

SALMONELLA OUTBREAK EPIDEMIOLOGY QUESTIONNAIRE



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Note that all information is confidential and will be used for statistical purposes only

Please start with the NYSCHAP BASE MODULE to collect the herd demographic data (attached).

ACCESSION # _____ (date of accession _____)

Owner _____ Veterinarian _____

*****THE CURRENT PROBLEM*****

Morbidity and mortality-

ill _____ # dead _____ # shipped _____

Has Salmonella ever been diagnosed in the past in this herd? Y± When? _____ N±

Has this herd had a BVD problem in the past? Y± When? _____ N±

Has there been any illness in nearby herds resembling this herds diarrheal problem? Yes± No±... (if yes, are these herds somehow connected, e.g., on the same stream, run-off occurs from one to the other, animals are exchanged or co-habitate pastures, etc.) Brief explanation _____

THE INDEX (first) CASE(S):

- Date: _____
 fever _____
 depression _____
 anorexia _____
 check off signs diarrheal (bloody _____, septic tank smell _____)
 decreased milk production _____
 abortion _____
 pneumonia _____

How did you treat this case(s)? _____ Outcome?

In which groupings has diarrheal illness occurred? (check off)	Total Number in Group	Date of onset in group	#cases/ days, weeks, months
<ul style="list-style-type: none"> • fresh cows (less than 30 days fresh) _____ • high producing cows not yet declared pregnant _____ • high producing cows diagnosed pregnant _____ • medium producing cows _____ • lower producing cows _____ • early dry cows _____ • dry cows within 2-3 weeks of freshening _____ • Calves _____ • Heifers (age group or location) _____ 			

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Additional information only: PLEASE PROVIDE A BRIEF NARRATIVE OF THE PRESENT DIARRHEA PROBLEM IN THE HERD [This might include a time distribution of the cases; refer to the map of the farm; plot the index case(s) on the herd map; a time table listing the date of onset of clinical signs of the cases with their farm location (use back of page if needed)]:

Does the problem appear to be sporadic (i.e., only one animal affected)? Y± N±

Does the problem appear to be epidemic and perhaps point source in origin? (i.e., many animals affected over a short time period)? Y± N±

Has there been secondary spread/propagative type problem (i.e., has it started in one group or location but has now appeared in a new group or location)? Y± N±

RISK FACTORS FOR THE ADULT CASES (check off all that apply and elaborate where needed):

- Over crowding within affected group ±
- Parturition ±
- recent vaccinations ±
- recent feed changes ±
- poor overall nutrition ±
- water or feed deprivation (e.g. due to freezing or drought) ±
- temperature extremes ±
- other disease(e.g.,BVD, mastitis etc.) ±
- parasite problems ±
- recent travel stress ±
- surgery ±
- recent medications ±
- exposure
 - to newly introduced animals ±
 - to animals with diarrhea ±
 - to areas of field run-off in exercise lots, etc.±
- Other ± _____

Additional RISK FACTORS FOR CALE CASES (check off all that apply and describe where needed):

- Exposure to sick cows or their manure in maternity area ±
- Exposure to sick cows or their manure in calf rearing area ±
- Sanitation of calf feeders and waterers ±
- Sanitation of calf rearing area between calves ±
- Waste Milk fed ±
- Calf feeds stored in pest/pet proof containers ±

Other (describe)

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PREVENTION AND CONTROL ACTIONS THAT HAVE BEEN TRIED TO DATE:

Briefly list steps that have been taken to date to try to correct the problem such as - separation of ill cattle, ration changes, medications;	How have the cattle responded to the therapy and/or management changes?

PUBLIC HEALTH FACTORS: (Confidential)

is anyone ill on the farm family or employees with the symptoms of diarrhea, fever, vomiting, cramps? Yes± No±

Is raw milk consumed by family or employees? Y± N± (or sell it to their neighbors? _____)

are there high risk groups on the farm?: elderly±
 Pregnant
 infants±
 immunosuppressed±
 persons taking antibiotics (especially oral)±
 persons on antacid or ulcer therapy ±

*Would you like to be put in touch with a confidential medical resource to assist the farm family with any problems?
 (Call me at the Lab and I will make the connection for you)*

