**S1 Method:**

**Questionnaire**

**Participant inclusion Nº: |\_\_\_|\_\_\_|\_\_\_|\_\_\_|**

**SURVEY ON THE PREVALENCE OF VIRAL HEPATITIS DELTA IN CENTRAL AFRICAN REPUBLIC**

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**Consent to participation**

I freely accept to give my consent to the terms of the study, performed by the Institut Pasteur de Bangui and the Centre Hospitalier & Universitaire de Bobigny (France), on the viral hepatitis B - Delta in Central African Republic. Recognizing that even after signing this document, I can at any time decide not to continue to participate in this study, that will not affect the rendering quality of the results or the benefits that I can get.

**1 – Full Name of the participant :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone number of the participant** |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|

**Date : Day |\_\_\_|\_\_\_| Month |\_\_\_|\_\_\_| Year |\_\_\_|\_\_\_|\_\_\_|\_\_\_|**

**Signature :**

**2 – Parental permission (for minors and infants) :**

**Parent Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date |\_\_|\_\_| |\_\_|\_\_| |\_\_|\_\_|\_\_|\_\_|**

**Signature Parental consent:**

**Parent Phone Number:** |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|

**3 – Name of Investigator who directed the blood collection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date : Day |\_\_\_|\_\_\_| Month |\_\_\_|\_\_\_| Year |\_\_\_|\_\_\_|\_\_\_|\_\_\_|**

**Signature :**

**Relative Full Name and Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|

**SHEET OF INQUIRY**

**Codification**

**IDENTIFICATION**

**Date of birth** : /**\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/**

**Gender** : Male (1), female (2) **|\_\_\_|**

**Occupation:** …………………………………………………………………………………………

**School/University** : ………………………………………………………………………………

**Class**: ………………………………………………………………………………………………

**District**: …………………………………………………………………………………………….

**Marital statut:** Married: Monogamy (1), Polygamy (2) ;

Singles (3), Widow (4), Cohabitation (5) |\_\_|

**Nationality** : Central African Citizen (1), Foreign (2) |\_\_|

**Specify if foreigner:** ………………………………………………

**BACKGROUNDS**

***1. Personnals***

**Viral hepatitis:** Yes (1), No (2) **|\_\_\_|**

**Jaundice**: Yes (1), No (2) **|\_\_\_|**

**Vaccine against hepatitis B** : Yes (1), No (2) **|\_\_\_|**

**Surgery**: Yes (1), No (2) **|\_\_\_|**

**Tooth extraction**: Yes (1), No (2) **|\_\_\_|**

**Blood transfusion**: Yes (1), No (2) **|\_\_\_|**

**2. *Others specify***: …………………………………………………………………………………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………..

**INFORMATION**

**1 – Sexual Life (Not applicable to newborns and infants 0 – 6 months) :**

**Do you have multiple sex partners in the past**: Yes (1), No (2) **|\_\_\_|**

If yes, can you give an approximate number? ……………….

**Do you have now multiple sex partners**: Yes (1), No (2) **|\_\_\_|**

If yes, can you give an approximate number?: ……………….

**During sex, do you use condoms**?

Always (1), Sometimes (2), Never (3) **|\_\_\_|**

**2 – Others**

**Do you have any tattoos**: Yes (1), No (2) **|\_\_\_|**

**Have you ever used injection drugs**: Yes (1), No (2) **|\_\_\_|**

**Have you or do you share hardware:**

**cuting (scissors, blades, razor, etc.)**: Yes (1), No (2) **|\_\_\_|**

**Do you consume alcoholic beverages**: Yes (1), No (2) **|\_\_\_|**

**Others to be specified :** ……………………………………………………………………

**3 – Pregnant women**

**How many full-term pregnancies**:  **|\_\_\_|**

**How many living children**:  **|\_\_\_|**

**All children have the same parentage?** : Yes (1), No (2) **|\_\_\_|**

**Interviewer Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Serology**

**(*To be completed at the Institut Pasteur de Bangui*)**

1. **HBsAg: 1. Positive |\_\_\_| 2. Negative |\_\_\_| 3. Confirmation |\_\_\_|**
2. **Total anti-HBc antibodies: Positive |\_\_\_| Negative |\_\_\_|**
3. **Anti-HBc antibodies (IgM) : Positive |\_\_\_| Negative |\_\_\_|**
4. **HBeAg: Positive |\_\_\_| Negative |\_\_\_|**
5. **Anti-HBe antibodies: Positive |\_\_\_| Negative |\_\_\_|**
6. **Anti-HDV antibodies: Positive |\_\_\_| Negative |\_\_\_|**
7. **AgDelta : Positive |\_\_\_| Negative |\_\_\_|**

#### If HBsAg negative

1. **Anti-HBs antibodies: 1. < à 100 UI |\_\_\_| 2. > à 100 UI |\_\_\_|**

**4 – Newborns from HBsAg positive women (*To be completed by the Pediatrician*)**

* **APGAR at the birth …………………………………………….**
* **Head circumference …………………………………………………..**
* **High …………………………………………………………………..**
* **Weight ………………………………………………………………….**
* **Evolutions after birth:**
  + **Died ……………………………………………………….**
  + **Living …………………………………………………………**