

New World Screwworm (NWS) Response

Initial Epidemiological (Epi) Interview

April 8, 2026

Your participation is vital for APHIS to understand the occurrence and extent of NWS detections. APHIS will safeguard study data as Confidential Business Information (CBI), as defined in the U.S. Code of Federal Regulations (CFR) 19 CFR 201.6, and will utilize exemption 4 for any Freedom of Information Act (FOIA) (5 U.S. Code 552) requests for survey information associated with this study. Your response is voluntary and you may discontinue participation at any time.

Instructions

Please fill out this survey to provide information on daily farm activities, facility and premises practices, deliveries to the premises, and infested animals. The survey's purpose is to better understand animal infestations and explore potential infestation risk factors. Study reports will combine data from all participants. The survey results will be summarized to develop hypotheses and identify specific topics for follow-up studies.

Section A – Premises Information

National Premises Identification Number: _____

Premises name (farm name): _____

County of premises: _____

Special ID (assigned by IMT): _____

Premises **owner** contact name: _____

Primary phone: _____ Email: _____

Premises **entrance**; Latitude (6 decimals (+)): _____ Longitude (6 decimals (-)): _____

Is this premises part of a production system? Yes No If **yes**, System Name: _____

Animal **owner** contact name: _____

Animal owner address (Street, City, State, Zip, County): _____

Primary phone: _____ Email: _____

Interviewee contact name: _____

Interviewee position (e.g. owner, manager, animal caretaker, veterinarian, etc.): _____

Primary phone: _____ Email: _____

Interviewer contact name: _____

Primary phone: _____ Email: _____

Interview Date: _____

Section B – Animal Information

1. In the interview, questions frequently ask about a **14-day reference period**; these refer to the **14 days prior to the date that clinical signs were first observed** on the premises.

a. Today's date (mm/dd/yyyy): _____

b. Date first clinical signs observed (mm/dd/yyyy): _____

c. Date 14-days **before** first clinical signs observed (mm/dd/yyyy): _____

Questions that ask about the “14-day reference period” refer to the dates between b. and c. above.

2. What species were first suspected or were infested? _____

3. What clinical signs were noted (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Agitation, irritated behavior (rubbing against trees or other structures) | <input type="checkbox"/> Foul odor, smell of decay |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Wound drainage |
| <input type="checkbox"/> Self-isolation (from animals or people) | <input type="checkbox"/> Wound with fly larvae/maggots visible |
| <input type="checkbox"/> Lack of appetite | <input type="checkbox"/> Egg masses around wounds |
| <input type="checkbox"/> Head shaking | <input type="checkbox"/> Wounds that enlarged or became deeper |
| | <input type="checkbox"/> Other (specify): _____ |

4. Date of first fly or larvae samples collection (mm/dd/yyyy): _____

5. Date infestation was confirmed by NVSL laboratory (mm/dd/yyyy): _____

6. Please complete the following table for animals present on the premises during the **14-day reference period**:

Animal Type	Number of apparently healthy animals	Number of animals that appear sick for any reason [†]	Number of sick animals that are infested	Number dead	Of the dead animals, how many had myiasis or maggots before dying?	Visual animal observation interval	Last visual animal observation
Cattle - dairy						___ Two or more times/day ___ Once/day ___ Once every days	MM/DD/YYYY
Cattle - beef							
Bison							
Sheep							
Goats							
Camelids*							
Equids*							
Pigs (domestic)							
Dogs (pet, working)							
Cats (pet, barn)							
Poultry (chickens)							
Poultry (other)*							
Captive cervids or exotic hoof stock							
Other animals (specify)							
Other animals (specify)							

*Camelids: llama, alpaca, camel; Equids: horse, donkey, mule; Poultry (other): turkeys, ducks, geese, guinea fowl

[†]Animal displaying any signs of sickness (infestation or not)

7. Were any wild or peri-domestic animals observed in or around the premises? Yes No Unknown
- a. If **yes**, were any of these animals observed sick, injured, unusually behaviorally impaired, or showing signs consistent with myiasis (e.g., wounds, odor, visible larvae, fly strike)?
 Yes No Unknown
- b. Were any wild or peri-domestic animals found dead on or near the premises during this same time period? Yes No Unknown
- c. For each observation (sick, injured, or dead animals), please provide the following:

Species observed	Number of animals	Condition observed (<i>sick, injured, myiasis signs, dead</i>)	Carcasses removed from premises or left in place? (<i>Location removed, left in place, or not applicable</i>)

8. Since MM/DD/YY, have the following occurred on this premises? (check all that apply) (MM/DD/YYYY is an auto-calculated date = 14 days prior to infestation detection date)
- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Newborn navel dipping/treatment <input type="checkbox"/> Ear tagging
If yes, what is the tag material?
<input type="checkbox"/> Plastic
<input type="checkbox"/> Metal <input type="checkbox"/> Ear notching <input type="checkbox"/> Nose piercing or ring application <input type="checkbox"/> Microchip application <input type="checkbox"/> Open/surgical castration <input type="checkbox"/> Banding (castration) <input type="checkbox"/> Dehorning/disbudding <input type="checkbox"/> Tail docking <input type="checkbox"/> Shearing or other close body clipping <input type="checkbox"/> Branding (hot iron or freeze) | <ul style="list-style-type: none"> <input type="checkbox"/> Injections or other procedures using a needle (e.g., vaccinations, blood draws, antibiotics dewormers, vitamins, or minerals) <input type="checkbox"/> Animals worked through a chute or other handling system <input type="checkbox"/> Surgery other than castration (e.g. wound repair, laceration, C-section, displaced abomasum) <input type="checkbox"/> Other activity creating an open wound (e.g. hoof trimming, sport animal usage, bull ring nose piercing) <input type="checkbox"/> Health conditions resulting in abrasions or skin damage (dermatitis, udder scald, scours, hoof rot, external parasites) <input type="checkbox"/> Premises conditions that can lead to wounds (sharp objects, barbed wire, broken fence, etc.) <input type="checkbox"/> Other (specify) _____ |
|---|--|

