



Wisconsin Department of Agriculture, Trade and Consumer Protection

*Division of Animal Health*

PO Box 8911, Madison, WI 53708-8911

Phone: 608-224-4872

Fax: 608-224-4871

GUIDANCE DOCUMENT

## Johnes Vaccination

*This guidance document is based on Wis. Stat. ch. 95 and chapter(s) ATCP 10 Wis. Admin. Code. This document is intended solely as guidance, and does not contain any mandatory requirements except where requirements found in statute or administrative rule are referenced. This guidance does not establish or affect legal rights or obligations, and is not finally determinative of any of the issues addressed.*

Form for Paratuberculosis (Johnes' disease) program vaccination agreements.

<b><i>Darlene M. Konkle</i></b>	<b>11/24/2020</b>
Dr. Darlene Konkle - Administrator Division of Animal Health	DATE

Contributors:



**Wisconsin Department of Agriculture, Trade and Consumer Protection**  
 Division of Animal Health, Bureau of Animal Disease Control  
 2811 Agriculture Drive, PO Box 8911, Madison, WI 53708-8911 Phone: 608-224-4872



**Paratuberculosis (Johne's Disease) Program Vaccination Agreement ATCP 10.17**

*Information provided for the Johne's disease control program is CONFIDENTIAL as provided under Wis. Stat. s. 95.232. However, personally identifiable information as defined under Wis. Stat. s. 19.62(5), which has been provided to the department for licensure or other purposes, may be subject to inspection under Wisconsin's Open Records Law, Wis. Stat. ss.19.21-19.39. Upon request, this application can be made accessible to persons with disabilities.*

Check one:  New  Update Agreement (Add or Change Veterinarian, Change Herd Owner, Change Herd Address)

**The parties of this agreement are:**

Herd Owner/Legal Entity Name:		
Farm name (Doing Business As):		
Mailing Address:		
Farm Address (Location of Animals):		
Premises ID Number:	Premises Registration Current? (Please circle one) <b>Y / N</b>	Phone Number:
Registered Premises Address: (If different from farm address)		

**Hereafter referred to as the Herd Owner, AND**

Herd Veterinarian:	Representing: (Veterinary Practice/Clinic)
Address:	
WI Veterinary License #:	Johne's disease Vaccination Permit #:

**Hereafter referred to as the Herd Veterinarian, AND**

The State of Wisconsin, Department of Agriculture, Trade and Consumer Protection, Division of Animal Health.  
 2811 Agriculture Drive, Madison, WI 53718-6777

**Hereafter referred to as the Department.**

**Johne's Disease Vaccination Prerequisites** (Each item must be initialed and dated by a State or Federal Veterinarian)

1. _____	Documentation of paratuberculosis infection has been confirmed in the herd with an organism detection-based test approved by the Department.
2. _____	Documentation of a negative whole herd tuberculosis test (all animals > 24 months of age) not more than 60 days prior to signing agreement. Any responders on the CFT must be test negative on CCT.
3. _____	Herd has a written Johne's disease Risk Assessment and Herd Management Plan (RAMP) designed to reduce the spread of <i>M. paratuberculosis</i> completed by a Wisconsin Johne's Disease Certified Veterinarian. This RAMP must be kept active and must be renewed every three years by a Johne's Disease Certified Veterinarian and the department.
4. _____	Visit to farm by State/Federal Veterinarian to provide information to producer concerning paratuberculosis and the vaccine.

