

Questionnaire

A. Study respondent

1. Age(years)

<40

≥40

2. Sex

Male

Female

3. Educational level (the highest level of formal education completed):

Secondary Graduate

Postgraduate

4. Place of residence

The Capital (Bujumbura and Gitega)

Outside the Capital

5. Occupational category

Medical Doctor

Nurse /midwife

Allied professions

6. Affiliation type

Clinical facility

administrative facility

7. Type of healthcare facility

Public

Non-government organization

Private

8. Practice experience(years)

≤5

years

>5 years

B. Human mpox knowledge

Please answer the following questions with yes, no, or I do not know based on your current knowledge of mpox

9. Mpox is a zoonosis, which means a disease which can spread from animals to human

Yes

No

I do not know

10. Mpox is an infection with a virus circulating in wildlife in central and West Africa

Yes

No

I do not know

11. Mpox was first identified in humans in the Democratic Republic of Congo in 1970

Yes

No

I do not know

12. Mpox is prevalent in Western and Central Africa

Yes

No

I do not know

13. There is an outbreak of human mpox in the world

Yes

No

I do not know

14. The incubation period for human mpox is 5 to 21 days

Yes

No

I do not know

15. Human-to-human transmission of mpox occurs easily

Yes

No

I do not know

16. **Mpox can be transmitted by body fluids, respiratory droplets / contaminated materials**
Yes
No
I do not know
17. **Mpox and smallpox have similar signs and symptoms**
Yes
No
I do not know
18. **Skin rash is one of the signs or symptoms of human mpox**
Yes
No
I do not know
19. **Pustule is one of the signs or symptoms of human mpox**
Yes
No
I do not know
20. **Antibiotics are used to treat human mpox**
Yes
No
I do not know
21. **The best diagnostic specimen to collect for laboratory confirmation of mpox is tonsillar or nasopharyngeal swabs**
Yes
No
I do not know
22. **Secondary bacterial infection is the known complication of mpox**
Yes
No
I do not know
23. **Diarrhea is one of the signs or symptoms of human mpox**
Yes
No
I do not know

24. Health care workers and household members of active cases are at higher risk of infection.

Yes

No

I do not know

25. For laboratory confirmation of mpox, it is recommended to collect at least two skin lesions samples from different body sites

Yes

No

I do not know

26. Specimens from persons with suspected mpox should be packaged in triple packaging for infectious substances classified as Category B

Yes

No

I do not know

27. Mpox clinical specimens should be transported at +4 °C

Yes

No

I do not know

28. Loss of skin pigmentation and blindness are the possible long-term sequelae of mpox.

Yes

No

I do not know

29. Vaccination is available to prevent human mpox

Yes

No

I do not know

30. Case finding involves health and community personnel systematically looking for recent or new mpox cases

Yes

No

I do not know

C. Confidence in the diagnosis, treat and prevent of mpox

31. Are you confident to diagnose mpox cases based on your current knowledge and skills?

Yes

No

32. Are you confident to treat mpox cases based on your knowledge and ability of your current facility?

Yes

No

33. Are you confident to prevent mpox cases based on your current knowledge and skills?

Yes

No