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OMB APPROVED 0579-0047

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES RCS # 34-V5-71				FOR OFFICE USE ONLY								
EPIDEMIOLOGIC INVESTIGATION OF BRUCELLOSIS REACTOR HERD				Assigned to Veterinarian:		Code:	Date Assigned:					
				Date of Current Test		TEST RESULTS (No. of Cattle)						
1. Name of Herd Owner				Total		Negative	Suspect	Reactor				
2. Street Address				Prior history of Brucellosis in herd <input type="checkbox"/> Yes <input type="checkbox"/> No		Total No. Reactors found	Date Reactors last found	Other States Involved have been notified <input type="checkbox"/> Yes <input type="checkbox"/> No				
3. City and State (Include ZIP Code)												
4. County		5. RGE	TWP	SEC	6. Herd No.		Reviewed by Epidemiologist:		Date Reviewed			
7. Reason for Test												
<input type="checkbox"/> Slaughter Reactor			<input type="checkbox"/> Diagnostic (Abortion, Etc.)			<input type="checkbox"/> Post Movement Retest		<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)		
<input type="checkbox"/> Livestock Market Reactor			<input type="checkbox"/> Private sale or show			<input type="checkbox"/> Area Test (Community test in heavily infected area or area wide recertification tests.)						
<input type="checkbox"/> Brucellosis Ring Test			<input type="checkbox"/> Herd Certification Test									
8. Are Clinical Signs of Brucellosis Present? (If yes, describe signs)								9. Percentage of Herd Vaccinated for Brucellosis				
A. Human <input type="checkbox"/> Yes <input type="checkbox"/> No		B. Animal <input type="checkbox"/> Yes <input type="checkbox"/> No		C. Animal Clinical Signs <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) _____				
						CV %		AV %				
10. Maximum age when calfhood vaccinated												
HERD STATUS	11. No. of Herds Owned or Managed		12. Location of Herd (Continue on separate page)				13. Date Test Scheduled		14. If all herds are not to be tested, give reason			
	A.											
	B.											
	C.											
	No.											
	HERD		15. Type of Operation (s)			16. Cattle Census on Premises (Exclude steers and spayed heifers)						
		Dairy	Beef	Feed-lot	Cows Vac	Cows Non Vac	Bulls	Heifers 1 to 2 years		Heifers under 12 months		
								Vac	Non Vac	Vac	Non Vac	
A.												
B.												
C.												
17. No. Susceptible Species on Premises						18. Breeding Program this Herd (Check one in column A.)						
Swine	Goats	Sheep	Horses	Buffalo	Dogs	Other (Specify species and no.)		A. <input type="checkbox"/> Natural <input type="checkbox"/> Art. Insem		B. Dates of Usual Calving Season: Beginning Month _____ Ending Month _____		
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		26. Other sales verified <input type="checkbox"/> Yes <input type="checkbox"/> No				
COMPLETE ITEMS 27 AND 28 WHERE APPLICABLE AND COMPLETE VS FORM 4-108A												
TRACEBACK AND	27. Reactors were raised <input type="checkbox"/> Yes <input type="checkbox"/> No		28. A. Where obtained		B. No. obtained		C. Date obtained		D. Accompanied by Health Certificate, Blood Test Record, or Permit			
			<input type="checkbox"/> Livestock Dealer(s)						Yes _____ None _____ Some but not all _____			
			<input type="checkbox"/> Livestock Market(s)									
			<input type="checkbox"/> Direct from farm or ranch									
(If no, complete Item 28.)												
(Attach copy of bill of sale, health certification, etc., if possible)												
QUARANTINE AND PERMITS	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	

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