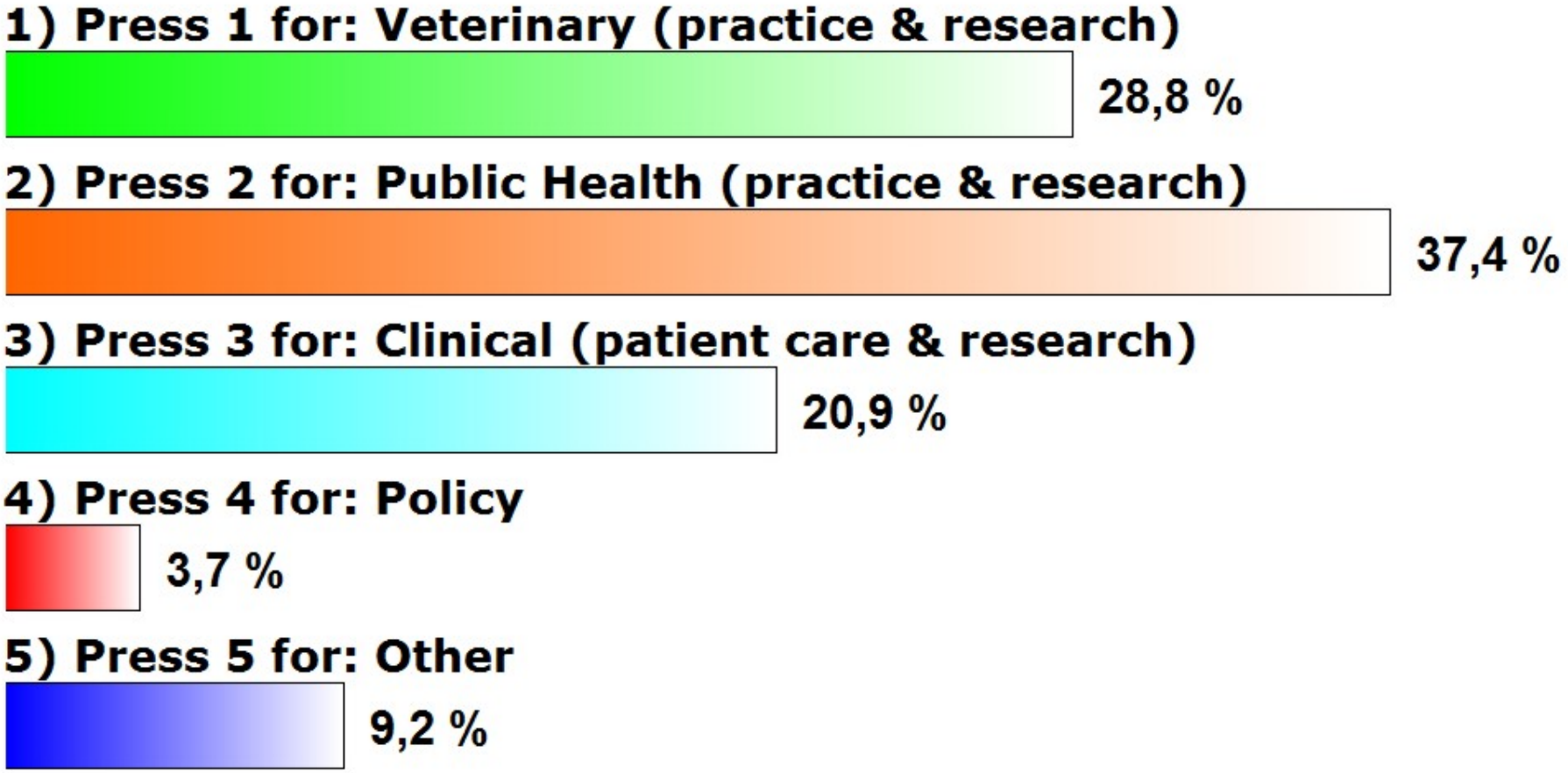
Q1- What is your main professional field?:



Votes: 163

Q1- What is your main professional field?:

Votes: 163

Q2- In the current endemic situation, (seronegative) dairy goat and dairy sheep farmers and their household members should be offered vaccination for Q-fever.

