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OMB APPROVED 0579-0047

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES <b>EPIDEMIOLOGIC INVESTIGATION OF BRUCELLOSIS REACTOR HERD</b>				FOR OFFICE USE ONLY Assigned to Veterinarian: _____ Code: _____ Date Assigned: _____																																																						
1. Name of Herd Owner _____ 2. Street Address _____ 3. City and State (Include ZIP Code) _____ 4. County _____ 5. RGE _____ TWP _____ SEC _____ 6. Herd No. _____				Date of Current Test _____ Prior history of Brucellosis in herd <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>TEST RESULTS (No. of Cattle)</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Total</th> <th>Negative</th> <th>Suspect</th> <th>Reactor</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>		Total	Negative	Suspect	Reactor																																															
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7. Reason for Test <input type="checkbox"/> Slaughter Reactor <input type="checkbox"/> Livestock Market Reactor <input type="checkbox"/> Brucellosis Ring Test <input type="checkbox"/> Diagnostic (Abortion, Etc.) <input type="checkbox"/> Private sale or show <input type="checkbox"/> Herd Certification Test <input type="checkbox"/> Post Movement Retest <input type="checkbox"/> Area Test (Community test in heavily infected area or area wide recertification tests.) <input type="checkbox"/> Epid. (Tracebacks from infected herds, adjacent herds, sales, neighborhood herds, or contact herds on common pasture.) <input type="checkbox"/> Other (Specify below) _____				Reviewed by Epidemiologist: _____ Date Reviewed _____		9. Percentage of Herd Vaccinated for Brucellosis CV %    AV % 10. Maximum age when calfhood vaccinated _____																																																				
8. Are Clinical Signs of Brucellosis Present? (If yes, describe signs) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;"> <b>A. Human</b>  <input type="checkbox"/> Yes  <input type="checkbox"/> No         </td> <td style="width:15%;"> <b>B. Animal</b>  <input type="checkbox"/> Yes  <input type="checkbox"/> No         </td> <td style="width:35%;"> <b>C. Animal Clinical Signs</b>  <input type="checkbox"/> Abortion No. _____  <input type="checkbox"/> Ret. Placenta No. _____  <input type="checkbox"/> Weak Calves No. _____         </td> <td style="width:35%;"> <input type="checkbox"/> Diff. Breeding No. _____  <input type="checkbox"/> Hygromas No. _____  <input type="checkbox"/> Reduced Milk Prod. No. _____  <input type="checkbox"/> Fistulous Withers/Poll Evil (Horses) No. _____  <input type="checkbox"/> Other (Specify) _____         </td> </tr> </table>				<b>A. Human</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>B. Animal</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>C. Animal Clinical Signs</b> <input type="checkbox"/> Abortion No. _____ <input type="checkbox"/> Ret. Placenta No. _____ <input type="checkbox"/> Weak Calves No. _____	<input type="checkbox"/> Diff. Breeding No. _____ <input type="checkbox"/> Hygromas No. _____ <input type="checkbox"/> Reduced Milk Prod. No. _____ <input type="checkbox"/> Fistulous Withers/Poll Evil (Horses) No. _____ <input type="checkbox"/> Other (Specify) _____	11. No. of Herds Owned or Managed _____ 12. Location of Herd (Continue on separate page) A. _____ B. _____ C. _____ No. _____		13. Date Test Scheduled _____ 14. If all herds are not to be tested, give reason _____																																																
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C.																																																										
19. Owner's opinion on source of infection _____ 20. In my opinion this herd is infected with Brucellosis <input type="checkbox"/> Yes <input type="checkbox"/> No				21. Probable source infection (Specify) _____ 22. Date infection introduced into the herd _____		23. Origins of this herd (All raised, recently assembled, few purchased additions, many purchased additions) 24. Cattle moved out of herd since date infection introduced <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, complete VS 4-108B)		25. Reported sales "to slaughter" verified <input type="checkbox"/> Yes <input type="checkbox"/> No    Assistance needed to verify slaughter <input type="checkbox"/> Yes <input type="checkbox"/> No		26. Other sales verified <input type="checkbox"/> Yes <input type="checkbox"/> No																																																
<b>TRACEBACK AND</b> 27. Reactors were raised <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, complete Item 28.)				28. A. Where obtained <input type="checkbox"/> Livestock Dealer(s) <input type="checkbox"/> Livestock Market(s) <input type="checkbox"/> Direct from farm or ranch		B. No. obtained _____ C. Date obtained _____ D. Accompanied by Health Certificate, Blood Test Record, or Permit Yes _____ None _____ Some but not all _____		(Attach copy of bill of sale, health certification, etc., if possible)																																																		
29. LIST NAMES OF SIX NEAREST HERD OWNERS AND COMPLETE VS FORM 4-108C (1) _____ (2) _____ (3) _____ (4) _____ (5) _____ (6) _____																																																										
30. Quarantine and requirements for quarantine release have been explained to owner <input type="checkbox"/> Yes <input type="checkbox"/> No				31. Permit requirements and requirements for Hot "S" Brand on exposed animals before movement into market channels explained to owner <input type="checkbox"/> Yes <input type="checkbox"/> No																																																						
32. Explained the nature of Brucellosis, discussed a tentative retest schedule, and completed Herd Plan has been submitted. <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, explain in item 36.)						33. Anticipated owner cooperation <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor		34. Owner Knows how to contact you? <input type="checkbox"/> Yes <input type="checkbox"/> No																																																		
35. Supplemental forms completed <input type="checkbox"/> VS FORM 4-108A <input type="checkbox"/> VS FORM 4-108B <input type="checkbox"/> VS FORM 4-108C				36. REMARKS (Attach supplemental sheet if necessary. Cite item referred to.) _____																																																						
37. Date quarantine _____		38. Quarantine No. _____		39. Signature of VMO _____				Code: _____		40. Date Signed _____																																																



