

## **RESEARCH QUESTIONNAIRE**

**TITLE : DETERMINANTS OF M-POX VACCINE ACCEPTABILITY AMONG  
FRONTLINE HEALTHCARE PROVIDERS AT VIRUNGA GENERAL REFERRAL  
HOSPITAL, MAY-SEPTEMBER 2025**

**Q1. Have you been vaccinated against Mpox?**

- a. Yes
- b. No

**→ SOCIO-DEMOGRAPHIC CHARACTERISTICS**

**Q1. What is your sex?**

- a. Male
- b. Female

**Q2. What is your age group?**

- a. < 25 years
- b. 25-34 years
- c. 35-44 years
- d. > 45 years

**Q3. What is your marital status?**

- a. Single
- b. Married
- c. Divorced
- d. Widowed

**Q4. How many years of experience do you have in the health profession?**

- a. < 1 year
- b. 1-5 years
- c. 6 -10 years
- d. 11-20 years
- e. > 20 years

**Q5. What is your department of assignment?**

- a. Internal Medicine
- b. Surgery
- c. Pediatrics
- d. Gynecology/Obstetrics
- e. Emergency
- f. Intensive Care
- g. Laboratory
- h. Pharmacy
- i. Administration
- j. Other

**Q6. What is your employment status?**

- a. Medical Doctor (General Practitioner / Specialist)
- b. Nurse (A1 / A2)
- c. Laboratory Technician
- d. Pharmacist
- e. Midwife
- f. Medical Assistant
  
- g. Administration
  
- h. Other

**→ SOCIO-CULTURAL FACTORS**

**Q7. What is your highest level of education?**

- a. Secondary school diploma (Baccalaureate)
- b. Health Technician Diploma (A2)
- c. Graduate / Bachelor's Degree (A1)
- d. Specialization / Master's Degree
- e. Doctorate

**Q8. In your culture, are there other protective practices against Mpox besides vaccination?**

- a. Yes
- b. No

**Q9. Do you have easy access to information about Mpox vaccination?**

- a. Yes
- b. No

**Q10. Do you trust the vaccination system in the Democratic Republic of Congo?**

- a. Yes
- b. No

**Q11. Are you concerned about the risks or side effects of vaccines?**

- a. Yes
- b. No

**Q12. Is the fear of being stigmatized (e.g., by colleagues, the community) if you get vaccinated against Mpox a concern for you?**

- a. Yes
- b. No

### Q13. Assessment of Knowledge Level on the Mpox Vaccine

No.	Question	Options	Score Assigned
Q13A	What is the main vaccine against Mpox?	a. Varivax b. Jynneos c. Ervebo d. Nuvaxovid e. I don't know	1
Q13B	What type of vaccine is used against Mpox?	a. Live non-replicating virus vaccine b. Replicating live virus vaccine c. Messenger RNA (mRNA) vaccine d. Inactivated RNA vaccine	1
Q13C	How many doses are required for full vaccination in an unvaccinated person?	a. 1 dose b. 2 doses c. 3 doses d. I don't know	1
Q13D	After the last dose, when does significant protection appear?	a. Immediate b. 7 days c. 14 days after the 2nd dose d. 1 year	1

### SCORING INTERPRETATION

- **Total Score = 4 points**
  - ✓ **Good knowledge:** 3-4 points
  - ✓ **Low knowledge:** 0-2 points

### Q14. Can the Mpox vaccine be used for post-exposure prevention?

- a. Yes
- b. No

### Q15. Do you trust the specific Mpox vaccine?

- a. Yes
- b. No

### Q16. In your opinion, is the Mpox vaccine effective in preventing the disease?

- a. Yes
- b. No

### Q17. What is your general attitude toward Mpox vaccination for healthcare professionals?

- a. Very favorable
- b. Very unfavorable
- c. Neutral

→ **BEHAVIORAL AND ENVIRONMENTAL FACTORS**

**Q18. Have you ever been vaccinated against other diseases in the past (e.g., influenza, hepatitis B, COVID-19)?**

- a. Yes
- b. No

**Q19. During your career, have you ever had a direct positive experience with vaccination (e.g., saw a patient protected by a vaccine, or personally avoided a disease thanks to a vaccine)?**

- a. Yes
- b. No

**Q20. Have you ever actively participated in vaccination campaigns (e.g., administering vaccines, awareness campaigns)?**

- a. Yes
- b. No

**Q21. Are you regularly exposed to patients with infectious diseases in your current department?**

- a. Yes
- b. No

→ **INSTITUTIONAL FACTORS**

**Q22. Is the Mpox vaccine easily accessible to you (location, schedule, procedures)?**

- a. Yes
- b. No

**Q23. Is the Mpox vaccine (or has it been) available in sufficient quantity at your hospital/workplace?**

- a. Yes
- b. No

**Q24. Do you consider that you have easy access to official information (from the Ministry of Health, WHO, etc.) on Mpox and its vaccine?**

- a. Yes
- b. No

**Q25. Has the management of your hospital or department encouraged Mpox vaccination among healthcare professionals?**

- a. Yes
- b. No

**Q26. Does the opinion or behavior of your colleagues (e.g., whether they got vaccinated) influence your own decision to get the Mpox vaccine?**

- a. Yes
- b. No

**THANK YOU VERY MUCH FOR YOUR SINCERE COLLABORATION.**