


## Attachment E. Screen shots for Burden of Canine Brucellosis Information Collection Instrument

Landing page (page 1):

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Form Approved  
OMB No. xxxx-xxxx  
Expires xxxxxxxx

### 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 age 18 years or older 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 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

Public reporting burden of this collection of information is estimated to average 1 hour 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 Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-xxxx).

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### Burden of Canine Brucellosis Collection Instrument

**1. Laboratory Name**

**2. Laboratory State**

**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 to < 3 years     3 to 5 years  
 > 5 but less than 10 years     ≥10 years

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)*

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### Laboratory Results

**7. Of the canine samples received by your lab during the last:**  **years**  
**Jan 1, 2010 - Dec 31, 2014; or if <5 years, use this 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 lab(s) did you outsource testing during this time frame? List the name, city and state of each lab.

Lab Name	City	State
<input type="text"/>	<input type="text"/>	AK-Alaska
<input type="text"/>	<input type="text"/>	AK-Alaska
<input type="text"/>	<input type="text"/>	AK-Alaska

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8. Of the canine samples processed in your lab during the last :  years

Jan 1, 2010 - Dec 31, 2014 or  -

a. What types of specimens are submitted to your laboratory requesting culture?  
(give the number of each sample type, if available)

<input checked="" type="checkbox"/> Blood	<input type="checkbox"/> Fluid <i>specify</i> <input type="text"/>
<input type="checkbox"/> Vaginal Swab	<input type="checkbox"/> Other <i>specify</i> <input type="text"/>
<input type="checkbox"/> Semen	<input type="checkbox"/> Other <i>specify</i> <input type="text"/>
<input type="checkbox"/> Tissue	<input type="checkbox"/> Unknown Type
<input type="checkbox"/> Urine	<input type="checkbox"/> 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

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

- Transfer to another lab
- Destroy/discard
- Retain in inventory
- Other

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**

Jan 1, 2010 - Dec 31, 2014 or  -

a. What types of specimens are submitted to your laboratory requesting PCR for bacterial agents? (give the number of each sample type, if available)

- |                                   |  |
|-----------------------------------|--|
| <input type="text"/> Blood        | <input type="text"/> Fluid <i>specify</i> <input type="text"/> |
| <input type="text"/> Vaginal Swab | <input type="text"/> Other <i>specify</i> <input type="text"/> |
| <input type="text"/> Semen        | <input type="text"/> Other <i>specify</i> <input type="text"/> |
| <input type="text"/> Tissue       | <input type="text"/> Unknown type                              |
| <input type="text"/> Urine        | <input type="checkbox"/> Unknown number of samples             |
|                                   | <input type="checkbox"/> 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

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11. Of the canine samples processed in your lab during the last :  years

Jan 1, 2010 - Dec 31, 2014 or  -

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  Destroy/discard
- Retain in inventory  Other

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

- Yes  No
- Maybe - please call to discuss  Unknown

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13. Of the canine serum specimens received 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  Unknown
- 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			
	Jan 1, 2010 - Dec 31, 2014 or <input type="text"/> - <input type="text"/>			
Rapid Slide Agglutination Test (RSAT)	<input type="checkbox"/> Screening	<input type="checkbox"/> Confirmatory	<input type="checkbox"/> Experimental	<input type="checkbox"/> Diagnostic
2ME-RSAT	<input type="checkbox"/> Screening	<input type="checkbox"/> Confirmatory	<input type="checkbox"/> Experimental	<input type="checkbox"/> Diagnostic
Card test	<input type="checkbox"/> Screening	<input type="checkbox"/> Confirmatory	<input type="checkbox"/> Experimental	<input type="checkbox"/> Diagnostic
Tube Agglutination (TAT)	<input type="checkbox"/> Screening	<input type="checkbox"/> Confirmatory	<input type="checkbox"/> Experimental	<input type="checkbox"/> Diagnostic
Agar Gel Immunodiffusion Test (AGID)	<input type="checkbox"/> Screening	<input type="checkbox"/> Confirmatory	<input type="checkbox"/> Experimental	<input type="checkbox"/> Diagnostic
Indirect Fluorescent Antibody Test (IFAT or IFA)	<input type="checkbox"/> Screening	<input type="checkbox"/> Confirmatory	<input type="checkbox"/> Experimental	<input type="checkbox"/> Diagnostic
ELISA	<input type="checkbox"/> Screening	<input type="checkbox"/> Confirmatory	<input type="checkbox"/> Experimental	<input type="checkbox"/> Diagnostic
PCR	<input type="checkbox"/> Screening	<input type="checkbox"/> Confirmatory	<input type="checkbox"/> Experimental	<input type="checkbox"/> Diagnostic
Other, specify <input type="text"/>	<input type="checkbox"/> Screening	<input type="checkbox"/> Confirmatory	<input type="checkbox"/> Experimental	<input type="checkbox"/> Diagnostic
Other, specify <input type="text"/>	<input type="checkbox"/> Screening	<input type="checkbox"/> Confirmatory	<input type="checkbox"/> Experimental	<input type="checkbox"/> Diagnostic
Other, specify <input type="text"/>	<input type="checkbox"/> Screening	<input type="checkbox"/> Confirmatory	<input type="checkbox"/> Experimental	<input type="checkbox"/> Diagnostic

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

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**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. Jan 1, 2010 - Dec 31, 2014 or  -**

**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
- 1-5
- 6-10
- 11-15
- 16-20
- 21-25
- 26-30
- 31+
- Unknown
- Other

Other/specific number:

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**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 specify

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

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**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**

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