

## STOP 57 Application Field Epidemiologist

Ensure that all of your personal information is consistent with your official documents. Note that the email address you used to complete your application is the email used to receive updates regarding your application.

Fields marked with an asterisk (\*) are required.

### A. STOP Experience

**A1. Have you previously been on a STOP assignment?\***

- Yes
- No

**A2. What was your training cohort number?**

**A3. What was your country of assignment?**

### B. Personal Information

**B1. Salutation**

- Mr.
- Ms.
- Mrs.
- Dr.

**B2. Last Name\***

**B3. First Name\***

**B4. Middle and Other Name(s)**

**B5. Date of Birth\***

## C. Contact Information

Current residence

C1. City\*

C2. Country\*

C3. Email (Primary)\*

C4. Email (Secondary)

C5. Phone Number (Primary)\*

C6. Phone Number (Secondary)

## D. Education

D1. Educational experience\*

- Doctorate
- Master's
- Bachelor's
- Other

D2. If Other, describe educational experience.

D3. Doctorate type

- MBBS
- MD
- PhD
- Other doctoral level

D4. Doctorate Degree Topic or Area of Study

D5. Master's Degree Topic or Area of Study

**D6. Bachelor's Degree Topic or Area of Study**

**D7. Explain degree topic or area of study**

**E. Expertise**

**E1. Do you have Field Epidemiology Training Program (FETP) experience?\***

- Frontline
- Intermediate
- Advanced

**E2. Have you participated in the Public Health Emergency Management (PHEM) program?\***

- Yes
- No

**E3. Have you ever worked outside of your home country?\***

- Yes
- No

**E4. If yes, where?**

**E5. Languages Spoken\***

Language	Proficiency
a.	<input type="radio"/> Basic <input type="radio"/> Intermediate <input type="radio"/> Advanced <input type="radio"/> Native
b.	<input type="radio"/> Basic <input type="radio"/> Intermediate <input type="radio"/> Advanced <input type="radio"/> Native
c.	<input type="radio"/> Basic <input type="radio"/> Intermediate <input type="radio"/> Advanced <input type="radio"/> Native

**E6. Which of the following areas would you consider yourself an expert in?\***

- a. Surveillance for vaccine-preventable diseases
- b. Routine immunization against vaccine-preventable diseases
- c. Vaccination campaigns targeting vaccine-preventable diseases
- d. Vaccine-preventable disease outbreak response
- e. Other

**E7. If Other, describe expertise.**

**E8. What are the objectives of a strong vaccine-preventable disease surveillance system? Why do countries need them?\***

**E9. Surveillance for vaccine-preventable diseases is the primary activity for STOP team members in the field. Please indicate your experience supporting VPD surveillance activities, such as performing active case search, case investigations, and monitoring surveillance sites.\***

- I have never performed any VPD surveillance activities.
- I have knowledge of VPD surveillance, but I have not been involved in these activities directly.
- I have observed VPD surveillance activities performed by a trained surveillance officer, but have never led them myself.
- I have participated in VPD surveillance activities under the supervision of a trained staff member/manager, but not independently.
- I have independently led VPD surveillance activities and been responsible for all necessary reporting and follow-up.

**E10. Which of the following types of suspected cases have you investigated?**

- a. Acute respiratory infections
- b. Influenza-like illness (ILI)
- c. Suspected COVID-19
- d. Acute watery diarrhea, with or without blood
- e. Suspected meningitis
- f. Suspected measles
- g. Suspected pertussis (whooping cough)
- h. Suspected diphtheria
- i. Neonatal tetanus
- j. AFP
- k. Suspected malaria
- l. Suspected typhoid fever
- m. Suspected yellow fever
- n. Acute hemorrhagic fever syndrome
- o. Suspected plague
- p. Other

**E11. If Other, name the disease(s).**

**E12. Please describe the most recent case investigation you supported. Include details on the suspected disease, as well as the date, location, and your role in the investigation.**

**E13. Have you been involved in activities intended to identify and vaccinate missed or previously unvaccinated children, such as supporting catch-up vaccination, Periodic Intensification of Routine Immunization (PIRIs), or defaulter tracing for routine vaccination?\***

- I do not have experience in routine immunization (RI) strengthening activities.
- I understand the concept of RI strengthening but have not actively participated in any activities to identify and vaccinate missed or previously unvaccinated children.
- I have observed RI strengthening activities performed by immunization staff, but I have never led them myself.
- I have participated in RI strengthening activities under the supervision of a trained staff member/manager, but not independently.
- I have independently led the planning, implementation, monitoring and follow-up of RI strengthening activities at my local level.

