**Attachment D\_ Data Collection Instrument**

Form Approved

OMB No. 0920-xxxx

Expires xx/xx/xxxx

**Burden of Canine Brucellosis Information Collection**

Welcome! Thanks for taking the time to participate in this information collection. Below you will find a brief description of the project. Please review this description before proceeding through the information collection instrument.

**Project Title:** Burden of Canine Brucellosis  
**Investigators:** Rita Traxler, Dr. Marta Guerra, Centers for Disease Control and Prevention  
**Protocol and Consent Title:** Burden of Canine Brucellosis Information Collection

You are being asked to volunteer in an information collection. This information collection will ask about *Brucella canis* lab results from dogs. It will also identify lab tests used, lab exposure policies, and state reporting policies. Average time for completion should not exceed one hour. Information collected through this process will be kept secure, and will be presented in aggregate form, so as not to include any individually identifiable information.

**Purpose:** To assist in estimating the burden of canine brucellosis in the United States.

**Requirements:** You must be over the age of 18 years to participate in this information collection.

**Procedures:** Some of the information collection questions will require review of your records. To save time, we recommend printing a copy of the PDF information collection instrument attached to the email you received, then entering the data into the online information collection instrument. Please click on “Next” to participate in the online information collection instrument. There are 22 questions. You will need to look up data in your results database. Please click “Submit” when you reach the end of the information collection instrument. If your lab does not conduct any testing on dogs, please start the information collection instrument and complete the first 4 questions, then submit the information collection instrument on the final page.

**Confidentiality:** No identifying information will be gathered. All responses will remain secure between the respondent and the project administrators. Responses will be aggregated in future publications.

**Participant Rights:** Your participation in this information collection is voluntary. You do not have to complete the information collection instrument if you don't want to. You have the right to change your mind and exit the information collection instrument at any time without giving any reason and without penalty.

**Questions about the Information collection instrument:** If you have any questions about the information collection instrument, you may contact Rita Traxler ([rtraxler@cdc.gov](mailto:rtraxler@cdc.gov)) at (404) 639-0265.

**Participant Agreement:** By participating in the information collection instrument, it means that you have read (or have had read to you) the information given in this consent form, and you would like to be a volunteer in this information collection.

Next

**Burden of Canine Brucellosis Information Collection Instrument**

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1. **Laboratory Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Laboratory State** \_\_\_\_\_\_\_ **[drop down list of states]**
3. **Describe your laboratory (check all that apply):**

State university-based laboratory

State government facility (e.g., Dept. of Agriculture lab)

Federal facility

National Animal Health Laboratory Network lab

Other, Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Has your lab conducted any laboratory testing on dogs since January 1, 2010?**

Yes  No  Unknown

1. **Do you have an electronic database for specimen information and data storage?**

Yes  No  Unknown

1. **If yes, how many years has this or another compatible electronic system been in place in your laboratory?**

<1 year  1-<3  3-5  >5, but less than 10  ≥10

**a.** How many full years of relatively complete data for your facility are contained in your database?

\_\_\_\_years (if less than 5, provide data using this number of years for those questions that request data for a given time period)

**Laboratory Results**

1. **Of the canine samples received by your lab during the last \_\_ years (January 1, 2010- December 31, 2014 or calculated date range):** 
   1. Did you outsource testing for any of these samples?

Yes  No  Unknown

* 1. If yes, what percentage of testing did you outsource?

1-25%  26-50%  51-75%  76-100%

* 1. To which lab(s) did you outsource testing during the above-stated time frame?

Lab Name City State

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

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

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

1. **Of the canine samples processed in your lab during the last \_\_ years (January 1, 2010- December 31, 2014 or calculated date range)::**
   1. What types of specimens are submitted to your laboratory requesting culture?

(give the number of each sample type, if available)

\_\_\_\_ Blood \_\_\_\_ Fluid *specify*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Vaginal swab \_\_\_\_ Other *specify*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Semen \_\_\_\_ Other *specify*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Tissue \_\_\_\_ Unknown type

\_\_\_\_ Urine

Unknown number of samples

* 1. How many **samples** were culture positive for *Brucella canis*?

\_\_\_\_\_\_\_ Unknown

* 1. How many **dogs** have you reported out as culture positive for *Brucella canis*?

\_\_\_\_\_\_\_  Unknown

* 1. Have any dogs been culture positive for other *Brucella* species?

Yes  No  Unknown

* + 1. If yes, which *Brucella* species were identified, how many samples, and how many dogs were positive?

Species \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No. of Samples \_\_\_\_\_\_\_\_\_\_\_ No. of Dogs \_\_\_\_\_\_\_\_

Species \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No. of Samples \_\_\_\_\_\_\_\_\_\_\_ No. of Dogs \_\_\_\_\_\_\_\_

Species \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No. of Samples \_\_\_\_\_\_\_\_\_\_\_ No. of Dogs \_\_\_\_\_\_\_\_

1. **When your lab obtains a positive *Brucella* spp. culture, what do you do with the isolate?**

Transfer to another lab

Retain in inventory

Destroy/discard

Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If your lab retains isolates in your inventory, would you consider allowing CDC access to some isolates for assay development?

Yes  No  Maybe, please contact us to discuss  Unknown

1. **Of the canine samples processed in your lab during the last \_\_ years (January 1, 2010- December 31, 2014 or calculated date range):**
   1. What types of specimens are submitted to your laboratory requesting PCR for bacterial agents?

(give the number of each sample type, if available)

\_\_\_\_ Blood \_\_\_\_ Fluid *specify*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Vaginal swab \_\_\_\_ Other *specify*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Semen \_\_\_\_ Other *specify*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Tissue \_\_\_\_ Unknown type

\_\_\_\_ Urine

Unknown number of samples

Not applicable

* 1. How many **samples** were PCR-positive for *Brucella canis*?

