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Developing a Brucellosis Reporting Form and an Accompanying Investigation Format

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Introduction

A review of the systems within the Department of Agriculture and Food in relation to brucellosis in cattle was undertaken in October 1997 by a study group which was representative of the veterinary and administrative personnel most intimately involved in brucellosis. The Tuberculosis Investigation Unit acted as facilitator to the group which met on five occasions and addressed two broad set of needs:

- A. Needs of Local/Regional/ HQ Managers (Operations).
- B. Needs of Epidemiology/ DAF Managers (Policy).

A primary objective of the study during the five meetings was to agree draft reporting formats for use by field veterinarians investigating brucellosis breakdowns. The group also defined a structured approach to the investigation, which would standardise procedures. These proposed reporting formats were tested by field staff in Cork, Kerry, Limerick and Tipperary during 1998. The current draft (Draft No. 6) has been modified in line with suggestions received during trialling to date and is being applied in Counties Clare, Cork, Kerry, Limerick, Tipperary and Offaly from 1st July 1999 onwards.

The present draft is a modular format containing 7 individual reports, in bound form. Individual breakdowns may qualify for differing combinations of reports. It is intended that the structure of each investigation will return data which (1) will assist in establishing the source of the

breakdown and, (2) will identify risk factors that might have contributed to the outbreak.

Breakdowns investigations to which the format will apply.

The procedure described here will be applied in the following circumstances:

- All breakdowns require a report on the tracing of purchased reactors.
- All breakdowns require a report to be completed at de-restriction.

The following additional reports are only required where two or more serologically positive animals are identified during a breakdown:

- A validated contiguous list at de-restriction.
- A herd visit and report.
- Forward tracing of potentially infected cattle moved out of the herd.

Breakdowns identified following a positive whey ELISA test or during the follow-up testing of reported abortions require additional details to be recorded.

Feedback from staff at the participating DVO’s will be sought at regular intervals of 4–6 weeks. The progress of investigations will then be reviewed with each participating VI. on attendance. A final review of the reporting format and procedures will be undertaken at the end of 1999 with a view to adopting this procedure on a national basis from thereon.

SVI Check List Draft 6

All Brucellosis breakdowns should have a report on backtracing and a report at the derestriction stage

Required Yes/No		Completed (Date)
<input type="checkbox"/>	Back-tracing of Reactors (Page 4)	<input type="checkbox"/>
<input type="checkbox"/>	Report at de-restriction stage (Page 8 - 9)	<input type="checkbox"/>

The following reports are **only required** in confirmed outbreaks:

<input type="checkbox"/>	Forward tracing (Page 5)	<input type="checkbox"/>
<input type="checkbox"/>	Index Herd Visit (Page 6 - 7)	<input type="checkbox"/>
<input type="checkbox"/>	Validated Contiguous Herd List (Page 10)	<input type="checkbox"/>

Where a breakdown is identified following a Whey ELISA Positive or by a Positive Abortion fill the following:

<input type="checkbox"/>	Follow-up on Whey ELISA (Page 3)	<input type="checkbox"/>
<input type="checkbox"/>	Follow-up on abortions (Page 3)	<input type="checkbox"/>
	Epidemiology data to TIU	<input type="checkbox"/>

Commence report at this point if the breakdown was identified following a positive Whey ELISA or alternatively in blood testing following on a reported abortion. Otherwise skip this page and commence report on page 4

Follow-up on Positive Whey ELISA Results *Draft 6*

Positive Whey ELISA test date __/__/__

Testing Laboratory _____

Follow-up on reported abortions.

Date abortion reported __/__/__ Blood test/Phone/Reg.Lab (B/P/L) |__|

Was material sent for culture Y/N |__| Result _____

Tag No.(s) of animal(s) that aborted: _____

	Tag No.(s)	Result
Date of 1 st Blood test __/__/__	_____	_____
	_____	_____
	_____	_____
Date of 21day retest __/__/__	_____	_____
	_____	_____
	_____	_____

Forward tracing. *Draft 6*

- 1 Date prior to the outbreak from when animals were traced __/__/__
- 2 Forward tracing initiated on |_|_|_| animals in own DVO.
- 3 Tracing completed on |_|_|_| animals in own DVO area.
- 4 Other DVOs notified of |_|_|_| animals at risk.