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HERD DEMOGRAPHICS:

open herd ± (when last bought in: _____); or **closed herd**±

Are **incoming animals** preconditioned _____, are they isolated upon arrival? _____

#milking _____ #dry _____ #heifers 1-2 yr _____ #heifers<1yr _____ #calves _____

Housing: 1) milkers(freestall± tiestall± stanchion±), are the milk cows confined or turned out? _____

Stall surface-(concrete± dirt± stone± cow mats± metal± other _____)

Bedding-(straw± sawdust± shavings± none± other _____)

2) dry cows/heifers(separate from milkers ± same barn ± other location _____)

- **Exercise areas or other common area** where different cattle groups may contact each other; (exercise lot ± pasture ± other _____): seasons-W±S±S±F±
- Where do cows **freshen** on the farm? stall± outside pasture± other±. How frequently are the freshening areas cleaned and/or disinfected? _____;
- Are **sick cows** ever put into the freshening area? _____
- Where do **calves** go after birth? remain in barn± to hutches±; are calves grouped at an older age? Y±N± Describe? _____ Access to adult manure?
- What is fed for colostrum program? Y± N± Describe _____

Vaccinations: times: spring± summer± fall± winter±

age groups: [fill in the letter of the vaccine agent after the age group]

milkers± _____

dry cows± _____

heifers/calves± _____

Agents: IBR(a) PI₃(b) BVD(c) BSV(d) Hemophilus(e) Lepto(f) Pasteurella(g)
Rabies(h) Brucella(i) Clostridia (j) Gram negative core antigen (J5 or
Endobac)(k) Autogenous bacterins(l) Other(m)

Immune modulators: _____

OTHER ANIMALS ON THE FARM

pigs _____ chickens _____ ducks _____ horses _____ dogs _____ cats _____ sheep/goats _____ other? _____

Is there direct contact between these other animals and animals in the herd? Y±N±

Are there **obvious rodent problems**? Y±N±

Is there a rodent control program in place? If yes, please describe:

Are there **obvious bird problems** ? Y±N± _____.

Is there a bird control program in place? If yes, please describe:

Have there been **any bird die-offs in the area**? Y±N±

Have you **noticed any large numbers of migratory birds** (Sea gulls, Canada geese, song birds, etc) on the farm fields
Y±N±

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Feed and Water Worksheet:

WATER SOURCE ON THE FARM:

Actual Source: well ±(depth_____) spring± pond± stream± municipal±

Delivery In the barns: cup± trough± Other:

How often are water troughs or cups cleaned_____

Is the water treated? i.e., chlorinated± other (filtered?)±

Are there **areas of run-off, or pooling or low-lying areas on the farm that the animals have access to? Y±N±

If yes describe_____

Is the cow water source subject to fecal contamination by livestock, humans or other animals? Are well-heads protected from runoff?

Feed Storage:

Where is the **feed stored** on the farm?_____

Is the **same equipment used to move feed and manure**? Y±N± If yes, please elaborate_____

Is the **feed ever contaminated by run-off from manure slurries, ponds, etc**? Y±N± Describe_____

Describe potential for fecal contamination of stored feed by

- other animals including birds, rodents, pets, humans
- or livestock manure introduced by human, equipment or animal traffic?

FEEDING REGIMEN:

(-check off all that apply and elaborate where necessary)

-please indicate feeds that are seasonally fed

-indicate approximate amounts and times fed

-indicate whether purchased feed or feeds grown on farm

MILK COWS

FORAGES

hay___ (%alfalfa___)
(%grass___)
(%other___)

ENSILED FEED

corn silage___
haylage___
oatlage___
H.M. corn___
other___

CONCENTRATE MIXTURE___ (% protein of concentrate___ of TMR ___)

corn___
SBM___
cotton seed meal___
vit/mineral mix___
salt___
commercial protein supplement___

FEEDING REGIMEN: (continued)

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wet brewers grain____

pelleted grain____

other_____

Animal Protein Source: Fish Meal_____ Poultry Meal_____ Other

TOTAL MIXED RATION "RECIPE" (TMR): please describe, how often fed...)

times fed/ day

Feeding times

Are feed refusals removed and bunks cleaned between feedings?

What happens to refusals?

