



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) 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

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: _____

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

- Yes No Unknown

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

- Yes No Unknown

6. 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

7. Of the canine samples received by your lab during the last __ years (January 1, 2010- December 31, 2014 or calculated date range):

a. Did you outsource testing for any of these samples?

- Yes No Unknown

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

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

c. To which ~~What type of~~ laboratory(s) did you outsource testing during the above-stated time frame to?

Lab Name City State

~~Local commercial~~ Laboratory _____

- National commercial laboratory (e.g., IDEXX)
- Government laboratory — State
- Government laboratory — Federal (e.g., NVSL)
- Other

8. Of the canine samples processed in your lab during the last __ years (January 1, 2010- December 31, 2014 or calculated date range):

a. 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

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

_____ Unknown

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

_____ Unknown

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

Yes No Unknown

i. 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 _____

9. 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 _____

a. 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

10. Of the canine samples processed in your lab during the last __ years (January 1, 2010- December 31, 2014 or calculated date range):

a. 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

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

_____ Unknown Not applicable

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

_____ Unknown Not applicable

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

Yes No Unknown Not applicable

i. 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 _____

11. Of the canine samples processed in your lab during the last __ years (January 1, 2010- December 31, 2014 or calculated date range)::

a. 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

i. Does this include paired samples?

Yes No Unknown

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

_____ Unknown

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

_____ Unknown

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

Yes No Unknown Not applicable

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

No. of Samples _____ No. of Dogs _____

12. 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 _____

a. 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

13. Of the canine serum specimens received **and tested in-house** for *Brucella* spp. ~~testing~~, 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

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

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

15. If you have more details that you would like to share about the laboratory results section, please comment here: _____

Policy & Exposures

16. Is *Brucella canis* infection a reportable disease in your state?

a. In dogs? Yes No Unknown

i. 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) _____

b. In humans? Yes No Unknown

17. 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: _____

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

Yes Not written, but do have an informal plan No

a. [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 _____

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

Yes Not written, but do have an informal plan No

a. [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)

20. 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 _____

21. 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

22. 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>