Comments:

- 5 Of the |_|_|_| animals traced in own DVO area:

|_|_|_| were test positive in destination herds.

|_|_|_| were test negative, deemed reactor and slaughtered following tracing.

|_|_|_| were test negative in the destination herd and not slaughtered.

|_|_|_| were slaughter as part of normal culling.

|_|_|_| were retagged and could not be traced.

|_|_|_| could not be traced. Give reason(s) _____

- 6 In own DVO area, Tag Nos. of at risk animals not slaughtered:

- 7 Enter Tag Nos and DVO code of animals traced outside own DVO area:

Tag No	DVO	Tag No.	DVO

Report of Farm Visit to Index Herd. Draft 6

Date of farm visit ___/___/___

Is herdowner farming Fulltime/ Parttime Haulier Yes/No Registered Dealer Yes/No

Herd Profile: Total Cattle at Time of Breakdown |_|_|_|_|

Dairy Cows _____ Suckler cows _____ Fattener cows _____ Bulls _____

Pregnant Heifers _____ Other Heifers >1yr _____ Other Heifers <1yr. _____

Are breeding animals housed at calving Y/N |_| In isolation facilities Y/N |_|

Start/Finish of calving season _____ to _____ No of reactors calved/aborted |_|

No of Dry Cows |_|_| Are replacements purchased Y/N |_|

Do Cows and Replacement Heifers graze land parcels in common Y/N |_|

Comments on purchases: _____

Milk produced previous year _____ (G/L) Milk Quota leased _____ (G/L)

No. of Relevant Land Parcels. _____ Relevant area farmed _____ (Acres/Hectares)

Is AI used Yes/No If yes, is DIY used Yes/No Are bulls used with Cows Y/N Heifers Y/N

Vet. Practitioners(s) that attended calvings or abortions during the last calving season:

Name(s) and Reg.No(s) _____

Are farm relief personel used Y/N If yes, list names/duties _____

Was there shared labour identified (family or otherwise) Y/N

If yes give details _____

Is waste from calving area disposed of safely Y/N |_|

Comments: _____

Was there any sources of mechanical spread identified Y/N

Shared machinery (direct contact with cattle) Y/N Slurry/manure spread by contractors Y/N

Haulier Y/N Foxes Y/N Dogs(free to roam) Y/N High splash plate slurry spreader Y/N

Other Y/N Details _____

Total R's disclosed at Index test Test Date __/__/__ MRT/WE Pos Y/N

Herd Profile at the Index test

Total Herd

Nat.Grid Co-ord. X Y Relevant Area _____Acres/Hectares

	No. Animals	No.Aborted	No. Rs	Highest CF, SAT, EIA
Cows	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Preg. Heifers	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Other Heifers	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Division 1 (Divisions apply where two herds are covered by one herdnumber)

Nat.Grid Co-ord. X Y Relevant Area _____Acres/Hectares

	No. Animals	No.Aborted	No. Rs	Highest CF, SAT, EIA
Cows	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Preg. Heifers	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Other Heifers	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Division 2 (Divisions apply where two herds are covered by one herdnumber)

Nat.Grid Co-ord. X Y Relevant Area _____Acres/Hectares

	No. Animals	No.Aborted	No. Rs	Highest CF, SAT, EIA
Cows	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Preg. Heifers	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Other Heifers	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Comments:

Report at De-restriction *Draft 6*

Date restricted ___/___/___ De-restriction date ___/___/___

Depop (Part/Full/No) |___| on ___/___/___

Total Reactors (exclude incontacts) |___|_|___|_|___| Epi Status (2,3 or 4) |___|

Titres of the 4 animals with the highest **Compliment Fixation test** titres

	CF	MSAT	EIA
Tag No.1 _____	___	___	___
Tag No.2 _____	___	___	___
Tag No.3 _____	___	___	___
Tag No.4 _____	___	___	___

Details of the animal class of **all the reactors identified during breakdown:**

	No. Animals	No. Aborted	No. Rs	Culture Y/N/Unknown
Cows	___	___	___	___
Bulls	___	___	___	___
Preg. Heifers	___	___	___	___
Other Heifers	___	___	___	___

In your opinion had this herd Brucellosis Y/N |___|

If no give your reasons: _____

Number of contiguous herds with females |___|

Number of contiguous herds restricted during previous 2 years |___|

Number of the above herds with brucellosis confirmed |___|

Herd No(s) of these herd(s):

