2. No 9. I don't know

C. What are some reasons that have caused you to NOT report a bite event to your commune, department, or MSPP/DELR? (READ **ALL** ANSWERS, circle if answer is affirmative)

1. I did not know I was required to report bite events
2. I did not have time to fill out the form
3. I did not have time to send in the report
4. This health facility does not report bite events
5. I did not have any bite surveillance forms
6. I do think reporting bites is important
7. Other reason, please describe:

D. What are some reasons that have caused you to **NOT** report a bite event to the **MARNDR** Rabies Surveillance Officers (READ **ALL** ANSWERS, circle if answer is affirmative)

1. I did not know of this program
2. This program does not operate in my department
3. I did not have time to call the officer
4. I did not know how to contact the officer
5. This health facility does not report bite events
6. I am not pleased with the work the surveillance officers have done in the past
7. Other reason, please describe:

IV. DOG BITE SURVEILLANCE: INVESTIGATIONS

A. Who are the **people** or **organizations** responsible for investigating dogs that have bitten people? (DO **NOT** READ, mark all that apply)

- a. Commune sanitation officers (if yes: always, sometimes, or rarely responsible?)
- b. Commune surveillance officers (if yes: always, sometimes, or rarely responsible?)
- c. Departmental health officers (if yes: always, sometimes, or rarely responsible?)
- d. MARNDR rabies officers (if yes: always, sometimes, or rarely responsible?)
- e. No one

- f. Other (describe): _____
 - g. I do not know
- B. What are some of the reasons to report dogs involved in a bite event? (DO **NOT** READ, mark all that apply)
- a. To assess the dog for rabies virus infection
 - b. To remove the aggressive dog from the community
 - c. To identify other persons who may have been bitten by the same dog
 - d. To determine if the persons bitten need rabies vaccine
 - e. Because it is my job
 - f. Dogs are not routinely reported after a bite event
 - g. Other reasons:

- C. When you identify **a person with rabies**, who do you report it to? (DO **NOT** READ, mark all that apply)
- a. commune health department
 - b. departmental health office
 - c. MSPP
 - d. DPSPE – Zoonotic Disease Unit
 - e. DELR
 - f. Departmental agriculture office
 - g. MARNDR
 - h. I don't know
 - i. We do not report rabid animals to anyone

V. POST EXPOSURE PROPHYLAXIS

- A. Where does your institution get **rabies vaccine** from? (READ ALL, mark all that apply)
- 1. MSPP
 - 2. DPSPE – Zoonotic Disease Unit
 - 3. DELR
 - 4. PROMESS
 - 5. Departmental Health Center
 - 6. Commune Health Department
 - 7. Non-Government Organizations (ie MSF)
 - 8. Private Pharmacies
 - 9. I do not know
 - 10. We do not carry rabies vaccine
 - 11. Other: _____

B. How much does **rabies vaccine** cost your patients? (READ ALL, mark all that apply)

1. It is free to all dog bite victims
2. Sliding scale, based on how much the bite victim can afford
3. Specify cost for one dose of vaccine: \$_____
4. I do not know

C. Does your facility currently have **rabies vaccine** available for bite victims?

1. Yes
2. No
9. I don't know

Other _____

D. In the last six months, has your facility experienced a shortage of **rabies vaccine**?

1. Yes (describe circumstance): _____
2. No
3. Don't know

E. Is there a **rabies vaccine** reporting form that your health center uses to report vaccine use to MSPP/DEL, departmental health, or commune health offices?

1. Yes
2. No
3. I don't know

***if yes, please request a blank copy of the form**

F. If there is a **rabies vaccine form**, is it available in paper or electronic format? (circle all that apply)

1. Paper
2. Electronic
9. I don't know

G. When do you need to fill out a **rabies vaccine form**? (DO NOT READ, choose the **one** best)

1. After every dose administered
2. After the course is completed
3. Never

Other _____

H. How soon after giving a **rabies vaccine** do you need to submit a rabies vaccine form? (DO **NOT** READ, choose the **one** best)

1. Immediately
2. Report by the end of my shift
3. Report by the end of the day
4. Report by the end of the week
5. Report by the end of the month
6. It doesn't matter when I report
7. Report after the person completes the course of vaccination
8. I do not report

9. I don't know

I. To whom do you submit rabies vaccine forms? (DO **NOT** READ, mark **all** that apply)

1. Commune health department
2. Departmental health office
3. Ministry of Health (MSPP)
4. DPSPE – Zoonotic Disease Unit
5. DELR
6. Hospitals
7. We do not report dog bites
8. Other: _____

J. By which methods do you submit rabies vaccine forms to the department or DELR? (DO **NOT** READ, mark **all** that apply)

- a. Hand deliver
- b. Phone Calls
- c. Email/Faxes
- d. A Web-based system
- e. Mail
- f. I don't know

Other, please describe:

K. Are the forms used to track the bite victim's vaccination schedule?

1. Yes 2. No 9. I don't know

L. Are the forms required to be submitted to DELR to receive more vaccine?

1. Yes 2. No 9. I don't know

M. Does MSPP/DELR share summaries of rabies vaccine forms with your health department?

1. Yes 2. No 9. I don't know

N. Are there any other uses for rabies vaccine forms? [OPEN ANSWER]

O. Are there any other tools or documents you use to record or track rabies vaccine usage?

P. Where does your institution get **rabies immune globulin** from? (READ ALL, mark all that apply)

1. MSPP
 2. DPSPE – Zoonotic Disease Unit
 3. DELR
 4. PROMESS
 5. Departmental health office
 6. Commune Health Department
 7. Non-Government Organizations (ie MSF)
 8. Private Pharmacies
 9. I do not know
 10. We do not carry rabies immune globulin
 11. Other:
-

