

May 31, 2022

TO: Tennessee Licensed and Accredited Veterinarians
Tennessee Sheep and Goat Dairies

SUBJECT: Test records needed for Grade "A" dairy permit

All sheep and goat dairies wishing to become Grade "A" Certified in the State of Tennessee must meet the requirements set forth in the Grade "A" Pasteurized Milk Ordinance, Section 8, Animal Health.

To meet these requirements, Tennessee herds and flocks who wish to hold a Grade "A" license must provide proof of testing for tuberculosis and brucellosis as outlined below.

Tennessee Department of Agriculture (TDA) Testing Requirements

- 1) Herd test of all sheep/goats 12 months of age and older within 60 days prior to issuance of Grade "A" license, unless herd is already a USDA Brucellosis Certified and Tuberculosis Accredited Free Herd, AND
- 2) One of the following options:
 - a. Whole herd test every 12 months for brucellosis and tuberculosis OR
 - b. Proof of participation in and compliance with Tennessee Department of Agriculture Brucellosis and Tuberculosis Herd Monitoring Program - Enrolled in the TDA Brucellosis and Tuberculosis Monitoring program - Requires initial testing for brucellosis and tuberculosis of all goats/sheep 12 months of age and older and additional requirements for individual goats/sheep that are added to the herd or sold (see enclosed document for details regarding program participation) OR
 - c. Proof of USDA Brucellosis-free Certification and Tuberculosis-free Accreditation. Contact USDA for more information on program requirements.

All records must be made available to the Tennessee Department of Agriculture Animal Industry Division, Animal Health, and Food Safety Division, Dairy Division, upon request.

Enrollment in TDA's Brucellosis and Tuberculosis Herd Monitoring Program is both encouraged and appreciated.



Dr. Samantha Beaty, D.V.M.
State Veterinarian

Enclosures: Summary of Grade "A" sheep and goat dairy testing options (pg. 2), TENNESSEE DEPARTMENT OF AGRICULTURE BRUCELLOSIS AND TUBERCULOSIS MONITORING PROGRAM REQUIREMENTS (pg. 3), Tennessee Tuberculosis and Brucellosis Monitoring Program Enrollment Application Form (pg. 5)

Summary of Grade “A” Sheep and Goat Dairy Testing Options

REFERENCE: *Grade “A” Pasteurized Milk Ordinance, Section 8. Animal Health and VS Guidance Document 6712.1*

DEFINITIONS

Accredited veterinarian: A veterinarian approved by the Administrator in accordance with Title 9, Code of Federal Regulations (9 CFR) Part 161 to perform functions specified in subchapters B, C, and D of Chapter I

Caudal fold tuberculin (CFT) test: The intradermal injection of 0.1 ml of USDA bovine purified protein derivative (PPD) tuberculin into either side of the caudal fold with reading by visual observation and palpation seventy-two (72) hours (plus or minus six (6) hours) following injection. Follow specific instructions and recommended procedures for TB tests as contained in VS Memorandum No. 552.15 and described for cattle and bison.

Comparative cervical tuberculin (CCT) test: The intradermal injection of biologically balanced USDA bovine PPD tuberculin (0.1 ml) and avian PPD tuberculin (0.1 ml) at separate sites in the mid-cervical area. The probable presence of bovine TB (*Mycobacterium bovis*) is determined by comparing the responses of the two (2) tuberculin injection sites at seventy-two (72) hours (plus or minus six (6) hours) following injection. Only a State or Federal veterinarian specifically trained in the application of the test may administer this test and must follow specific instructions and recommended procedures for TB tests as contained in VS Memorandum No. 552.15 and described for cattle and bison.

Goats (genus Capra): Domestic caprids

Herd: All sexually intact goats and/or sheep under common ownership or supervision that are grouped on one or more parts of any single premises or multiple premises geographically separated but in which goats or sheep are part of the dairy operation.

Herd Test: A test of all sexually intact goats or sheep 12 months of age and older. All goats or sheep tested must be identified with USDA-approved Scrapie tags. Registry tattoos are accepted in place of Scrapie tags if the breed registry is approved by the USDA Scrapie Program and the animal is currently registered in the testing herd owner’s name. Registry tattoos for loaned or leased breeding males may only be used if the breeding male is currently registered with a breed association approved by the USDA scrapie program and registry paper accompanies animal.

Sheep (genus Ovis): Domestic ovids (*Ovis aries*)

Test: All tests must be performed by a USDA Category II Accredited Veterinarian

Brucellosis: any USDA-approved blood test for brucellosis

Tuberculosis: caudal fold tuberculin test

Tennessee Department of Agriculture Brucellosis and Tuberculosis Monitoring Program Requirements

INITIAL ENROLLMENT

All herds must complete initial application for enrollment.

All goats or sheep in a herd twelve (12) months of age and older must pass a whole herd test for brucellosis and bovine tuberculosis (TB) with negative results within sixty (60) days prior to issuance of Grade "A" license.

The Caudal Fold Test (CFT) is the required tuberculosis test for testing goats or sheep herds. Goats or sheep enrolled the program should not be allowed to commingle with cattle or bison unless the cattle or bison are enrolled in a USDA-Certified and -Accredited program.

The completion date of the negative tests will become the Anniversary Date for herd program participation renewal. All goats or sheep in the herd must be officially identified as defined in the National Scrapie Eradication Program before they are tested.

HERD ADDITIONS

Additions to a flock/herd, other than those born into the herd (i.e., natural additions), must be tested and originate directly from herds as outlined below.

