

Secure Milk Supply (SMS) Plan

Practice Questionnaire for FMD Exposure



During a foot and mouth disease (FMD) outbreak, producers in a regulatory Control Area will need to provide information to Regulatory Officials about 1) any unusual health events or possible clinical signs of the FMD in their animals; 2) biosecurity steps put in place to prevent exposure to the disease; and 3) possible direct or indirect contact with other animals or operations that may have infected animals. The information you provide is critical to determine the scope and extent of the outbreak. However, it can be daunting to provide a lot of detail on short notice.

This document provides a short example of the type of information that may be requested. Additional steps from the Secure Milk Supply (SMS) Plan will be needed in order to request an animal or animal product (milk, semen, embryos) movement permit.

National Premises Identification Number (Prem ID or PIN): _____ Date: _____

Premises Name: _____

Premises Address: _____
(Street) (City) (County) (State) (Zip)

Premises GPS Coordinates; Latitude: _____ Longitude: _____

Name of person filling out this questionnaire: _____

Contact information (phone and email): _____

Owner Name (if different than above): _____

Owner contact information (phone and email): _____

DISEASE MONITORING (SURVEILLANCE)

1. Have samples from the animals on this premises been submitted to a diagnostic laboratory to test for a foot and mouth disease (FMD)? Yes No

If YES, and the results were positive, then this premises is considered an Infected Premises and you will be given specific guidance on next steps from officials managing the outbreak.

If YES, and the results are negative, or if NO, please complete the questions below.

2. Are you looking at the animals on your premises as described in the Secure Milk Supply Active Observational Surveillance documents? Yes No

If YES, please complete the questions below. If NO, please read the Active Observational Surveillance materials then return to answering the rest of the questions.

3. Do the animals on this premises have any
a. unexplained or unusual clinical signs? Yes No

- b. clinical signs that may be caused by an FMD infection? Yes No
- c. unexplained mortalities OR increase in mortalities? Yes No
- d. unexplained changes in production parameters such as feed intake? Yes No

During an actual FMD outbreak, producers should observe animals daily for signs of infection, record their findings or the lack thereof, and promptly report any abnormal findings to officials managing the outbreak.

BIOSECURITY

4. Do you have a Biosecurity Manager(s) for this premises? Yes No

If YES, please list their name(s) and contact information (phone and email):

5. Does your operation-specific biosecurity plan describe how you have implemented, or will implement, each item in the enhanced biosecurity checklist in the event of an FMD outbreak? Yes No

If NO to questions #4 or #5, please read the Biosecurity materials at www.securemilksupply.org.

CONTACT WITH OTHER PREMISES

This section of the document reviews the types of external contacts that may expose your animals. Producers should practice **recording external contacts over the past 7 days** (at least) to get a feel for the information that will be needed in an outbreak. During an actual outbreak, Regulatory Officials may ask to review records from the past 28 days

6. Has this premises been exposed to **manure from another premises** (applied on the ground near areas where animals are housed or graze)? Yes No

If YES, please list the premises names, contact information (phone or email), and date (if known) from which manure originated or the company that hauled the manure _____

7. Has this premises received **live animals**? Yes No

If YES, please list premises names, contact information (phone or email), and date (if known) from which live animals were received _____

8. Has this premises moved **live animals** to another premises (e.g., production site, sale barn, packing plant)?
 Yes No

If YES, please list the premises names, contact information (phone or email), and date (if known) _____

9. Has this premises received **semen or embryos**? Yes No

If YES, please list premises names, contact information (phone or email), and date (if known) from which semen or embryos were received _____

10. Has this premises moved **semen or embryos** to another premises? Yes No

If YES, please list premises names, contact information (phone or email), and date (if known) where semen or embryos were sent _____

11. Has this premises used or had contact with **equipment** used on another premises with live or dead animals, manure, or animal products (milk, semen, embryos)?

Yes No I don't know

Examples may include:

- Trucks/trailers used to transport live animals
- Gates/panels/animal handling equipment
- Milk truck, milk transfer hose
- Manure handling/hauling/application equipment
- Rendering or compost handling/hauling/application equipment
- Forklifts, skid-steers, tractors, loaders
- Hoof-trimming equipment, chutes
- Vaccination supplies (syringe guns, coolers, etc.)
- Pressure sprayers/washers
- Coolers, semen or embryo containers
- Any other shared equipment

If YES, please list premises names and contact information (phone, email) from which the equipment came

12. Has anyone on this premises had contact with live or dead animals, manure, or animal products (milk, semen, embryos) that could have been infected with FMD? Yes No I don't know

Exposure may occur through the following activities:

- International travel
- Caring for animals
- Hauling or processing raw milk
- Contact with wildlife, including hunting
- Working at other animal production premises
- Living or associating with someone who works at other premises with animals that can get FMD
- Visiting other premises with animals that can get FMD, including livestock markets, fairgrounds, zoos
- Visiting a processing plant, rendering plant, or landfill
- Other contact with infected animals or infectious materials

13. Have any of the following animals been seen on this premises, around animal buildings, or via fence-line contact in the last 7 days? Note: During an actual outbreak, Regulatory Officials may ask to see records for 28 days. (Mark all that apply)

Animal Type	Yes	No	I don't know
Beef Cattle			
Dairy Cattle			
Imported cattle (steers, rodeo stock)			
Chickens or other poultry			
Horses, donkeys, mules, etc.			
Pigs (domestic or feral)			
Sheep, Goats			
Dogs (domestic or feral)			
Cats (domestic or feral)			
Deer, elk, moose, pronghorn (captive or wild)			
Bison (captive or wild)			
Bears, wolves, coyotes, foxes, raccoons, or other predators			
Rodents (rats, mice)			
Other (describe) _____			

For more information on the Secure Milk Supply Plan, please visit www.securemilksupply.org