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| ***Supplementary Appendix 1*** | | | | | |  | | | | | | | | |
| **Knowledge, attitude and occupational risks to Hepatitis B infection among health workers in Gulu Regional Referral Hospital, Northern Uganda** | | | | | | | | | | | | | | |
| Serial no………………………………………………………………………………… | | | | | | Date………………………………………………………… | | | | | | | | |
| **A. Socio-demographic characteristics of respondents** | | | | | | | | | | | | | | |
| 1. What is your sex? M/F | | 2. What is your age? | | | | | | | | | | | | |
| 3. What is your marital status? | Divorced | | | Married | | | Single | | Others, specify?......... | | | | | |
| 4. What is your job? | Laboratory technician | | Doctor | | | | Nurse | | | | Student | | Others, Specify? | |
| 5. How long have you been a health worker?.......................................................................................................(years) | | | | | | | | | | | | | | |
| **B Knowledge about Hepatitis B infection** | | | | | | | | | | | | | | |
| 6. Do you know that there is a severe infection caused by Hepatitis B virus? | | | | | | | | | Yes (1) | | | No (0) | | |
| 7. Can Hepatitis B virus be transmitted as a nosocomial (hospital acquired) infection? | | | | | | | | | Yes (1) | | | No (0) | | |
| 8. Is Hepatitis B also widely transmitted as HIV and AIDS in this community? | | | | | | | | | Yes (1) | | | No (0) | | |
| 9. Are health workers at risk of Hepatitis B Infection by virtue of their work? | | | | | | | | | Yes (1) | | | No (0) | | |
| 10. Do you know the routes of transmission of Hepatitis B infection? | | | | |  | | | | Yes (1) | | | No (0) | | |
| 11. Can Hepatitis B virus be transmitted by blood transfusion? | | | | |  | | | | Yes (1) | | | No (0) | | |
| 12. Can Hepatitis B virus be transmitted by pricks from contaminated needles and syringes? | | | | | | | | | Yes (1) | | | No (0) | | |
| 13. Can Hepatitis B virus be transmitted by contaminated water with faeces? | | | | | | | | | Yes (1) | | | No (0) | | |
| 14. Are you aware that Hepatitis B virus can be transmitted from an infected person to another person through these means? | | | | | | | | | | | | | | |
| (a) Blood and its products? | | | | | | (b) Needles and sharps? | | | (c) Sexual intercourse? | | | | | |
| (d) Oro-faecal route? | | (e)Contaminated water | | | | (f) Others *(specify)* | | | | | | | | |
| **C. Knowledge on Hepatitis B virus** | | | | | | | | | | | | | | |
| 1. Are you aware that Hepatitis B vaccine exists? | | | | |  | | | | Yes (1) | | | No (0) | | |
| 2. How many doses of Hepatitis B vaccine are required to achieve complete protection? | | | | | | | (a) 1-2 (0) | | (b) 3 (1) | | | (c) 4-5 (0) | | |
| 3. What is the expected interval between the 1st and 2nd dose of the vaccine? | | | | | | | | | | | | | | |
| (a) Less than 4 weeks (0) | | | | | | (b) 4 weeks (1) | | | (c) More than 4 weeks (0) | | | | | |
| **D. Attitude of respondents towards Hepatitis B infection** | | | | | | | | | | | | | | |
|  | |  | | | Strongly agree | | Agree | Indifferent | | | Disagree | | | Strongly disagree |
| 1. My job does not put me at risk of Hepatitis B infection. | | | | | 0 | | 1 | 2 | | | 3 | | | 4 |
| 2. I do not need to wear gloves always, when doing a vene puncture on HBV infected patient. | | | | | 0 | | 1 | 2 | | | 3 | | | 4 |
| 3. I should not treat everyone as if they have a blood-borne pathogen. | | | | | 0 | | 1 | 2 | | | 3 | | | 4 |
| 4. A health worker cannot infect patients with Hepatitis B virus. | | | | | 0 | | 1 | 2 | | | 3 | | | 4 |
| 5. I would not allow my relative to be treated by a hepatitis B infected health worker. | | | | | 0 | | 1 | 2 | | | 3 | | | 4 |
| 6. The hepatitis B vaccine is not effective | | | | | 0 | | 1 | 2 | | | 3 | | | 4 |
| 7. I would not report if I got a needle-stick injury | | | | | 0 | | 1 | 2 | | | 3 | | | 4 |
| **E. Occupational exposure to Hepatitis B virus** | | | | | | | | | | | | | | |
| **I. Pre-exposure risks** | | | | | | | | | | | | | | |
| 1. Have you been screened and vaccinated against Hepatitis B virus? | | | | | (a) Screened and vaccinated (0) | | | (b) Screened only (1) | | | | (C) None (2) | | |
| 2. Did you complete the immunization schedule? | | | | |  | | | | (a) Yes (0) | | | (b) No (1) | | |
