

## **Evaluation of Dog Bite Surveillance and Rabies Vaccine Systems in Haiti – Rabies Officials**

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## Semi-Structured Key Stakeholder Interview Questions

To be administered to: Commune Health Department Administrators, Commune Surveillance Officers, Commune Sanitation Officers

Mark the answer that best demonstrates the interviewee's answer

### I. ORGANIZATIONAL DESCRIPTION & TRAINING

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)

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a. What disease conditions do you oversee? \_\_\_\_\_

b. How many bite reports do you investigate per month? \_\_\_\_\_

c. How long does bite investigation take? \_\_\_\_\_

d. How many rabies suspect animals do you investigate per month? \_\_\_\_\_

e. How many suspect human rabies cases do you investigate per month? \_\_\_\_\_

f. Do you evaluate animals for signs of disease? Yes, No

g. Do you submit animals to a laboratory for rabies testing? Yes, No

    i. How many per month? \_\_\_\_\_

    ii. Which laboratory? \_\_\_\_\_

### **\*Ask for an organizational chart**

E. Who in your organization is responsible for investigation of dogs involved in bite events?

    a. I am responsible

*If another person, may we contact them to discuss bite surveillance activities?*

    b. Name: \_\_\_\_\_

    c. Position Title: \_\_\_\_\_

    d. What are their qualifications? \_\_\_\_\_

    e. What are their job duties? \_\_\_\_\_

    f. What percentage of their job activities are rabies related?  
        \_\_\_\_\_

F. How many dog bite reports did your commune receive from January 1, 2015 - July 1, 2015?

Number: \_\_\_\_\_

### **\*Can we have a list of all bite reports by hospital in your commune?**

G. Have you been vaccinated against rabies?                      Yes [1]                      No [2]                      Don't know [6]

H. Have you ever assessed a dog that has bitten someone? Yes [1]                      No [2]                      Don't know [6]

- I. Have you ever assessed a dog for rabies?                      Yes [1]                      No [2]                      Don't know [6]
- J. Have you received training in safe dog capture?                      Yes [1]                      No [2]                      Don't know [6]
- K. Have you received training in dog sedation?                      Yes [1]                      No [2]                      Don't know [6]
- L. Have you received training to euthanize dogs?                      Yes [1]                      No [2]                      Don't know [6]
- M. Have you received training in rabies sample collection? Yes [1]                      No [2]                      Don't know [6]

N. What equipment do you have available to you for capture of rabies suspect dogs? (READ ALL, mark all that apply)

- |                   |            |                                |
|-------------------|------------|--------------------------------|
| 1. Leather gloves | 5. Machete | 9. Face shields                |
| 2. Control Pole   | 6. Leashes | 10. Syringes                   |
| 3. Syringe Pole   | 7. Muzzles | 11. Medications for sedation   |
| 4. Gun            | 8. Nets    | 12. Medications for euthanasia |

Other supplies, please list:

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- O. Are there facilities in your commune to confine a dog for up to 14 days?  
                     Yes [1]                      No [2]                      Don't Know [6]

**II. DOG BITE SURVEILLANCE: REPORTING PRACTICES**

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 to DELR? (READ **ALL** RESPONSES, mark all answers)

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

F. From where do you receive reports of dog bites? (READ **ALL** RESPONSES, mark all answers)

- a. Directly from medical providers
- b. MSPP
- c. DPSPE – Zoonotic Disease Unit
- d. DELR
- e. Commune sanitation Officers
- f. Commune surveillance Officers
- g. Departmental Health Officers
- h. Rabies Health Officers (MARNDR)
- i. Veterinarians
- j. The public
- k. I don't know
- l. Other, please describe: \_\_\_\_\_

G. How do you receive reports of dog bites? (READ **ALL** RESPONSES, mark all answers)

- a. Phone Calls
- b. A Standardized Form
- c. Email/Faxes
- d. A Web-based system
- e. Mail
- f. I don't know
- g. Other, please describe: \_\_\_\_\_

H. 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***

I. If there is a bite report form, is it available in paper or electronic format? (circle **all** that apply)

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

J. Under what circumstances do bite reports need to be submitted? (DO **NOT** READ, choose the **one** best)

- 1. Always
- 2. Never
- 3. Only if the bite is severe
- 4. Only if I know the animal has rabies
- 5. Only when giving PEP
- 6. I don't know

7. Other

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 and Laboratory Resources (DELR)
- f. Ministry of Agriculture (MARNDR)

- g. Hospitals
  - h. We do not report dog bites
  - i. Other: \_\_\_\_\_
- L. How soon after notification of a bite victim do you typically submit a bite report form? (DO **NOT** READ, choose the **one** best.)
- a. Immediately
  - b. By the end of my shift
  - c. By the end of the day
  - d. By the end of the week
  - e. By the end of the month
  - f. It doesn't matter when I report
  - g. I do not report
  - h. Other: \_\_\_\_\_
- 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 department?
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 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 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 department 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:

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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 department 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:

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#### 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 you investigate 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 investigated after a bite event
  - g. Other reasons: \_\_\_\_\_
- C. Do investigators look for other people who may have been bitten by the same dog?
- a. Yes
  - b. No
  - c. Sometimes (describe):  
 \_\_\_\_\_  
 \_\_\_\_\_
- D. When you investigate dog bites, what do you do to the dog? (DO **NOT** READ, mark all that apply)
- a. Nothing is done to the dog
  - b. The dog is assessed for signs of illness
  - c. Healthy dogs are placed in observation for a certain number of days
  - d. Sick dogs are killed with a machete, stone, or stick
  - e. Sick dogs are sedated and euthanized with veterinary medications
  - f. Submit rabies suspect dogs to MARNDR for rabies testing
  - g. I don't know
  - h. Other: \_\_\_\_\_
- E. When you identify **a rabid dog**, who do you report it to? (DO **NOT** READ, mark all that apply)
- a. commune health department
  - b. departmental health office
  - c. MSSP
  - 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
- F. 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. MSSP

- 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 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 vaccine
- 11. Other: \_\_\_\_\_

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

- a. It is free to all dog bite victims
- b. Sliding scale, based on how much the bite victim can afford
- c. Specify cost for one dose of vaccine: \$ \_\_\_\_\_
- d. I do not know

C. Does your institution 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 institution experienced a shortage of **rabies vaccine**?

- 1. Yes (describe circumstance): \_\_\_\_\_
- 2. No
- 3. Don't know

E. Is there a standardized form to report **rabies vaccine** use to MSPP/DELR?

- 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 \_\_\_\_\_

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

- a. Immediately
- b. Report by the end of my shift
- c. Report by the end of the day
- d. Report by the end of the week
- e. Report by the end of the month
- f. It doesn't matter when I report
- g. Report after the person completes the course of vaccination
- h. I do not report
- i. I don't know

I. To whom do you submit rabies vaccine forms? (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. DELR
- f. Hospitals
- g. We do not report dog bites
- h. 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:

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- K. Are the forms used to track the bite victim's vaccination schedule?  
1. Yes            2. No            9. I don't know
- A. Are the forms required to be submitted to DELR to receive more vaccine?  
1. Yes            2. No            9. I don't know
- B. Does MSPP/DELR share summaries of rabies vaccine forms with your health department?  
1. Yes            2. No            9. I don't know
- C. Are there any other uses for rabies vaccine forms? [OPEN ANSWER]
- D. Are there any other tools or documents you use to record or track rabies vaccine usage?
- K. Where does your institution get **rabies immune globulin** from? (READ ALL, mark all that apply)
- a. MSPP
  - b. DPSPE - Zoonotic Disease Unit
  - c. DELR
  - d. PROMESS
  - e. Departmental health office
  - f. Commune Health Department
  - g. Non-Government Organizations (ie MSF)
  - h. Private Pharmacies
  - i. I do not know
  - j. We do not carry rabies immune globulin
  - k. Other: \_\_\_\_\_
- L. What type of rabies immune globulin do you use?
- a. Human RIG
  - b. Equine RIG
  - c. Other: \_\_\_\_\_
- M. How much does **rabies immune globulin** cost bite victims? (READ ALL, mark all that apply)
- a. It is free to all dog bite victims
  - b. Sliding scale, based on how much the bite victim can afford
  - c. Specify Cost per Vial: \$ \_\_\_\_\_
  - d. I do not know
- N. Does your institution currently have **rabies immune globulin** available for bite victims?  
1. Yes            2. No            9. I don't know

- O. 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

- P. 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?

\_\_\_\_\_

Q. PEP PROTOCOLS

1. When should the bite wound be washed with disinfectants (ie soap) and water?
  - a. Always
  - b. Sometimes
  - c. Never
  - d. Don't know
  - e. Other: \_\_\_\_\_

2. When should **Rabies Immune Globulin** be administered to bite victims? (DO **NOT** READ, circle ONE best answer)
  - a. Always
  - b. Sometimes
  - c. Never
  - d. Don't know
  - e. Other: \_\_\_\_\_

3. When should **Rabies Vaccine** be administered to bite victims? (DO **NOT** READ, circle ONE best answer)
  - a. Always
  - b. Sometimes
  - c. Never
  - d. Don't know
  - e. Other: \_\_\_\_\_

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

5. Which routes of **rabies vaccine** administration are used? (DO **NOT** READ, circle all that apply)
- Intramuscular
  - Intradermal
  - Subcutaneous
  - Don't know
  - Other \_\_\_\_\_

- R. Who is responsible to ensure that the bite victim completes the full course of **rabies vaccination**? (DO **NOT** READ, mark all that apply)
- The bite victim or the victim's family
  - The Hospital
  - The commune health department
  - The departmental health office
  - MSPP
  - DPSPE - Zoonotic Disease Unit
  - DELR
  - No one is responsible
  - I don't know
  - 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 reported to your commune in 2014?

Number: \_\_\_\_\_

F. Have you ever seen a person with rabies?

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

G. How many rabies victims were reported to your commune 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. Dog bites are quickly investigated by:
- |                              |         |        |        |
|------------------------------|---------|--------|--------|
| 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/NSSS/DELR because it can save lives  
 Agree [1]                      Disagree [2]
- J. I have contacted the Ministry of Agriculture to evaluate a rabies suspect dog  
 Agree [1]                      Disagree [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**