Q. What type of rabies immune globulin do you use?

1. Human RIG
2. Equine RIG
3. Other: _____

R. How much does **rabies immune globulin** cost bite victims? (READ ALL, mark all that apply)

1. It is free to all dog bite victims
2. Sliding scale, based on how much the bite victim can afford
3. Specify Cost per Vial: \$ _____
4. I do not know

S. Does your institution currently have **rabies immune globulin** available for bite victims?

1. Yes
2. No
3. I don't know
4. Other _____

T. In the last six months, has your institution experienced a shortage of **rabies immune globulin**?

1. Yes (describe circumstance): _____
2. No
3. Don't know

U. When you give a **rabies immune globulin** do you need to report this to anyone?

1. Yes
2. No
3. Don't know

If Yes, who do you report rabies immune globulin usage to?

V. PEP PROTOCOLS

1. When should the bite wound be washed with disinfectants (ie soap) and water?
 1. Always
 2. Sometimes
 3. Never
 4. Don't know
 5. Other: _____

2. When should **Rabies Immune Globulin** be administered to bite victims? (DO **NOT** READ, circle ONE best answer)
 1. Always
 2. Sometimes (describe) _____
 3. Never
 4. Don't know
 5. Other: _____

3. When should **Rabies Vaccine** be administered to bite victims? (DO **NOT** READ, circle ONE best answer)
 1. Always
 2. Sometimes (describe) _____
 3. Never
 4. Don't know
 5. Other: _____

4. Which **rabies vaccine** schedules are used (list days administered)? (DO **NOT** READ, circle all that apply)
 1. 0, 3, 7, 14, 28
 2. 0, 3, 7, 14
 3. 2-1-1 (2x0, 7, 21)
 4. Don't know
 5. Other _____

5. Which routes of **rabies vaccine** administration are used? (DO **NOT** READ, circle all that apply)
 1. Intramuscular
 2. Intradermal
 3. Subcutaneous
 4. Don't know
 5. Other _____

W. Who is responsible to ensure that the bite victim completes the full course of rabies vaccination? (DO NOT READ, mark all that apply)

1. The bite victim or the victim's family
2. The Hospital
3. The commune health department
4. The departmental health office
5. MSPP
6. DPSPE – Zoonotic Disease Unit
7. DELR
8. No one is responsible
9. I don't know
10. Other: _____

VI. Rabies Knowledge and Surveillance Attitudes

A. Which of the following animals can get rabies? (READ ALL, mark all that apply)

- | | | |
|-----------|---------|--------|
| 1. Cows | Yes [1] | No [2] |
| 2. Goats | Yes [1] | No [2] |
| 3. Pigs | Yes [1] | No [2] |
| 4. Snakes | Yes [1] | No [2] |
| 5. Dogs | Yes [1] | No [2] |
| 6. Cats | Yes [1] | No [2] |
| 7. Birds | Yes [1] | No [2] |
| 8. Fish | Yes [1] | No [2] |

B. What are the signs that a dog might have rabies? (Circle all that the interviewee states)

- | | | |
|--------------|----------------------------|---------------------------|
| Lethargy [1] | Lack of muscle control [5] | Difficulty Breathing [9] |
| Fever [2] | Weakness [6] | Excessive Salivation [10] |
| Vomiting [3] | Paralysis [7] | Abnormal Behavior [11] |
| Anorexia [4] | Seizures [8] | Aggression [12] |

C. Have you ever seen a rabid dog?

- Yes [1] No [2] Unknown [3]

D. Have you ever seen a person with encephalitis?

- Yes [1] No [2] Unknown [3]

E. How many cases of encephalitis were diagnosed in your hospital in 2014?

Number: _____

F. Have you ever seen a person with rabies?
Yes [1] No [2] Unknown [3]

G. How many rabies victims were diagnosed in your hospital in 2014?
Number: _____

Do you agree or disagree with these statements:

A. Rabies is a significant problem in **dogs** in Haiti
Agree [1] Disagree [2]

B. Rabies is a significant problem in **people** in Haiti
Agree [1] Disagree [2]

C. Rabies is easily diagnosed in a **person** based on clinical signs
Agree [1] Disagree [2]

D. All dog bite victims should receive rabies vaccination
Agree [1] Disagree [2]

E. Only persons bitten by sick dogs should receive rabies vaccination
Agree [1] Disagree [2]

F. Washing the wound, in the absence of vaccination, will prevent a person from getting rabies
Agree [1] Disagree [2]

G. Rabies vaccination consists of only one shot
Agree [1] Disagree [2]

H. When I report a bite event, the results of the investigation are reported back to me in a timely manner:

- | | | | |
|------------------------------|---------|--------|--------|
| a. MSPP: | Yes [1] | No [2] | NA [3] |
| b. Department health officer | Yes [1] | No [2] | NA [3] |
| c. Commune Health Officer: | Yes [1] | No [2] | NA [3] |
| d. Sanitation Officer: | Yes [1] | No [2] | NA [3] |
| e. MARNDR: | Yes [1] | No [2] | NA [3] |
| f. Other: _____ | Yes [1] | No [2] | NA [3] |

I. It is important to report dog bites to MSPP/DELR because it can save lives
Yes [1] No [2]

J. I have contacted the Ministry of Agriculture to evaluate a rabies suspect dog
Yes [1] No [2]

K. Were you happy working with them (if yes or no, why)

Yes (describe): _____

No (describe): _____

Please provide us with any other suggestions you have for improving bite surveillance in Haiti:

Please provide us with any other suggestions you have for improving PEP surveillance in Haiti:

Please provide us with any other suggestions you have for improving human rabies surveillance in Haiti