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OMB Approved
0579-0047
Exp.
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**QUARTERLY REPORT OF SWINE
BRUCELLOSIS ERADICATION ACTIVITIES**
(VS Memorandum 551.7)

1. STATE

2. PROGRAM STAGE

3. MONTH/YEAR

SECTION A – MARKET SWINE TESTING (MST) SUMMARY

SAMPLES COLLECTED AT	FARM OF ORIGIN IDENTIFIED SAMPLES COLLECTED IN THIS STATE FROM THIS STATE'S SOWS AND BOARS			FARM OF ORIGIN IDENTIFIED SAMPLES COLLECTED IN OTHER STATES FROM THIS STATE'S SOWS AND BOARS		
	A. NO. TESTED	B. NO. REACTORS	C. NO. SUSPECTS	D. NO. TESTED	E. NO. REACTORS	F. NO. SUSPECTS
4. MARKETS						
5. SLAUGHTER ESTABLISHMENTS	Total					
	No. Collected by FSIS					
6. TOTALS						

SECTION B – TRACEBACK OF MST REACTORS AND SUSPECTS

	A. TRACED TO KNOWN INFECTED HERD	B. TRACED AND CHT REQUIRED	C. TRACED AND CHT NOT REQUIRED	D. TRACED TO DEALER ONLY	E. TRACED TO ANOTHER STATE (Explain)	F. UNABLE TO TRACE (Explain)	G. TEST RESULTS PENDING
7. MST REACTORS							
8. MST SUSPECTS							

SECTION C – SUMMARY OF ON FARM TESTING RESULTS

REASON FOR TEST	NO. INFECTION FOUND		INFECTION FOUND			TOTALS	
	A. HERD TESTED	B. SWINE TESTED	C. HERD TESTED	D. SWINE TESTED	E. SWINE POSITIVE	F. HERD TESTED	G. SWINE TESTED
9. MST REACTOR TRACEBACK							
10. MST SUSPECT TRACEBACK							
11. PRV PROGRAM ASSOCIATED							
12. DIAGNOSTIC							
13. CHANGE OF OWNERSHIP							
14. VALIDATED HERD TESTING							
15. EPIDEMIOLOGY							
16. DOWN-THE-ROAD SURVEILLANCE							
17. OTHER							

SECTION D – SOURCE OF NEW HERD INFECTIONS

	PURCHASED SWINE	EXPOSURE TO FERAL SWINE	COMMUNITY SPREAD	OTHER (Explain)	UNKNOWN
18. NUMBER OF HERDS	A.	B.	C.	D.	E.

SECTION E – GENERAL

19. NUMBER OF VALIDATED SB FREE HERDS	20. SB INFECTED HERDS IN STATE				
	# OF INFECTED HERDS UNDER QUARANTINE AT BEGINNING OF QTR.	# OF NEW INFECTED HERDS ADDED OR RECOGNIZED DURING QTR.	# OF HERDS RELEASED FROM QUARANTINE DURING QTR.	# OF INFECTED HERDS UNDER QUARANTINE AT END OF QTR.	CUMULATIVE # OF INFECTED HERDS THIS FISCAL YEAR
	A.	B.	C.	D.	E.
21. NUMBER OF HERDS DEPOPULATED	22. NUMBER OF SWINE DEPOPULATED		23. TOTAL INDEMNITY PAID		

SECTION F – SWINE BRUCELLOSIS INFECTED HERDS (S) (To be completed for each infected herd)

25. NAME AND ADDRESS OF HERD OWNER	26. DESCRIBE HOW THIS INFECTED HERD WAS DISCLOSED		
	27. DATE HERD DETERMINED TO BE INFECTED	28. ORIGIN OF INFECTION	

29. RESULTS OF ALL TESTING IN HERD SINCE LAST REPORT

TYPE OF TEST	TEST DATE	NUMBER SOWS NEGATIVE	NUMBER SOWS POSITIVE	NUMBER BOARS NEGATIVE	NUMBER BOARS POSITIVE

30. NUMBER OF SWINE CULTURES		31. CULTURE RESULTS
32. SWINE INVENTORY	NUMBER	33. DESCRIBE PLANS FOR ELIMINATION OF SWINE BRUCELLOSIS FROM THE HERD:
SOWS		
BOARS		
GILTS		
PIGS ON FEED		
SUCKLINGS		
34. SIGNATURE OF AREA VETERINARIAN IN CHARGE		35. SIGNATURE OF STATE ANIMAL HEALTH OFFICIAL