1) Press 1 for: Yes

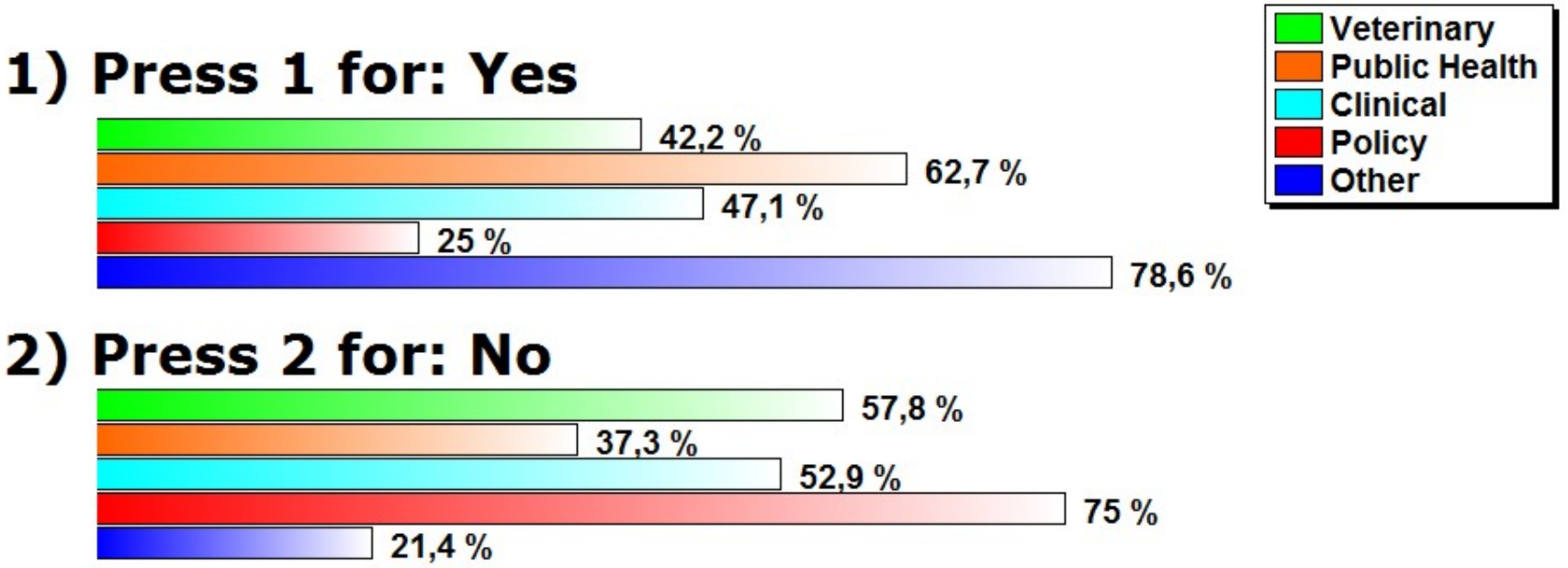
54,4 %

2) Press 2 for: No

45,6 %

Votes: 158

Q2- In the current endemic situation, (seronegative) dairy goat and dairy sheep farmers and their household members should be offered vaccination for Q-fever.



Votes: 158

Q3 - In the current endemic situation, (seronegative) veterinary students should be offered vaccination for Q-fever, with a catch-up campaign for current non-infected veterinarians.

