International health regulations and pre-travel practices of international travellers at Nigerian airport: a cross-sectional study

QUESTIONNAIRE

IDENTIFICATION

1) Questionnaire serial number _____

2) Date of interview _____

3) Location _____

S/No	Question	Response	Remark
I	**SOCIODEMOGRAPHIC CHARACTERISTICS**		
101	Age as at last birthday (in years)	_____	
102	Gender	A) Male B) Female C) I would rather not disclose	
103	Marital status	A) Single B) Married C) Divorced/separated D) Widow/widower E) Others Please Specify_____	
104	Educational status *(Highest certificate obtained)*	A) No formal B) Primary/Elementary/Grade 6 C) Secondary/High school/Grade 12 D) Undergraduate/College E) Postgraduate (Masters/PhD/Fellowship)	
105	Occupation	_____	

106	Monthly income (in US dollars)		
107	Religion	A) Christianity B) Islam C) Others Please specify_____	

II	**TRAVEL PATTERN**		
201	Nationality?	_____ Country	
202	Which area of the country do you live?	A) Urban (≥5,000 population) B) Rural (<5,000 population)	Continue on question 203
203	Were you treated for any infection before embarking on this journey?	A) Yes B) No	If yes, continue on question 204 If no, skip to question 205
204	If yes, which one? (Please write Diagnosis in the next column)		Continue on question 205
205	Which country are you travelling to (final destination)? (Not lay over country)	_____ Country	
206	Which area of that country will you stay?	A) Urban (≥5,000 population) B) Rural (<5,000 population)	Continue on question 207
207	How long will you be there?	A) Less than 24 hours B) 1 to 7 days C) 1 to 4 weeks D) 1 to 6 months E) Longer than 6 months	Continue on question 208
208	What is your purpose of travelling?	A) Study B) Work C) Volunteer/humanitarian D) Visiting friends or relatives/ Tourism/vacation E) Returning home F) Conference/ Official meetings G) Accompanying relatives/officials H) Others Please specify_____	Continue on question 209

209	Has your international certificate of vaccination and prophylaxis ever been inspected?	A) Yes B) No	If yes, continue on question 210 If no, skip to question 301
210	If yes, which country (ies)?	_____ Country	Continue on question 301
III	**AWARENESS ABOUT CHOLERA, YELLOW FEVER AND PLAGUE**		
301	Have you heard of Cholera before?	A) Yes B) No	If yes to question 301, continue on question 302 If No, skip to 306
302	What was your source of information? (Multiple responses allowed)	A) Friends/ relatives B) Social media/internet C) Print media/mass media D) Embassy as part of Visa Application E) Employer F) Health professionals/Travel clinic G) Travel agent/ travel book H) Others Please specify_____	Continue on question 303
303	Is Cholera a problem in the country you are travelling to?	A) Yes B) No C) Don't know/Not sure	If yes, continue on question 304 If no, skip to 306
304	How can travellers protect themselves from Cholera? (Multiple responses allowed)	A) Use of safe food and water B) Good personal hygiene C) Proper environmental sanitation D) I've been vaccinated E) Use of insecticide treated nets F) Use of insect repellents G) Avoid dead animals remains and tissues H) I do not know of any	Continue on question 305

305	Have you heard about Cholera vaccine before?	A) Yes B) No	If yes to question 305, continue on question 306 If no, skip to 306
	ABOUT YELLOW FEVER		
306	Have you heard of Yellow fever before?	A) Yes B) No	If yes, continue on question 307 If no, skip to 311
307	What was your source of information? (Multiple responses allowed)	A) Friends/ relatives B) Social media/internet C) Print media/mass media D) Embassy as part of Visa Application E) Employer F) Health professionals/Travel clinic G) Travel agent/ travel book H) Others Please specify_____	Continue on question 308
308	Is Yellow fever a problem in your country of destination?	A) Yes B) No C) I don't know	If yes, continue on question 309 No/ don't know, skip to 311
309	How can travellers protect themselves from yellow fever? (Multiple responses allowed)	A) Taking clean and safe food B) Good personal hygiene C) Proper environmental sanitation D) Use of insecticide treated nets E) Use of insect repellents F) Avoid dead animals remains and tissues G) I've been vaccinated H) I don't know	Continue on question 310
310	Have you heard about Yellow fever vaccine?	A) Yes B) No	If yes, continue on question 311 If no, skip to 311

	ABOUT PLAGUE		
311	Have you heard of Plague before?	A) Yes B) No	If yes, continue on question 312 If no, skip to 401
312	What was your source of information? (Multiple responses allowed)	A) Friends/ relatives B) Social media/internet C) Print media/mass media D) Embassy as part of Visa Application E) Employer F) Health professionals/Travel clinic G) Travel agent/ travel book H) Others Please specify_____	Continue on 313
313	Is plague a problem in your country of destination?	A) Yes B) No C) I don't know	If yes, continue on question 314 If no, skip to 401
314	How can travellers protect themselves from plague? (Multiple responses allowed)	A) Taking clean and safe food B) Good personal hygiene C) Use of insecticide treated nets D) Use of insect repellents E) Avoid dead animals remains and tissues F) Vaccination G) I do not know of any	Continue on question 315
IV	**PRE-TRAVEL HEALTH CONSULTATION** **STATUS**		
401	Have you heard about pre-travel health advice/consultation before?	A) Yes B) No	If yes, continue on question 402 If no, skip to question 501
402	What is the source of your information?	A) Friends/ relatives B) Social media/internet C) Print media/mass media	Continue on question 403