**The parties agree to all provisions on the reverse side.**

**This agreement IS NOT effective until signed by all parties. Please sign in designated area below.**

**Copies will be dispersed to all parties AFTER the Division Administrator has signed. Vaccination may begin only after the veterinarian receives a copy of the completed agreement.**

Herd Veterinarian:	Representing Practice:	Date
Herd Owner:		Date
State or Federal Veterinarian:		Date
Administrator - Division of Animal Health, WDATCP:		Date
RAMP Anniversary Date:		

For Office Use Only		
<b>Case #:</b>	<b>District Vet Time:</b>	<b>Date Cancelled:</b>

The parties agree as follows:

**A. The Herd Owner agrees to:**

1. Raise calves using methods to minimize exposure to *M. paratuberculosis* as described in the herd plan. A copy of the herd plan has been or will be submitted to the Department and is incorporated as part of this agreement.
2. Reduce environmental contamination as a source of continuing infection, as described in the herd plan.
3. Remove *M. paratuberculosis* strong positive cattle and clinical cases of Johne's disease for slaughter within 9 months or as allowed in herd plan.
4. The following, in carrying out calfhooD vaccination against Johne's disease:
  - a. Arrange for all replacement calves to be vaccinated by the Herd Veterinarian between 1 day and 35 days of age.
  - b. Permit permanent identification of vaccinated animals by a method approved by the Department.
  - c. Provide the birth dates of calves to the Herd Veterinarian at the time of vaccination.
  - d. Meet with a Wisconsin Johne's disease certified veterinarian every three years to review and revise the Johne's disease Risk Assessment and Management Plan (RAMP). The RAMP must be submitted to DATCP for review.
5. Ensure that purchased replacement stock are tuberculin-test negative before introduction into the herd.
6. Contact the Department when a change of Herd Owner or Herd Veterinarian/Clinic occurs so a new agreement may be completed.

**B. The Herd Veterinarian agrees to:**

1. Collect and submit fecal samples for culture/PCR or blood/milk samples for serologic testing for *M. paratuberculosis* as needed.
2. Perform or ensure that a Wisconsin Johne's disease certified veterinarian performs a review of the herd plans every three years and submits to DATCP for review.
3. Vaccinate replacement heifer and bull calves between 1 day and 35 days of age with an *M. paratuberculosis* vaccine approved by the Department and identify these vaccinates with an official eartag as specified by the Department.
4. Properly apply a vaccination tattoo to the inner surface of the left ear of each vaccinated animal. The vaccination tattoo shall consist of a number representing the quarter of the calendar year in which the animal was vaccinated (1, 2, 3, 4), followed by the letter J, and the last numeral of the year in which the animal was vaccinated.
5. File a report of vaccination (AH-JD-2516) with the Department within 15 days after the date of vaccination against Johne's disease. This report is to include the official individual identification, sex, and birth date of each calf vaccinated.

**C. The Department agrees to:**

1. Provide information about the disease and methods of control to the Herd Owner and Herd Veterinarian.
2. Maintain program records, test reports and any additional information which may be necessary to administer the program.
3. Train the Herd Veterinarian in the proper use of *M. paratuberculosis* vaccine.
4. Meet with the Herd Owner or Herd Veterinarian as requested to assess or renew the herd plan and make revisions as appropriate.

**D. All parties understand and agree:**

1. Prerequisites for entering into this agreement have been met as verified on the reverse of this agreement.
2. There will be no compensation or money paid to the Herd Owner for removal of cattle that are clinical cases, and/or are test positive by serology or culture/PCR for infection with *M. paratuberculosis*.
3. The State of Wisconsin and the Department shall have no liability for damages, losses or injuries incidental to or arising out of handling or use of the vaccine on animals, or other work performed under this agreement.
4. There may be losses caused by vaccination granulomas (swelling at the site of injection) or other consequences of vaccination affecting the marketability of Herd Owner's cattle. The Herd Owner agrees to make no claim against the State of Wisconsin, Department or Herd Veterinarian for these losses.
5. Cancellation of agreement:
  - a. The Herd Owner may cancel at any time, for any reason.
  - b. The Herd Veterinarian may cancel at any time, for any reason; however, the Herd Owner may apply for a new agreement.
  - c. The Department may cancel at any time if the owner fails to comply with the herd plan.
6. Permission to use vaccine in this herd ends when this agreement is canceled for any reason, by any party.