\_\_\_\_\_\_\_ Unknown  Not applicable

* 1. How many **dogs** were considered PCR-positive for *Brucella canis*?

\_\_\_\_\_\_\_ Unknown  Not applicable

* 1. Have any dogs been PCR-positive for other *Brucella* species?

Yes  No  Unknown  Not applicable

* + 1. If yes, which *Brucella* species were identified, how many samples, and how many dogs were positive?

Species \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No. of Samples \_\_\_\_\_\_\_\_\_\_\_ No. of Dogs \_\_\_\_\_\_\_\_

Species \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No. of Samples \_\_\_\_\_\_\_\_\_\_\_ No. of Dogs \_\_\_\_\_\_\_\_

Species \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No. of Samples \_\_\_\_\_\_\_\_\_\_\_ No. of Dogs \_\_\_\_\_\_\_\_

1. **Of the canine samples processed in your lab during the last \_\_ years (January 1, 2010- December 31, 2014 or calculated date range)::**
2. What types of specimens were submitted to your laboratory requesting serology for bacterial agents? (give the number of each sample type, if available)

\_\_\_\_ Serum \_\_\_\_ CSF

\_\_\_\_ Unknown type  Unknown number of samples

Does this include paired samples?

Yes  No  Unknown

How many **samples** were sero-positive for rough *Brucella* species (i.e. *B.* *canis*)?

\_\_\_\_\_\_\_ Unknown

How many **dogs** were considered sero-positive for *Brucella canis*?

\_\_\_\_\_\_\_ Unknown

Have any dogs been sero-positive for smooth *Brucella* species (e.g., *Brucella suis*)?

Yes  No  Unknown  Not applicable

1. If yes, how many samples, and how many dogs were positive?

No. of Samples\_\_\_\_\_\_\_\_\_\_\_ No. of Dogs \_\_\_\_\_\_\_\_

1. **If your lab obtains a positive serology result, what do you do with the sera?**

Transfer to another lab

Retain in inventory

Destroy/discard

Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If your lab retains serum in your inventory, would you consider allowing CDC access to sera for assay development?

Yes  No  Maybe, please contact us to discuss  Unknown

1. **Of the canine serum specimens received and tested in-house for *Brucella* spp., estimate the number submitted for each the following reasons (if possible):**

\_\_\_ Suspicion of illness \_\_\_ Import/Export/Travel (interstate or international)

\_\_\_ Regulatory \_\_\_ Other *specify:*­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Kennel \_\_\_ Don’t know

\_\_\_ Sale of animal

1. **For the *Brucella canis*-specific test(s) used in your lab in the past \_years, select how each is used** (select all that apply):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | Tests used from  **(January 1, 2010- December 31, 2014 or (calculated date range):** | | | |
| Test | | Screening | Confirmatory | Experimental | Diagnostic |
| Rapid Slide Agglutination Test (RSAT) | |  |  |  |  |
| 2ME-RSAT | |  |  |  |  |
| Card test | |  |  |  |  |
| Tube Agglutination (TAT) | |  |  |  |  |
| Agar Gel Immunodiffusion Test (AGID) | |  |  |  |  |
| Indirect Fluorescent Antibody Test (IFAT or IFA) | |  |  |  |  |
| ELISA | |  |  |  |  |
| PCR | |  |  |  |  |
| Other, Specify: |  |  |  |  |  |
| Other, Specify: |  |  |  |  |  |
| Other, Specify: |  |  |  |  |  |

1. **If you have more details that you would like to share about the laboratory results section, please comment here:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Policy & Exposures**

1. **Is *Brucella canis* infection a reportable disease in your state?**
   1. **In dogs?**  Yes  No  Unknown
      1. **If yes, to whom do you report a positive result?**

State Dept. of Agriculture

State Bureau of Animal Health

US Dept. of Agriculture

Other (*please specify)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. **In humans?**  Yes  No  Unknown

1. **Estimate the number of lab workers exposed to *B. canis* in your lab in the last \_\_ years (January 1, 2010- December 31, 2014 or calculated date range). CDC defines a laboratory exposure to *Brucella* spp. as the following:**

* Manipulation of a *Brucella* isolate OR
* Handling animal tissues that have a high concentration of *Brucella* organisms (reproductive tissues and products of parturition)
* on an open bench or in a class II biosafety cabinet without using biosafety level 3 practices or safety equipment.
* Presence in a laboratory room during any of the above activities.

0  11-15  26-30

1-5  16-20  31+

6-10  21-25  Unknown

Other/specific number:

1. **Does your lab have a written policy regarding human *Brucella* spp. exposures?**

Yes  Not written, but do have an informal plan  No

* 1. **[If yes or Informal plan] Select the components of your written or informal policy:**

Symptom monitoring  Serological monitoring

Prophylactic antibiotics  Risk evaluation/classification

Consult occupational health  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Does your lab have a written policy specific to human *B. canis* exposures?**

Yes  Not written, but do have an informal plan  No

* 1. **[If yes or Informal plan] Select the components of your written or informal policy:**

Symptom monitoring  Serological monitoring

Prophylactic antibiotics  Risk evaluation/classification

Consult occupational health  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The same as for *Brucella* spp. (#18a)

1. **Who would you contact for information if a person was exposed to *B. canis* in your lab (select all that apply)?**

Local Health Department

State Health Department

Occupational Health/Infection Control Officer

Centers for Disease Control and Prevention

US Dept. of Agriculture

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Would your lab be willing to participate in future studies related to *B. canis* in humans or dogs?**

Yes  No  Maybe, please contact us to discuss

Unknown

1. **If you have more details that you would like to share about the policy and exposures section, please comment here:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you for your participation! <SUBMIT>**