1) Press 1 for: Yes

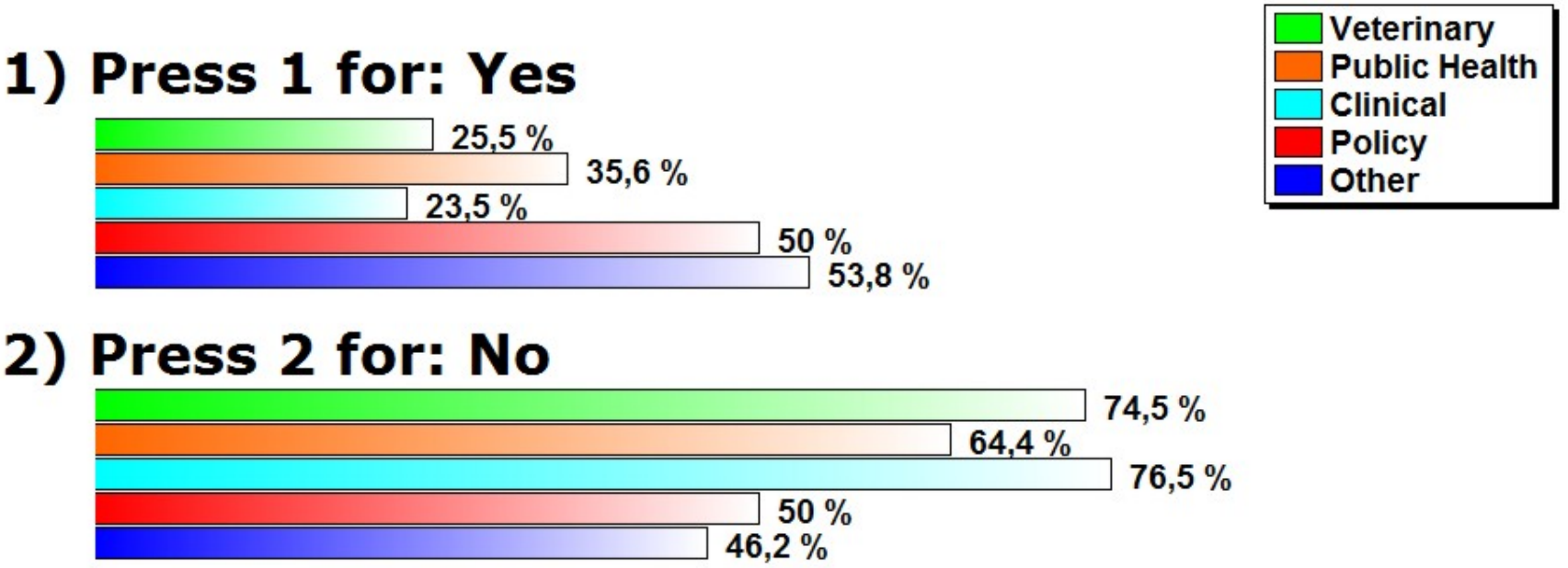
31,6 %

2) Press 2 for: No

68,4 %

Votes: 158

Q3 - In the current endemic situation, (seronegative) veterinary students should be offered vaccination for Q-fever, with a catch-up campaign for current non-infected veterinarians.



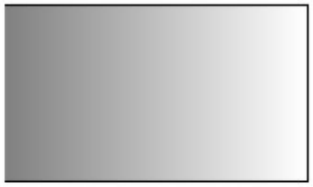
Votes: 158

Q4- In future epidemic situations such as in the Netherlands in 2007-2010, (seronegative) well-defined high risk groups for severe and chronic infections (e.g. by underlying conditions such as cardiac valvulopathy or valve replacement) should be offered vaccination

1) Press 1 for: Yes

82,3 %

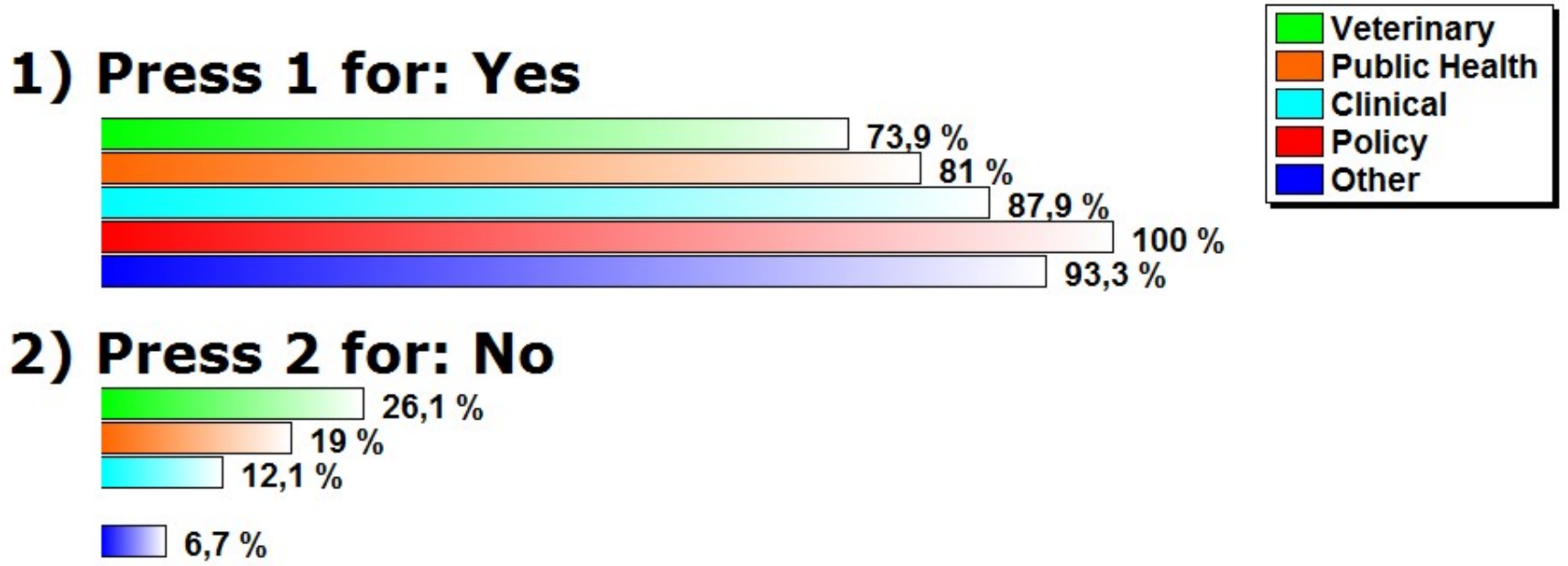
2) Press 2 for: No



17,7 %

Votes: 158

Q4- In future epidemic situations such as in the Netherlands in 2007-2010, (seronegative) well-defined high risk groups for severe and chronic infections (e.g. by underlying conditions such as cardiac valvulopathy or valve replacement) should be offered vaccination



