

**THE WHO PROGRAMME FOR TRAINING IN  
IMMUNOLOGY, VACCINOLOGY AND  
BIOTECHNOLOGY APPLIED TO INFECTIOUS DISEASES**

**QUESTIONNAIRE**

**(To be returned before 31 July 1994)**

**WHO Immunology Research and Training Centre, Lausanne/Geneva, Switzerland  
c/o Programme on Bacterial, Viral Diseases and Immunology  
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**April 1994**

## QUESTIONNAIRE

SURNAME:..... FIRST NAME:.....

DEGREE:.....

DATE OF BIRTH:..... SEX: Female [ ] Male [ ]

NATIONALITY:.....

GOVERNMENT EMPLOYEE: Yes [ ] No [ ]

CURRENT POSITION: .....

DEPARTMENT: .....

INSTITUTION: .....

ADDRESS: .....  
.....

TELEPHONE: .....

FACSIMILE: .....

TELEX: .....

eMAIL: .....

TYPE OF INSTITUTION: PUBLIC HEALTH: [ ]

UNIVERSITY: [ ]

OTHER (Specify): .....  
.....

**YEAR OF PARTICIPATION IN THE WHO COURSE ON IMMUNOLOGY,  
VACCINOLOGY AND BIOTECHNOLOGY APPLIED TO INFECTIOUS DISEASES:**

19\_\_

COURSE GIVEN IN FRENCH

COURSE GIVEN IN ENGLISH

**I.1 WHAT IS YOUR MAIN PROFESSIONAL ACTIVITY NOW?**

PLEASE INDICATE APPROXIMATE % OF YOUR WORK TIME FOR EACH (If applicable):

	<u>Check</u>	<u>%</u>
Clinical activities:	<input type="checkbox"/>	—
Medical services (diagnosis, microbiological analysis, etc):	<input type="checkbox"/>	—
Teaching:	<input type="checkbox"/>	—
Research:	<input type="checkbox"/>	—
Administration:	<input type="checkbox"/>	—
Other (Specify):	<input type="checkbox"/>	—

.....  
.....

**1.2. WHAT IS/ARE YOUR MAIN AREA(S) OF INTEREST WITHIN THE FIELD OF INFECTIOUS DISEASES?:**

- Diagnosis
- Clinical aspects
- Epidemiology
- Immunology
- Vaccinology

**1.3 ON WHAT TYPE OF INFECTIOUS DISEASES ARE YOU PRESENTLY WORKING (Please specify the disease(s) for each category)?:**

- Parasitic:
- Bacterial:
- Viral other than AIDS:
- AIDS:
- Mycotic:

**2.1 WHEN YOU ATTENDED THE COURSE:**

- What was your position:
- At which address:
- From: ..... To: ..... (please enter dates)

**2.2 DESCRIBE BRIEFLY YOUR POSITION(S) FROM THE YEAR YOU ATTENDED THE COURSE TO PRESENT:**

Year:.....to.....      Position:.....      Where:.....

Year:.....to.....      Position:.....      Where:.....

Year:.....to.....      Position:.....      Where:.....

**2.3 WHAT WAS YOUR MAIN PROFESSIONAL ACTIVITY AT THE TIME OF ATTENDANCE AT THE COURSE? (Please indicate approximate % for each activity if several):**

	<u>Check</u>	<u>%</u>
Clinical activities:	[ ]	—
Medical services (diagnosis, microbiological analysis, etc):	[ ]	—
Teaching:	[ ]	—
Research:	[ ]	—
Administration:	[ ]	—
Other (Specify):	[ ]	—
		.....
		.....

**2.4 ON WHAT TYPE OF INFECTIOUS DISEASE WERE YOU WORKING ON AT THE TIME OF ATTENDANCE AT THE COURSE (Specify the disease(s) for each category)?:**

Parasitic:

Bacterial:

Viral other than AIDS:

AIDS:

Mycotic:

**3.1 DID YOU RECOMMEND THE COURSE TO SOME OF YOUR COLLEAGUES?:**

From your Institution:      Yes               No

From your Country:              Yes               No

**3.2 HOW MANY OF THE COLLEAGUES THAT YOU RECOMMENDED DID ACTUALLY ATTEND THE COURSE?**

attended               recommended

**4.1 DID THE INTERACTION WITH THE COURSE PARTICIPANTS LEAD TO:**

- a. Collaborative work, training activities (please specify):
  
- b. A more formal interaction (network) in your country, region:
  
- c. Creation of a professional society in your country/region:

**4.2 REVIEWING THE IMPACT OF THIS COURSE ON YOUR CAREER, WHAT HAS BEEN:**

- a. The most immediate outcome(s)?:
  
  
- b. The most important long-term outcome(s)?:

**4.3 EVALUATING THE COURSE FROM YOUR PRESENT POSITION, WHICH ELEMENTS DO YOU CONSIDER:**

- a. most important to be kept and further developed:
  
  
- b. most critical and in need of readjustments:

**4.4 WHAT DO YOU EXPECT FROM THE COURSE ORGANIZERS WITH REGARD TO A FOLLOW-UP AFTER THE COURSE?:**

- a. regular newsletter:
- b. meetings:
- c. to be involved in regional "refresher courses" as:
  - organizers
  - teaching staff (both in theoretical and practical aspects)

**4.5 WOULD YOU BE INTERESTED AND WILLING TO:**

- a. assist in producing a regular newsletter
- b. participate or organize a regional meeting
- c. participate as a teacher in the Lausanne/Geneva courses
- d. be involved in a regional "refresher course" as:
  - organizer
  - member of teaching staff

**5.1 ARE YOU PRESENTLY INVOLVED IN PROJECTS SUPPORTED BY:**

- Your National Public Health Authorities:
- WHO:
- Other United Nations Agencies:
- Other International Agencies for Cooperation to Development (specify):

**5.2 IF THE OPPORTUNITY WERE TO ARISE WOULD YOU BE INTERESTED IN PARTICIPATING IN SUCH PROJECTS?:**

Yes

No

**5.3 IN WHAT AREA DO YOU FEEL YOU COULD CONTRIBUTE TO SUCH A PROJECT?:**

For example:

- a. Testing the efficacy of vaccine using tests which are surrogate of protective immunity:
- b. Establishing simple and rapid diagnostic tests:
- c. Epidemiological survey:
- d. Research on pathobiology of infections:
- e. Others (specify):

**6.1 ARE YOU PRESENTLY OR HAVE YOU BEEN A MEMBER OF ANY SCIENTIFIC COMMITTEE (OR SIMILAR COMMITTEE) RELATED TO THE CONTROL OF INFECTIOUS DISEASES:**

National Committee (specify):

International Committee:

WHO (specify):

Other UN (specify):

Other (specify):

**6.2 AFTER ATTENDING THE COURSE DID YOU PARTICIPATE IN FURTHER TRAINING ACTIVITIES:**

Name of Institution:.....

Town:.....

Country:.....

Subject of Training:.....

Duration:

**6.3 HAVE YOU MAINTAINED PROFESSIONAL CONTACT WITH THIS INSTITUTION:**

Yes [ ]

No [ ]

**7.1 IF WE WERE ABLE TO NEGOTIATE SUBSCRIPTIONS AT A REDUCED COST FOR PREVIOUS PARTICIPANTS OF THE WHO TRAINING PROGRAMME, WOULD YOU BE INTERESTED IN SUBSCRIBING TO THE FOLLOWING JOURNALS:**

- Immunology Today
- Trends in Microbiology
- Current Topics in Infectious Diseases
- Parasitology Today
- Other (specify):