**E14. Please describe your most recent role in identifying and vaccinating missed or zero-dose children in your local area?**

**E15. At what level have you been involved in microplanning for the delivery of routine immunization services?\***

- a. National
- b. Regional/Provincial/State
- c. District/Health Zone/LGA
- d. Health Center/Health Area
- e. Community
- f. I have never been involved.

**E16. Please describe your most recent experience supporting immunization microplanning, including details on your role, the date of the activity, and the location.**

**E17. Why do countries implement vaccination campaigns? When are Supplemental Immunization Activities (SIAs) used to supplement routine immunization activities?\***

**E18. Please indicate your experience supporting Supplemental Immunization Activities (SIAs).\***

- I have not participated in an SIA or campaign.
- I have knowledge of, or received training in, SIA planning, implementation, and monitoring but have not been actively involved in any SIA.
- I have participated in an SIA as a local volunteer, for example a vaccinator or social mobilizer, but I have not led any of the planning or coordination.
- I have participated in an SIA as field team member, for example updating the SIA microplan, coordinating logistics, or supporting the collection and reporting of SIA data.
- I have participated in an SIA as a supervisor, for example leading the planning/coordination, logistics, monitoring of field teams or sub-national levels during the implementation of an SIA.

**E19. I have participated in SIAs targeting the following diseases.**

- a. Cholera
- b. COVID-19
- c. Measles
- d. Meningitis
- e. Polio
- f. Yellow Fever
- g. Ebola
- h. Monkeypox
- i. Other

**E20. If Other, name the disease.**

**E21. Please describe your most recent experience supporting an SIA or vaccine campaign, including the date, location, and details on your role in that campaign.**

**E22. Describe your experience conducting independent monitoring during and after a polio SIA.**

**E23. Describe your experience conducting Lot Quality Assurance Sampling (LQAS) during and after a polio SIA.**

**E24. Please describe how you helped solve a logistical issue during the planning or implementation of an SIA.**

**E25. Please indicate your experience responding to vaccine-preventable disease (VPD) outbreaks.\***

- I have not participated in any VPD outbreak response activities.
- I have knowledge of, or have been trained in, VPD outbreak response procedures, but I have not been involved in a VPD outbreak response.
- I have participated in a VPD outbreak response as a team member, for example coordinating response logistics and/or implementation.
- I have participated in a VPD outbreak response as a supervisor, for example coordinating response strategic planning and supervision of activities.
- I have led all aspects of a VPD outbreak response.

**E26. I have participated in an outbreak response for the following vaccine-preventable diseases:**

- a. Cholera
- b. COVID-19
- c. Measles
- d. Meningitis
- e. Polio
- f. Yellow Fever
- g. Monkeypox
- h. Ebola
- i. Plague
- j. Other

**E27. If Other, name the disease.**

**E28. At which level do you have the most experience responding to VPD outbreaks?\***

- a. National
- b. Regional/Provincial/State
- c. District/Health Zone/LGA
- d. Health Center/Health Area
- e. Community
- f. I have never been involved in requesting vaccines for a disease outbreak response.

**E29. Describe your experience or involvement in organizing logistics (cold chain, transport, personnel, etc.) for an outbreak response?**

**E30. Select the level(s) at which you have planned or facilitated a training course, seminar, or program.**

- a. National
- b. Regional/Provincial/State
- c. District/Health Zone/LGA
- d. Health Center/Health Area
- e. Community

**E31. What was the subject/topic of the training? Describe your specific role in the training(s). Based on your experience, what would you improve (or change) in the next training?**

**E32. Describe a common challenge you have faced working in immunizations (including the areas listed above), including the methods you used to overcome them.**

I agree that my personal information and work experience above are a true representation of myself and my work. I have not copied, in part or whole, or otherwise plagiarized the work of any other person.

**Signature\***