

D

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES RCS # 34-V5-71				FOR OFFICE USE ONLY							
<b>EPIDEMIOLOGIC INVESTIGATION OF BRUCELLOSIS REACTOR HERD</b>				Assigned to Veterinarian:		Code:	Date Assigned:				
				Date of Current Test		TEST RESULTS (No. of Cattle)					
1. Name of Herd Owner				Total		Negative	Suspect	Reactor			
2. Street Address				Prior history of Brucellosis in herd		Total No. Reactors found	Date Reactors last found	Other States Involved have been notified			
3. City and State (Include ZIP Code)				<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No			
4. County		5. RGE	TWP	SEC	6. Herd No.		Reviewed by Epidemiologist:				
							Date Reviewed				
7. Reason for Test											
<input type="checkbox"/> Slaughter Reactor			<input type="checkbox"/> Diagnostic (Abortion, Etc.)			<input type="checkbox"/> Post Movement Retest		<input type="checkbox"/> Epid. (Tracebacks from infected herds, adjacent herds, sales, neighborhood herds, or contact herds on common pasture.)			
<input type="checkbox"/> Livestock Market Reactor			<input type="checkbox"/> Private sale or show			<input type="checkbox"/> Area Test (Community test in heavily infected area or area wide recertification tests.)		<input type="checkbox"/> Other (specify below)			
<input type="checkbox"/> Brucellosis Ring Test			<input type="checkbox"/> Herd Certification Test								
8. Are Clinical Signs of Brucellosis Present? (If yes, describe signs)								9. Percentage of Herd Vaccinated for Brucellosis			
A. Human		B. Animal		C. Animal Clinical Signs		Diff. Breeding No. _____		CV %   AV %			
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Abortion No. _____ <input type="checkbox"/> Ret. Placenta No. _____ <input type="checkbox"/> Weak Calves No. _____		<input type="checkbox"/> Other (Specify) _____		10. Maximum age when calthood vaccinated			
						<input type="checkbox"/> Hygromas No. _____ <input type="checkbox"/> Reduced Milk Prod. No. _____ <input type="checkbox"/> Fistulous Withers/Poll Evil (Horses) No. _____					
HERD STATUS		11. No. of Herds Owned or Managed		12. Location of Herd (Continue on separate page)			13. Date Test Scheduled		14. If all herds are not to be tested, give reason		
		A.									
		B.									
		C.									
No.											
HERD		15. Type of Operation (s)				16. Cattle Census on Premises (Exclude steers and spayed heifers)					
		Dairy	Beef	Feed-lot	Cows Vac	Cows Non Vac	Bulls	Heifers 1 to 2 years		Heifers under 12 months	
								Vac	Non Vac	Vac	Non Vac
		A.									
B.											
C.											
TRACEBACK AND CONTACT INFORMATION		17. No. Susceptible Species on Premises						18. Breeding Program this Herd (Check one in column A.)			
		Swine	Goats	Sheep	Horses	Buffalo	Dogs	Other (Specify species and no.)	A. <input type="checkbox"/> Natural <input type="checkbox"/> Art. Insem		B. Dates of Usual Calving Season: Beginning Month _____ Ending Month _____
19. Owner's opinion on source of infection				20. In my opinion this herd is infected with Brucellosis				21. Probable source infection (Specify)		22. Date infection introduced into the herd	
				<input type="checkbox"/> Yes <input type="checkbox"/> No							
23. Origins of this herd (All raised, recently assembled, few purchased additions, many purchased additions)				24. Cattle moved out of herd since date infection introduced				25. Reported sales "to slaughter" verified		26. Other sales verified	
				<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, complete VS 4-108B)				<input type="checkbox"/> Yes <input type="checkbox"/> Assistance needed to verify slaughter <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
COMPLETE ITEMS 27 AND 28 WHERE APPLICABLE AND COMPLETE VS FORM 4-108A											
TRACEBACK AND CONTACT INFORMATION		27. Reactors were raised		28. A. Where obtained		B. No. obtained		C. Date obtained		D. Accompanied by Heath Certificate, Blood Test Record, or Permit	
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Livestock Dealer(s)						Yes _____ None _____ Some but not all _____	
		(If no, complete Item 28.)		<input type="checkbox"/> Livestock Market(s)							
		<input type="checkbox"/> Direct from farm or ranch								(Attach copy of bill of sale, health certification, etc., if possible)	
29. LIST NAMES OF SIX NEAREST HERD OWNERS AND COMPLETE VS FORM 4-108C											
(1)				(2)				(3)			
(4)				(5)				(6)			
QUARANTINE AND PERMITS						30. Quarantine and requirements for quarantine release have been explained to owner			31. Permit requirements and requirements for Hot "S" Brand on exposed animals before movement into market channels explained to owner		
						<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
32. Explained the nature of Brucellosis, discussed a tentative retest schedule, and completed Herd Plan has been submitted.						33. Anticipated owner cooperation			34. Owner Knows how to contact you?		
<input type="checkbox"/> Yes <input type="checkbox"/> No (If no, explain in item 36.)						<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor			<input type="checkbox"/> Yes <input type="checkbox"/> No		
35. Supplemental forms completed				36. REMARKS (Attach supplemental sheet if necessary. Cite item referred to.)							
<input type="checkbox"/> VS FORM 4-108A <input type="checkbox"/> VS FORM 4-108B											
<input type="checkbox"/> VS FORM 4-108C											
37. Date quarantine		38. Quarantine No.		39. Signature of VMO				Code:		40. Date Signed	