- **Manure products mixed** in ration? N± Y± [poultry± Other± Is the manure composted? Y±N±]
Other Processed manure (describe) Raw manure added?(describe type and source)
- **Medication mixed** with feed ± or water ± ? (describe:_____)
Calves
Adults:

Waste Management:

MANURE DISPOSAL

- a. lagoon or pit____ (frequency of spreading: weekly____other____)
- b. spread daily____
- c. composted____

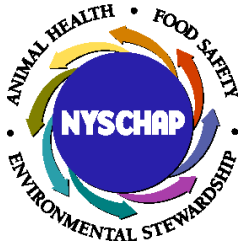
Where is the manure spread? pasture____ cropland____

Can run-off from the manure affect stored feeds, water supplies, etc.? _____

SILAGE LEACHATE

If present, do cows have access to leachate?

%%FARM LAYOUT- on the back of this sheet could you sketch the farm layout showing buildings, traffic patterns, feed storage areas, water sources, exercise areas



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NYSCHAP Baseline Survey

- New Herd Plan
- Annual Review
- New Modules

Date: ___ / ___ / ___ Premise ID: _____

Field Veterinarian: _____ **Signature** _____

Module(s): Core, BVD, Johne's, Salmonella, BLV, Mastitis, _____
 Level of Johne's Participation: Control, Participating, Test Negative

FARM DESCRIPTION	
Owner Name(s): _____	
Farm Name: _____ Signature: _____	
Address: _____ Zip: _____	
County: _____ Town: _____	
Herds Persons: _____	
Phone: _____ Fax: _____ Email: _____	
Key People: _____	
Key Advisors: _____	
VETERINARY INFORMATION	
<i>Herd Veterinarian(s):</i> _____	
<i>Representing (practice or clinic):</i> _____	
Address: _____ Zip: _____	
DL Account: _____ Signature: _____	
HERD INVENTORY	
No. of Cows milking: _____ No. dry: _____ No. of Heifers: _____ No. of Calves: _____	
Current Production/year: _____ Lbs. Milk per head per day: _____	
Milking per day: <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> other: _____	
How long has the herd been in operation? _____	
The herd is currently: <input type="checkbox"/> Commercial <input type="checkbox"/> Registered <input type="checkbox"/> Mixed	
Are animals introduced from outside this premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe: _____	
HERD HEALTH PROGRAM	
Describe Animal Identification	
Describe Herd Health Records System	<input type="checkbox"/> DHIA Member? <input type="checkbox"/> Individual cow somatic cell counts?

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<p>Describe Vaccination Program (ages, products, boosters, storage, records, injections sites)</p>	
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DESCRIBE HEIFER CALF MANAGEMENT
<p>Describe maternity pen management, colostrum source, quantity & quality, treatments, movements, etc.</p>

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Current Herd Health Concerns

Milk Quality and Udder Health (describe most recent results)	Reproduction
Bulk Milk SCC: _____ Bacteria Count/SPC: _____ Clinical Mastitis (cases/mo): _____	Heat detection Rate: _____ Conception Rate: _____ # of Abortions/year: _____ AI Bred or Natural Service? _____

Culling	Lameness
Cull Rate: _____ % Average Age Milking Cows: _____ Culling Reasons: (Rank in order of occurrence) ___ Mastitis ___ Reproduction ___ Lameness ___ Other Disease ___ Injury ___ Conformation ___ Dairy ___ Low Production	Lameness Causes: <i>1=low, 2=med., 3=high, U=unknown</i> ___ Heel warts ___ Foot Rot ___ Laminitis ___ Other Foot Trimming: (How often & by whom)

Infectious Diseases	Heifer Health
<i>1=low, 2=med., 3=high, U=unknown</i> ___ Johne's disease ___ Bovine leukosis virus ___ Salmonella ___ Neospora ___ Bovine Viral Diarrhea ___ Pneumonia/Respiratory Disease ___ Acute deaths	<i>1=low, 2=med., 3=high, U=unknown</i> ___ Septicemia/navel ill ___ Respiratory Disease ___ Scours ___ Weak/Down calves Preweaned mortality _____ % Age at freshening _____ months

Periparturient/Metabolic Diseases	Other Herd Health Concerns
<i>1=low, 2=med., 3=high, U=unknown</i> ___ Milk Fever ___ Ketosis ___ Fatty Liver ___ Acidosis ___ Displaced Abomasum ___ Retained Placenta ___ Metritis	