According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0047. The time required to complete this information collection is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

### NOTICE TO HERD OWNERS

Herd owners (*Managers or Agents*) of herds of brucellosis affected livestock must be advised that information is given voluntarily to assist in the elimination of brucellosis from the livestock population. Cooperation of all affected herd owners (*Managers or Agents*) is needed to complete a thorough epidemiologic investigation to identify the source of the disease, the method of spread and the possible dissemination to new herds. The authorities under which the brucellosis program is conducted are contained in 21 U.S.C. 111, 112, 114, 114a-1, 115, 120, 121, and 134a-f and Title 9, Code of Federal Regulations, Parts 51 and 78.

### INSTRUCTIONS

(For Complete Instructions see VS Memorandum 551.26)

All items are self-explanatory, except as follows:

1. **COMPLETE LEGAL NAME** as used on indemnity papers.
- 2.3. **COMPLETE MAILING ADDRESS** including post office box number, route number, and ZIP code.
4. List county in which herd is located.
5. Geographic location of farm where subject animals are located – use range, township and section, or longitude and latitude coordinates or mileage grid indicating distance north and west from southeast corner of county – use only one system within a State.
6. To be completed in office unless herd number is known.
7. Reason for test:
  - Slaughter Reactor** – MCI reactor disclosed at a slaughter plant.
  - Livestock Market Reactor** – MCI reactor disclosed at a livestock market.
  - Brucellosis Ring Test** – Herd Test because of suspicious milk test.
  - Diagnostic** – Abortion, infertility, etc.
  - Private sale or show** – Cross out nonapplicable item.
  - Herd Certification Test** – Initial or recertification tests.
  - Post-Movement Retest** – Test performed after purchase for cattle moved under permit and held under quarantine for retest.
  - Area Test** – (*Community test in heavily infected area or area-wide recertification tests*) – Cross out nonapplicable item.
  - Epidemiologic** – (*Tracebacks from infected herd, i.e., cattle were sold from this herd into an infected herd; adjacent or fence contact herds, sales, i.e., cattle were purchased from an infected herd, neighborhood herds, or contact herds on common premises*). Cross out nonapplicable categories.
  - Other** – (*Specify*) – Any tests not covered by the above categories.
8. Report number of animals observed by owner or others showing clinical signs since estimated onset of infection (*see item 22*).
9. Estimate percentage of animals in herd that were vaccinated in calfhood or as adults. If calfhood vaccinated animals are revaccinated as adults, make a notation of this in remarks (36).
10. The age of the oldest calf at time of vaccination should be recorded in months.
- 11-16. Report the total number of separate (*by UM and R definition*) herds owned and the number of cattle in each. Prepare a separate 4-108 for each herd listed and cross-reference all reports (*forms*). Specialized operations such as veal raising or dairy heifers should be included under feedlots (15) and described under remarks.
18. If more than one term is applicable in block A, give the percentage of each. In block B, indicate beginning and ending month of calving season.
21. Specify the name of herd owner if known and probable method of spread (*e.g., area spread, purchased animal, common range, etc*).
22. Estimate from epidemiological information the probable date that brucellosis was introduced into the herd.
24. Include all cattle, other than steers or spayed heifers, moved for any purpose. This includes day-old calves, cull cows, feeder heifers, etc.
25. Verify reported sales to slaughter by checking purchase and sales receipts at markets (*or dealer*) and purchase receipts at slaughter plants.
26. Verify by locating and retesting the animal(s) or by notifying State of destination.
27. If any reactors were not raised in the herd, the response is "NO."
28. Give information on the purchase lot(s) (*summarize for each category*) from which reactors originated.
29. List the six nearest herds regardless of distance. If more than six herds have potential contact, give details on separate sheets including locations. Potential contact means epidemiological possibility of exposure and includes indirect as well as direct contact.
36. A narrative statement of your appraisal of the situation should be attached.

Form Copy Designation

PART 1-HERD FILE

PART 2-CATTLE DISEASES STAFF,  
RIVERDALE, MD (Free Areas only)

PART 3-STATION EPIDEMIOLOGIST

PART 4- STATE OR FEDERAL VETERINARIAN