- 1) Goats or sheep from a USDA-Certified and -Accredited herd in a state or zone recognized as brucellosis and tuberculosis free for cattle and bison:
 - a. No test requirements for individual sheep and/or goat additions.
- 2) Goats or Sheep from a Non-USDA-Certified and Non-USDA-Accredited herd in a state or zone recognized as brucellosis and tuberculosis free for cattle and bison:
 - a. One (1) negative brucellosis test and one (1) negative tuberculosis test within sixty (60) days prior to entering the Tennessee premises.
- 3) Goats or Sheep from a USDA-Certified and -Accredited herd in states or zones not recognized as brucellosis and tuberculosis free for cattle and bison:
 - a. One (1) negative brucellosis test and one (1) negative tuberculosis test within sixty (60) days prior to entering the Tennessee premises.

- 4) Goats and Sheep from a Non-USDA-Certified and Non-USDA-Accredited herd in a state or zone not recognized as brucellosis and tuberculosis free for cattle and bison:
- a. The herd of origin for additions must have a negative herd test of all goats and sheep twelve (12) months of age and older within the past twelve (12) months, AND
 - b. Individual animals for addition must have one (1) negative brucellosis test and one (1) negative tuberculosis test within sixty (60) days prior to entering the premises of the Tennessee program-compliant herd, AND
 - c. Individual animals for addition must be isolated (geographic separation) from all goats and sheep until they are negative on an official brucellosis test and tuberculosis test conducted between sixty (60) and one hundred twenty (120) days after entering the premises of the Tennessee program-compliant herd.

Natural additions to a herd or flock must be tested as outlined below.

- 1) Goats or sheep born into the herd that are twelve (12) months of age or older must be tested for brucellosis and tuberculosis before entering the milking group OR
- 2) Goats or sheep born into the herd that are twelve (12) months of age or older must be tested for brucellosis and tuberculosis every other year.

Animals being sold as dairy animals must be tested for both brucellosis and tuberculosis prior to shipment to new owner.

SUSPECTS AND DISEASED ANIMALS

Suspects to the brucellosis and tuberculosis tests will be tested sufficiently to determine their status, per Federal and/or State animal health official guidance. Suspects must be reported to both the USDA and the State Veterinarian's Office immediately. Herds with suspect or diseased animals shall be quarantined until Federal or State animal health officials release said quarantine.

Animals that are found to be diseased on follow-up testing will be disposed of per State and Federal animal health officials' direction.

TEST PROCEDURES

- 1) All tests must be performed by a Category II USDA-Accredited veterinarian. Brucellosis testing will be performed on blood samples submitted to laboratories approved to conduct official brucellosis tests. Tuberculosis testing will be by the Caudal Fold Test (CFT).
- 2) All animals tested will be required to be officially identified prior to testing with USDA-approved scrapie tags or USDA-approved tattoos consistent with the National Scrapie Eradication Program.
- 3) Official identification, age, sex, and breed of each animal tested and a record of all test responses and interpretations must be completed and submitted to the appropriate State and/or Federal animal health officials within three (3) business days of completing each flock/herd test.
- 4) Identify natural additions retained in the flock/herd between flock/herd tests program participation renewal on the test record as NA (natural addition). Identify purchased additions to the herd between herd tests for accreditation or reaccreditation on the test record as PA (purchased addition).
- 5) VS Form 6-22 is the preferred tuberculosis test record for submission. VS Form 4-33 is the preferred brucellosis test record for submission.
- 6) Within 30 days following the herd Anniversary Date the herd owner must provide a list of goats or sheep not born in the herd that entered the herd since the last herd test. This list will include:
 - a. the date the animal entered the herd
 - b. the brucellosis and tuberculosis status of the herd of origin
 - c. the state from which the animal originated
 - d. the animal's official identification number, and
 - e. copies of test results for all non-natural additions present in the herd or that transited the herd since the last herd test.

EXPENSES

All testing to achieve and maintain program compliance is conducted at owner expense.

LIABILITY

In no event shall the Tennessee Department of Agriculture be liable for an owner's or veterinarian's participation in this program, to include but not limited to: any indirect, special, incidental, or consequential damages, and for any other cause whatsoever.

Tennessee Tuberculosis and Brucellosis Monitoring Program Enrollment Application

Tennessee Department of Agriculture | Animal Health
P.O. Box 40627
Nashville, TN 37204
Fax: 615-837-5250
Email: animal.health@tn.gov

Livestock producer must have a Premise Identification Number (PIN) and a Physical Address.

Producer Premise ID/PIN: _____

(PIN sign-up: www.tn.gov/content/dam/tn/agriculture/documents/animalhealth/AgBusTpissignup.pdf)

Name _____

Mailing Address (street address for UPS delivery) _____

City _____ State _____ Zip Code _____

Phone Number _____

Approximate number of sheep in milking herd: _____

Approximate total number of sheep in herd (including replacement animals): _____

Approximate number of goats in milking herd: _____

Approximate total number of goats in herd (including replacement animals): _____

To complete program enrollment, please attach or send herd inventory with official identification of all animals in the milking herd, as well as tuberculosis and brucellosis test records for those animals over 12 months of age to the State Veterinarian's Office within 60 days prior to issuance of Grade "A" license.

- I agree to comply with all requirements of the Tennessee Department of Agriculture Tuberculosis and Brucellosis Monitoring Program, including testing and reporting of animals in my flock/herd, as outlined in the **Tennessee Department of Agriculture Brucellosis and Tuberculosis Monitoring Program Requirements**.

Signature: _____ **Date:** _____

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