

Prevalence of Hepatitis B virus protective immune response among vaccinated healthcare personnel in selected regional referral hospitals in Uganda

Questionnaire code: _____

Sociodemographic characteristics

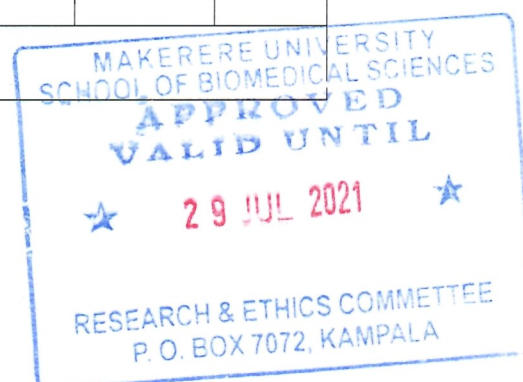
1. Sex Male Female
2. Age (at last birthday) _____
3. Specialty/trainee position (*Tick ONLY one*)

Specialty / Trainee position	Yes/No (Tick)	Years spent working at this position (months or years)
Medical officer		
Clinical officer		
Pharmacist		
Pharmacy tech		
Nursing officer		
Laboratory technician		
Midwife		
Nursing assistant		
Intern doctor		
Intern pharmacist		
Intern nurse		
Intern pharmacist		
Others specify		

Hepatitis B virus risk and vaccination

4. Have you had any of the following during the last three months (*Tick ALL that apply*)

Exposure	Yes	No
Needle prick injury		
Blood splash		
Blood transfusion		
Injection (I.M/I.V)		
Conducted surgical operation		
Had a tattoo on your skin		
Undergone an a surgical operation		
Others specify,		



5. Have you ever tested for hepatitis B virus infection? Yes No

6. Have you had hepatitis B virus vaccine before? Yes No

If yes to question 6, answer questions 7-10

7. When did you receive the last dose of hepatitis B vaccine (day/month/year) _____

8. What was your age at the time you received the hepatitis B vaccine _____

9. How many doses of the vaccine did you get _____

10. Did you complete all the hepatitis vaccine series (3 doses)? Yes No

11. In what time interval (in months) did you receive the vaccine? (*Tick only ONE*)

Time interval (<i>Months</i>)	Yes	No
0, 1, 6		
0, 3, 6		
0, 1, 2		
0, 2, 4		
Do not recall		

12. If you did not complete all the hepatitis vaccine series, what was the reason? (*Tick ALL which apply*)

Reason for not completing hepatitis B vaccine series	Yes	No
The vaccine ran out of stock		
Lacked money to pay for the vaccine		
I lost interest in completing the dose		
Others specify,		



13. Did you perform hepatitis antibody titre test after completing the hepatitis B vaccine series

Yes No

14. What was the concentration of hepatitis B antibodies found _____ mIU/mL

15. Have you received a booster dose of hepatitis B vaccine? Yes No

16. If yes to 12, when did you receive the booster dose of hepatitis B vaccine? _____

17. In your facility, what factors would affect the hepatitis B vaccine efficacy (how well the vaccine will work if given)? *(Tick ALL that apply)*

Factor(s)	Yes	No
Power fluctuations affecting hepatitis vaccines in storage		
Mechanical problems affecting the fridge		
People do not complete full vaccine series (3doses)		
Type of vaccine given (plasma derived or recombinant)		
Vaccine over staying in storage		
Do not know		
Others specify,		

THE SECTION TO BE FILLED BY RESEARCHER

18. Hepatitis screening results *(Tick ONE which apply)*

Screening test	Results	
	Positive	Negative
HEPATITIS B SURFACE ANTIGEN (HBsAg)		
HEPATITIS B SURFACE ANTIGEN ANTIBODY (HBsAb)		
HEPATITIS B ENVELOPE ANTIGEN (HBeAg)		
HEPATITIS B ENVELOPE ANTIBODY (HBeAb)		
HEPATITIS B CORE ANTIBODY (HBcAb)		

19. ANTIBODY TITRE CONCENTRATION.....mIU/mL

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