**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**

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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 macaque1b22?**

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) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

1. Have you previously worked with Burkholderia pseudomallei?

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

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

1. Did you exit the vehicle while inside the facility?
2. Were you in the van driven by Van #1 or by Van#2 on day 1 (circle).
3. Did you tour the:

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

1. Did you touch any soil or water while on the tour?
2. 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

(blood cancers such as leukemia) \_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Maybe/Unsure

Neutropenia or neutrophil dysfunction

 (low white blood cell count) \_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Maybe/Unsure

Chronic lung disease (asthma,

 bronchitis, emphysema,

 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

1. 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 |
|  |  |  |
|  |  |  |
|  |  |  |

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_