| 3. Have you ever had training on handling and disposal of infectious materials at your hospital? | | | | | | | | | (a) Yes (0) | | | (b) No (1) | | |
| 4. Do you have guidelines for prevention and control of infections within your hospital? | | | | | | | | | (a) Yes (0) | | | (b) No (1) | | |
| 5. Are posters of the risks involved in improper handling of infectious materials and the steps necessary for preventing exposures of HBV displayed in your Hospital? | | | | | | | | | | | | | | |
| (a)Yes (0) | | (b) No (1) | | | | (c) I do not know (2) | | | | | | | | |
| 6. How often are the following materials available for general hygiene practices and personal protection during contact with patients? | | | | | | | | | | | | | | |
|  | | Always | | | Most of the time | | | Sometimes | | Rarely | | Never | | |
| (a) Gloves | | 0 | | | 1 | | | 2 | | 3 | | 4 | | |
| (b) Rubber boots | | 0 | | | 1 | | | 2 | | 3 | | 4 | | |
| (c) Water | | 0 | | | 1 | | | 2 | | 3 | | 4 | | |
| (d) Soap/detergents | | 0 | | | 1 | | | 2 | | 3 | | 4 | | |
| (e) Antiseptics | | 0 | | | 1 | | | 2 | | 3 | | 4 | | |
| (f) Disinfectants | | 0 | | | 1 | | | 2 | | 3 | | 4 | | |
| (g) Bins for sharps | | 0 | | | 1 | | | 2 | | 3 | | 4 | | |
| (h)Bins for Infectious materials | | 0 | | | 1 | | | 2 | | 3 | | 4 | | |
| 7. When available, do you use the following materials for general hygiene practices and personal protection when getting in touch with patients? | | | | | | | | | | | | | | |
| **II. Exposure incidents** | | | | | | | | | | | | | | |
| 1. Have you accidentally got into direct contact with body fluids of an infected or suspected Hepatitis B patients in the past five years? Yes/No | | | | | | | | | | | | | | |
| 2. If yes *(in 1. Above)*, how many times?……………………………………………………………………………. | | | | | | | | | | | | | | |
| 3. Which body fluids of an infected person did you get into direct contact with in the most recent incident? | | | | | | | | | | | | | | |
| (a) Blood | | | | | | | | | Yes (1) | | | No (0) | | |
| (b) Cerebrospinal fluid (CSF) | | | | | | | | | Yes (1) | | | No (0) | | |
| (c) Amniotic fluid | | | | | | | | | Yes (1) | | | No (0) | | |
| (d) Pleural fluid | | | | | | | | | Yes (1) | | | No (0) | | |
| (e) Ascitic fluid | | | | | | | | | Yes (1) | | | No (0) | | |
| (f) Vaginal fluid | | | | | | | | | Yes (1) | | | No (0) | | |
| 4. How did the accidental exposure occur? (*Tick what applicable)* | | | | | | | | | | | | | | |
| (a) Needle stick injury | | | | | | | | | Yes (1) | | | No (0) | | |
| (b) Cut with a sharp objects | | | | | | | | | Yes (1) | | | No (0) | | |
| (c) Mucosal exposure of the mouth or eye by splashing fluids | | | | | | | | | Yes (1) | | | No (0) | | |
| (d) Contact with broken skin | | | | | | | | | Yes (1) | | | No (0) | | |
| (e) Contact with intact skin | | | | | | | | | Yes (1) | | | No (0) | | |
| (f) Others *(specify)* | | | | | | | | | Yes (1) | | | No (0) | | |
| **III. Other risk factors to acquisition of Hepatitis B infection** | | | | | | | | | | | | | | |
| 5. How many hours were you spending on duty per week then?....…………………………………..………... | | | | | | | | | | | | | | |
| 6. Were you involved in any of these social behaviours? Yes/No *(If yes, tick what applicable)* | | | | | | | | | | | | | | |
| (a) Drinking alcohol | | | (b) Smoking cigarettes | | | | | | | | (c) Substance abuse | | | |
| 7. What was the nature of the procedure when the accident(s) occurred? *(Tick one or more where applicable)* | | | | | | | | | | | | | | |
| (a) Emergency | | | (b) Elective | | | | (c) Routine Activities | | | | | | | |
| **F. Post-exposure** *(to be answered only by those who were exposed*) | | | | | | | | | | | | | | |
| 1. Did you wash the exposed part of the body immediately with water and soap? | | | | | | | | | Yes (1) | | | No (0) | | |
| 2. Was the source-patient tested for HBsAg? (Hepatitis B surface antigen) | | | | | | | | | Yes (1) | | | No (0) | | |
| 3. If your status was unknown, were you tested for (i) HBsAg (Hepatitis B surface antigen)? | | | | | | | | | Yes (1) | | | No (0) | | |
| 4. Did you have Anti-HBs (Hepatitis B surface antibody)? | | | | | | | | | Yes (1) | | | No (0) | | |
| 5. If you were found to be anti-HBs negative, and the patient was positive, were you given Hepatitis B immunoglobulin G (HBIgG)? | | | | | | | | | Yes (1) | | | No (0) | | |