

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES EPIDEMIOLOGY REPORT - AREA HERDS SUPPLEMENTAL TO VS FORM 4-108	INSTRUCTIONS: Outline premises of infected herd. Using diagram below, show location of all adjacent herds. Number each herd on diagram and complete items A through G for each herd. Show roads, rivers, etc., where applicable on diagram. If there are more than 6 adjacent herds, use additional sheets.	1. NAME OF HERD OWNER 3. COUNTY	2. DOCUMENT NUMBER 4. HERD NO.	5. PAGE OF PAGES
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6. DIAGRAM SHOWING LOCATION OF INFECTED AND OTHER HERDS IN SAME LOCALITY (Define Scale Used) <div style="text-align: center; margin-top: 20px;"> </div>	A. Herd No.	B. Name and Address of Herd Owner	C. Date to be tested.	Explain (if no test required)		
	D. Date Contacted	E. Describe proximity to infected herd	F. No. Cattle	G. Co-mingling <input type="checkbox"/> Yes <input type="checkbox"/> No	Explain	
	A. Herd No.	B. Name and Address of Herd Owner	C. Date to be tested.	Explain (if no test required)		
	D. Date Contacted	E. Describe proximity to infected herd	F. No. Cattle	G. Co-mingling <input type="checkbox"/> Yes <input type="checkbox"/> No	Explain	
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	A. Herd No.	B. Name and Address of Herd Owner	C. Date to be tested.	Explain (if no test required)		
	D. Date Contacted	E. Describe proximity to infected herd	F. No. Cattle	G. Co-mingling <input type="checkbox"/> Yes <input type="checkbox"/> No	Explain	

7. REMARKS: (Include additional herds that should be tested because of contact with or physical location to infected herd).	D. Date Contacted	E. Describe proximity to infected herd	F. No. Cattle	G. Co-mingling <input type="checkbox"/> Yes <input type="checkbox"/> No	Explain
	A. Herd No.	B. Name and Address of Herd Owner	C. Date to be tested.	Explain (if no test required)	
	D. Date Contacted	E. Describe proximity to infected herd	F. No. Cattle	G. Co-mingling <input type="checkbox"/> Yes <input type="checkbox"/> No	Explain
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	D. Date Contacted	E. Describe proximity to infected herd	F. No. Cattle	G. Co-mingling <input type="checkbox"/> Yes <input type="checkbox"/> No	Explain

8. In my opinion a limited area test is needed <input type="checkbox"/> Yes <input type="checkbox"/> No	"Enter Code" (see reverse, item 8)	9. Assistance needed to get any of the above herds tested <input type="checkbox"/> Yes <input type="checkbox"/> No	10. Signature of VMO	CODE	11. DATE SIGNED
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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 epidemiological 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, 114a-1, 115, 120, 121, 125, and 1134a-f and Title 9, Code of Federal Regulations, Parts 51 and 78.

INSTRUCTIONS

The purpose of this form is to demonstrate the geographic location of neighborhood herds in relation to the reactor herd. The six nearest herds should be listed as a minimum. In areas of concentrated cattle population, poor fences, open range, community pastures, high scavenger wildlife population, etc., many more may be listed. **It may be necessary to make different listing for different seasons.** The end result should be an epidemiologically sound determination of which herds should be tested.

- 1.4. From VS Form 4-108. Item 2 is the preprinted number on the 4-108.
5. Indicate the number of each page and the total number of pages used.
6. Diagram the location of the herds. The infected herd should be lettered "A" and be at or near the center. Other herds in the neighborhood belonging to the same owner should be labeled "B," "C," etc., corresponding to VS Form 4-108, item 11 (*if herds*). Separate units of the same herd should be identified as A-1, A-2, etc., and neighborhood herds owned by others should be labeled "1", "2", "3", etc., corresponding to VS Form 4-108, item 29. Additional herds (*as many as necessary*) should be consecutively numbered (*7, 8, and so forth*) on a separate form. The diagram should be somewhat to scale and the scale indicated. Each herd should be listed on the left and the following information provided:
 - A. Record the number corresponding to the location on the diagram.
 - B. Record the complete legal name and address.
 - C. Record the date tested or scheduled for test. If you do not plan to test the herds, give justification.
 - D. Record the date the herd owner was contacted.
 - E. Record the distance the cattle of this herd are from cattle in the infected herd at the closest point.
 - F. Record the total number of test eligible cattle in the herd.
- G. Indicate if there has been any commingling with the reactor herd and explain to what extent and when. As many sheets of VS Form 4-108C may be used as necessary to list all herds. A plat map, country road map, geographic survey map, etc., may be attached to better demonstrate the relationships between different herds, pastures, etc.
7. Self-explanatory
8. This calls for your evaluation of whether more extensive testing is needed to eradicate brucellosis from the area. This is generally determined by the number of infected herds occurring in the area. Use the following letter codes to describe your evaluation:
 - A. Ring of 1 negative herds around the infected herd.
 - B. Ring of 2 negative herds around the infected herd.
 - C. Radius of 1 mile around the infected herd.
 - D. Radius of 2 miles around the infected herd.
 - E. Test of adjacent herds only.
 - F. Other zone testing (*specify*).
 - G. None – Give reasons in remarks.
- 9-11. Self-explanatory.

COPY DESIGNATIONS

PART 1 – HERD FILE

PART 2 – CATTLE DISEASES STAFF
RIVERDALE, MD (*Free Areas only.*)

PART 3 – STATION EPIDEMIOLOGIST

PART 4 – STATE OR FEDERAL FIELD
Veterinarian