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0047. The time required to complete this information collection is estimated to average 4 hours 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.

### NOTICE TO HERD OWNERS

Herd owners (*Managers or Agents*) of herds of brucellosis affected livestock must be advised that information is given voluntarily to assist in the elimination of brucellosis from the livestock population. Cooperation of all affected herd owners (*Managers or Agents*) is needed to complete a thorough epidemiologic investigation to identify the source of the disease, the method of spread and the possible dissemination to new herds. The authorities under which the brucellosis program is conducted are contained in 21 U.S.C. 111, 112, 114, 114a-1, 115, 120, 121, and 134a-f and Title 9, Code of Federal Regulations, Parts 51 and 78.

### INSTRUCTIONS

(For Complete Instructions see VS Memorandum 551.26)

All items are self-explanatory, except as follows:

1. **COMPLETE LEGAL NAME** as used on indemnity papers.
- 2-3. **COMPLETE MAILING ADDRESS** including post office box number, route number, and ZIP code.
4. List county in which herd is located.
5. Geographic location of farm where subject animals are located – use range, township and section, or longitude and latitude coordinates or mileage grid indicating distance north and west from southeast corner of county – use only one system within a State.
6. To be completed in office unless herd number is known.
7. Reason for test:
  - Slaughter Reactor** – MCI reactor disclosed at a slaughter plant.
  - Livestock Market Reactor** – MCI reactor disclosed at a livestock market.
  - Brucellosis Ring Test** – Herd Test because of suspicious milk test.
  - Diagnostic** – Abortion, infertility, etc.
  - Private sale or show** – Cross out nonapplicable item.
  - Herd Certification Test** – Initial or recertification tests.
  - Post-Movement Retest** – Test performed after purchase for cattle moved under permit and held under quarantine for retest.
  - Area Test** – (*Community test in heavily infected area or area-wide recertification tests*) – Cross out nonapplicable item.
  - Epidemiologic** – (*Tracebacks from infected herd, i.e., cattle were sold from this herd into an infected herd; adjacent or fence contact herds, sales, i.e., cattle were purchased from an infected herd, neighborhood herds, or contact herds on common premises*). Cross out nonapplicable categories.
  - Other** – (*Specify*) – Any tests not covered by the above categories.
8. Report number of animals observed by owner or others showing clinical signs since estimated onset of infection (*see item 22*).
9. Estimate percentage of animals in herd that were vaccinated in calfhood or as adults. If calfhood vaccinated animals are revaccinated as adults, make a notation of this in remarks (36).
10. The age of the oldest calf at time of vaccination should be recorded in months.
- 11-16. Report the total number of separate (*by UM and R definition*) herds owned and the number of cattle in each. Prepare a separate 4-108 for each herd listed and cross-reference all reports (*forms*). Specialized operations such as veal raising or dairy heifers should be included under feedlots (15) and described under remarks.
18. If more than one term is applicable in block A, give the percentage of each. In block B, indicate beginning and ending month of calving season.
21. Specify the name of herd owner if known and probable method of spread (*e.g., area spread, purchased animal, common range, etc*).
22. Estimate from epidemiological information the probable date that brucellosis was introduced into the herd.
24. Include all cattle, other than steers or spayed heifers, moved for any purpose. This includes day-old calves, cull cows, feeder heifers, etc.
25. Verify reported sales to slaughter by checking purchase and sales receipts at markets (*or dealer*) and purchase receipts at slaughter plants.
26. Verify by locating and retesting the animal(s) or by notifying State of destination.
27. If any reactors were not raised in the herd, the response is "NO."
28. Give information on the purchase lot(s) (*summarize for each category*) from which reactors originated.
29. List the six nearest herds regardless of distance. If more than six herds have potential contact, give details on separate sheets including locations. Potential contact means epidemiological possibility of exposure and includes indirect as well as direct contact.
36. A narrative statement of your appraisal of the situation should be attached.