	(Multiple responses allowed)	D) Embassy as part of Visa Application E) Employer F) Health professionals/Travel clinic G) Travel agent/ travel book H) Others Please specify_____	
403	Have you ever taken pre-travel health consultation?	A) Yes B) No	If yes, continue on question 404 If No, skip to question 405
404	If yes, why?	A) Because it is the right thing to do B) Because my employer recommended it C) Because of requirement for pre-travel vaccination D) Because of my known health condition E) Others Please specify_____	Continue on question 406
405	If No, why not?	A) Because of financial reasons (cost is high) B) Because I did not find it important C) Difficulty of geographical access D) There was no time to do so before my trip E) I did not know about it F) Others Please specify_____	Continue on question 501
406	Where did you take your pre-travel advice?	A) Port Health Service / Aviation Medical Clinic B) Travel clinic (Travel medicine specialist) C) General health centre/hospital (from General practitioners) D) Specialist hospital (Non-travel medicine specialist) E) Others Please specify_____	Continue on question 407
407	How long before travel did you seek pre-travel health advice?	A) Less than 1 week B) 1 to 2 weeks	Continue on question 501

<table>
<tr><td></td><td></td><td>C) 2 to 4 weeks
D) 4 to 8 weeks
E) More than 8 weeks</td><td></td></tr>
<tr><td></td><td></td><td></td><td></td></tr>
<tr><td>V</td><td colspan="3">VACCINATION HISTORY AND STATUS; AND PREVENTION MEASURES</td></tr>
<tr><td>501</td><td>Have you heard of pre-travel vaccination before?</td><td>A) Yes
B) No</td><td>If yes, continue on question 502

If no, skip to question 507</td></tr>
<tr><td>502</td><td>Have you travelled out of Nigeria in the past without being vaccinated?</td><td>A) Yes
B) No</td><td>Continue on question 503</td></tr>
<tr><td>503</td><td>Have you ever taken any pre-travel vaccinations before?</td><td>A) Yes
B) No</td><td>If yes, continue on question 504

If no, skip to question 506</td></tr>
<tr><td>504</td><td>If yes, which vaccines have you taken?

At the end of this questionnaire, you will be asked to show your vaccination certificate</td><td>Please mark all vaccinations taken below
E.g. Hepatitis A (√)

<table>
<tr><th>S/No</th><th>Vaccine type</th><th>Mark (√)</th></tr>
<tr><td>1</td><td>Hepatitis A</td><td></td></tr>
<tr><td>2</td><td>Hepatitis B</td><td></td></tr>
<tr><td>3</td><td>Typhoid</td><td></td></tr>
<tr><td>4</td><td>Cholera</td><td></td></tr>
<tr><td>5</td><td>Yellow fever</td><td></td></tr>
<tr><td>6</td><td>Rabies</td><td></td></tr>
<tr><td>7</td><td>Meningitis</td><td></td></tr>
<tr><td>8</td><td>Measles Mumps Rubella</td><td></td></tr>
</table>
</td><td>Continue on question 505</td></tr>
</table>

		9 Tetanus, Diphtheria & Pertusis (DPT) 10 Chicken pox 11 Shingles 12 Pneumonia 13 Influenza 14 Polio	
505	If yes to question 503, why?	A) Because it is the right thing to do B) Because my employer recommended it C) Because of requirement for pre-travel vaccination D) To protect my health E) Others Please specify_____	Continue on question 507
506	If No to question 503, why not?	A) Because of financial reasons (cost is high) B) Because I did not find it important C) Difficulty of geographical access D) There was no time to do so before my trip E) I did not know about it F) To avoid side effects G) I refused it H) Required vaccine(s) not available I) Not taken because of pregnancy J) Others Please specify_____	Continue on question 507
507	In what ways have you prepared to protect yourselves against insect bites during your stay at your final destination? (Multiple responses allowed)	A) Use of insecticide sprays B) Use of insect repellents C) Clothes that can cover arms and legs D) Use of Insecticide treated nets E) Use of air conditioners F) I will not go out at night G) Others Please specify_____	Continue on question 508

508	Will you like to participate in future research on this topic?	A) Yes B) No	If yes, continue on question 509 If No, skip to 510
509	If yes, can you please share your email? (Please write your email address in the next column)		Continue on question 510
510	Can you show us your international certificate of vaccination?	A) Yes B) No C) I do not have D) It is not right here with me	***For Interviewer use only*** Shown____ Not shown____
511	Did COVID-19 influence your health preparations for this trip?	A) Yes B) No	If yes, continue on question 512
512	If yes, in what ways?	A) I sought health advice / took health consultation B) I decided to take necessary precautions including use of PPEs C) I took trial covid-19 vaccine D) I took other relevant pre-travel vaccines E) I had covid-19 testing F) Others _____	

Thank you very much for your time, we wish you a safe journey.