

2024 Rwanda MVD Outbreak Domestic Response: Final Survey for traveler monitoring data capture from STLHDs

- 1) Over the course of the entire response (3 October 2024 to **end date**), for how many travelers did you:

	U.S.-based HCW	Other traveler who was in nonpatient care areas in Rwanda HCF	Any other type of traveler
a. Receive contact information (either by an NGO, CDC, another HD, or another group)			
b. Initiate monitoring			
c. Completed monitoring			
d. Discontinued monitoring before the end of the 21 day period			
e. Attempt to contact but were unable to reach?			
f. Receive contact information but when you spoke to them, they reported they had not been in Rwanda?			

- 2) Please estimate how many hours total did your staff spend on monitoring, per traveler monitored?
- 3) What other tools or systems did you use to obtain usable contact information when the contact information you received was not adequate?
- 4) What tools or systems did you use to monitor travelers?
- 5) Outside of personnel costs, what other costs did your healthcare incur from having to do traveler monitoring, and what is the estimated total?
- 6) Please provide any additional information you feel it would be useful for us to have that we did not specifically ask about in the questions above.
- 7) Did the process of HDs getting info from the NGOs work?
 - a) How did the delegation of monitoring to NGO's work?
- 8) How did the process of CDC referring travelers (who were in HCF or were HCW) work?
- 9) Were any travelers who were not under monitoring, identified with symptoms and if so did they contact the HD or did the HD hear about them from the HCF.
- 10) What % of HCWs had a pre-departure form with them?
- 11) Did entry screening improve traveler Contact information?
- 12) What did the entry screening detect?
- 13) Usefulness of entry screening in identifying people for post arrival monitoring
- 14) How many HCW did you get information for from CDC but NOT an NGO?