## Privacy Act Notice

### Veterinary Services – Brucellosis Information System and Brucellosis Recording and Reporting System

**Authority:** 21 U.S.C. 111, 112, 114, 114a-1, 115, 120, 121, 125, 134a-134f and title 9, Code of Federal Regulations, part 51 and part 78.

#### **Purpose and Routine Uses:**

Routine uses of records maintained in the system, including categories of users and the purposes of such uses:

- 1) Detecting the foci of infection to reduce the rate of spread of infection to new herds;
- 2) Evaluating brucellosis program activities of State, Federal, and contractual personnel;
- 3) Preparing mailing labels and preaddressed forms to enhance field activities;
- 4) Evaluating program effectiveness;
- 5) Detecting factors of epidemiologic importance in containing or eliminating foci of infected herds;
- 6) Assuring that brucellosis indemnities are promptly and properly paid;
- 7) Notification of livestock owners with the animals at high risk of exposure to brucellosis because of livestock movements or an outbreak of disease or presence of quarantined premises in a community;
- 8) Referral to the appropriate agency, whether Federal, State, local, or foreign, charged with responsibility of investigating or prosecuting a violation of law concerning animal disease control and eradication, or of enforcing or implementing a statute, rule, regulation, or order issued pursuant thereto, of any record within this system when information available indicates a violation or potential violation of law concerning animal disease control and eradication, whether civil, criminal, or regulatory in nature, and either arising by general statute or particular program statute, or by rule, regulation, or court order issued pursuant thereto;
- 9) Litigation by the Department of Justice when the agency, or any component thereof, or any employee of the agency in his or her official capacity, or any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee, or the United States, where the agency determines that litigation is likely to affect the agency or any of its components, is a party to litigation or has an interest in such litigation, and the use of such records by the Department of Justice is deemed by the agency to be relevant and necessary to the litigation; provided, however, that in each case, the agency determines that disclosure of the records to the Department of Justice is a use of the information contained in the records that is compatible with the purpose for which the records were collected;
- 10) Use in a proceeding before a court or adjudicative body before which the agency is authorized to appear, when the agency, or any component thereof, or any employee of the agency in his or her official capacity, or any employee of the agency in his or her individual capacity where the agency has agreed to represent the employee, or the United States, where the agency determines that litigation is likely to affect the agency or any of its components, is a party to litigation or has an interest in such litigation, and the agency determines that use of such records is relevant and necessary to the litigation; provided, however, that in each case, the agency determines that disclosure of the records to the court is a use of the information contained in the records that is compatible with the purpose for which the records were collected; and
- 11) Response to a request from a congressional office from the record of an individual made at the request of that individual. To certain Federal and State animal health officials to conduct, analyze, and report on the progress of animal disease control or surveillance programs.

**Disclosure:** Furnishing this information is voluntary; however, failure to furnish this information may impede brucellosis eradication activities.

Form Copy Designation

PART 1-HERD FILE

PART 2-CATTLE DISEASES STAFF,  
RIVERDALE, MD (Free Areas only)

PART 3-STATION EPIDEMIOLOGIST

PART 4- STATE OR FEDERAL VETERINARIAN