For any box checked, please describe (animal species, date completed, treatments): _____

9. Do you have a veterinarian who regularly advises you on disease prevention?..... Yes No
 a. If **yes**, name the veterinarian: _____
10. Do you use parasite control for animals on the premises? Yes No
 a. If **yes**, what is used? _____
11. Do you use fly control on the premises? Yes No
 a. If **yes**, what is used? _____

Section C – Animal Disposal

12. How are mortalities disposed of on the premises (please check one or more disposal methods used during the **14-day reference period**)?

- a. Composting: On-site (distance to nearest animals _____ yards) Off-site N/A
 - i. Dates composted during the 14-day reference period (mm/dd/yy): _____
 - ii. If off-site, company name and location of composting site: _____
 - iii. Company name of transporter: _____
- b. Burial: On-site (distance to nearest animals _____ yards) Off-site N/A
 - i. Dates buried during the 14-day reference period (mm/dd/yy): _____
 - ii. If on-site, depth of burial (in yards and inches): _____
 - iii. If off-site, company name and location of burial site: _____
 - iv. Company name of transporter: _____
- c. Incineration: On-site (distance to nearest animals _____ yards) Off-site N/A
 - i. Dates incinerated during the 14-day reference period (mm/dd/yy): _____
 - ii. If off-site, company name and location of incinerator: _____
 - iii. Company name of transporter: _____
- d. Rendering: On-site (distance to nearest animals _____ yards) Off-site N/A
 - i. Dates rendered during the 14-day reference period (mm/dd/yy): _____
 - ii. If off-site, company name and location of renderer: _____
 - iii. Company name of transporter: _____
- e. Other (specify): _____

13. How many carcasses had evidence of myiasis prior to disposal? _____
14. Were carcasses treated with pesticides prior to disposal? Yes No
 a. If **yes**, what is used? _____
15. Were carcasses bagged prior to disposal? Yes No
 a. If **yes**, what is used? _____

Section D – Trace-in and Trace-out

16. Since MM/DD/YYYY, have any animals been brought onto or added to the premises?..... Yes No
 (MM/DD/YYYY is an auto-calculated date = 14 days prior to infestation suspected date)
 If **yes**, please complete the following table for each shipment received:

Species <i>(e.g. cattle, goat, cat)</i>	Arrival Date <i>MM/DD/YY</i>	Animals added	Origin premises: type, name, location			How many animals were inspected for myiasis (wounds or maggots) prior to arriving?
			<i>_Auction, livestock market _Dealer, concentration point _Private producer _Other</i>	<i>Farm name/ Prem ID</i>	<i>City, State</i>	

17. Since MM/DD/YYYY, have any animals left or been shipped off this premises?..... Yes No
 (MM/DD/YYYY is an auto-calculated date = 14 days prior to infestation suspected date)
 If **yes**, please complete the following table for each shipment received:

Species	Departure Date	Animals shipped	Destination premises: type, name, location			How many animals were inspected for myiasis (wounds or maggots) prior to leaving?	Did any animals return to the origin premises?
<i>Cattle, goat, cat</i>	<i>MM/DD/YY</i>	<i>Number</i>	<i>_ Auction, livestock market _ Dealer, concentration point _ Private producer _ Other</i>	<i>Farm name/Prem ID</i>	<i>City, State</i>	<i>_ All _ Some _ None</i>	<i>Yes/no</i>

For any departures, were there intermediate stops before arrival at the final destination? Yes No

If **yes**, please list stop locations: _____

18. Since MM/DD/YYYY, describe individual travel and visitors to the premises in the table below.

(MM/DD/YYYY is an auto-calculated date = 14 days prior to infestation suspected date)

Individual	International travel?	If yes ,		Domestic travel?	If yes ,	
		Where did they travel?	When did they return to this premises?		Where did they travel?	When did they return to this premises?
<i>Animal caretaker(s)</i>	<i>Yes/no/don't know</i>	<i>Country</i>	<i>Date</i>	<i>Yes/no/don't know</i>	<i>County, State</i>	<i>Date</i>
<i>Other household member(s)</i>	<i>Yes/no/don't know</i>	<i>Country</i>	<i>Date</i>	<i>Yes/no/don't know</i>	<i>County, State</i>	<i>Date</i>
<i>Other (specify)</i>	<i>Yes/no/don't know</i>	<i>Country</i>	<i>Date</i>	<i>Yes/no/don't know</i>	<i>County, State</i>	<i>Date</i>
	Were there visitors to the premises?	If yes ,			When were they last on this premises?	
	<i>Yes/no/don't know</i>	Where did they travel from?			<i>Date</i>	
		<i>Country OR County, State</i>				

Comments regarding this questionnaire or premises: _____

VMO or AHT Name (print or type): _____

Signature: _____

Date: _____

TO BE COMPLETED BY THE EPI and DOCUMENTATION UNIT:

1. Enter Animal Disease Traces into EMRS
2. Load the NWS Epi Interview form into EMRS