

## **Risk Assessment for Primate Research Center Employees and Inspectors**

### **Investigation: Unidentified mode of transmission and risk factors for potential *Burkholderia pseudomallei* exposures among non-human primates, and persons employed at or inspecting a national primate research center — Louisiana, 2015**

Public reporting burden of this collection of information is estimated to average 20 minutes 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. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0920-1011)

## Risk Assessment for Primate Research Center Employees and Inspectors

1. What is your occupation (job title)? \_\_\_\_\_

2. Where you on the inspection tour on January 20-23? \_\_\_Yes \_\_\_No

3. Did you work with **rhesus macaque IL38 or rhesus macaque 1b22?**

Husbandry? \_\_\_Yes \_\_\_No \_\_\_Maybe/Unsure\*

Treatment of sick animal? \_\_\_Yes \_\_\_No \_\_\_Maybe/Unsure

Necropsy? \_\_\_Yes \_\_\_No \_\_\_Maybe/Unsure

Clinical Pathology? \_\_\_Yes \_\_\_No \_\_\_Maybe/Unsure

Other (specify) \_\_\_\_\_

4. Have you worked in the TNPRC now or in the past?

\_\_\_Yes \_\_\_No \_\_\_Maybe/Unsure

5. Have you previously worked with Burkholderia pseudomallei?

\_\_\_Yes \_\_\_No \_\_\_Maybe/Unsure

If yes, please explain on additional paper any possibly exposures.

6. Did you exit the vehicle while inside the facility?

7. Were you in the van driven by Van #1 or by Van#2 on day 1 (circle).

8. Did you tour the:

Area	Yes/No
Necropsy Anti-room	
Necropsy Suite	
Visit sample transfer area	
Other Areas	

9. Did you touch any soil or water while on the tour?

\_\_\_\_\_

10. Do you have any of the following chronic conditions that can increase your risk of disease from *Burkholderia* exposure?

- |   |        |       |                 |
|---|--------|-------|-----------------|
| Diabetes  | ___Yes | ___No | ___Maybe/Unsure |
| Chronic liver or kidney disease   | ___Yes | ___No | ___Maybe/Unsure |
| Alcohol abuse   | ___Yes | ___No | ___Maybe/Unsure |
| Hematologic malignancy<br>(blood cancers such as leukemia)                  | ___Yes | ___No | ___Maybe/Unsure |
| Neutropenia or neutrophil dysfunction<br>(low white blood cell count)       | ___Yes | ___No | ___Maybe/Unsure |
| Chronic lung disease (asthma,<br>bronchitis, emphysema,<br>cystic fibrosis) | ___Yes | ___No | ___Maybe/Unsure |
| Thalassemia   | ___Yes | ___No | ___Maybe/Unsure |
| Long-term steroid use   | ___Yes | ___No | ___Maybe/Unsure |
| Other form of immunosuppression   | ___Yes | ___No | ___Maybe/Unsure |

11. Have you ever traveled or been deployed during military service to areas where *Burkholderia pseudomallei* occurs naturally, including:  
 Asia: Thailand, Laos, Singapore, Vietnam, Malaysia, Burma, Vietnam, Taiwan, China  
 Northern Australia  
 Africa: South Africa, Madagascar  
 Central, South America and Caribbean

Country	Dates of Visit	Working in Soil or Water

12. What animals do you have in your home or regularly interact with? If possible include species and numbers.

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