Votes: 158

Q5- In future epidemic situations such as in the Netherlands in 2007-2010, (seronegative) high exposure groups (e.g. farmers, veterinarians) should be offered vaccination

1) Press 1 for: Yes

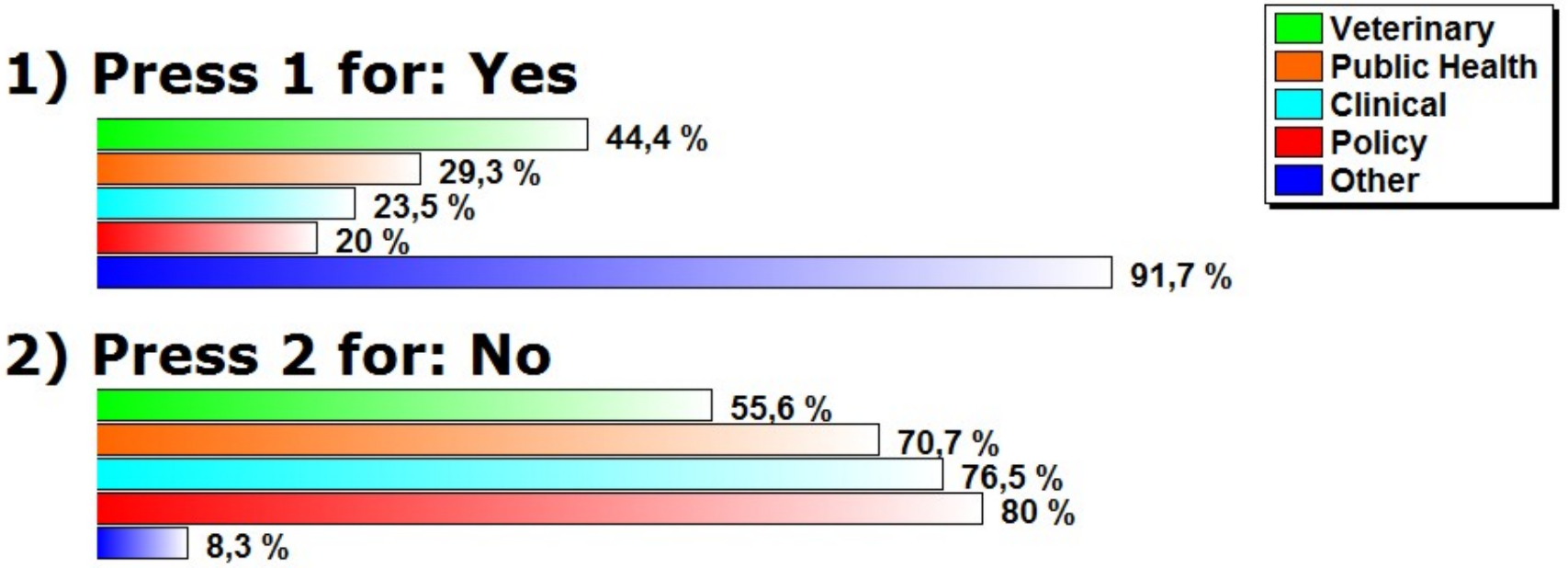
37,8 %

2) Press 2 for: No

62,2 %

Votes: 156

Q5- In future epidemic situations such as in the Netherlands in 2007-2010, (seronegative) high exposure groups (e.g. farmers, veterinarians) should be offered vaccination



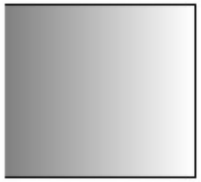
Votes: 156

Q6- If a dairy goat farm is Q-fever free according to the routine bulk milk (BM) monitoring, farms can stop the vaccination.

1) Yes, for all dairy goats at the farm

6,4 %

2) Yes, but only for non-bearing goats at the farm



17,2 %

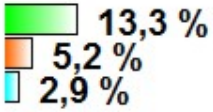
3) No, the risk for (re-) introduction is too large (and there's a small chance that the BM test is false-negative)

76,4 %

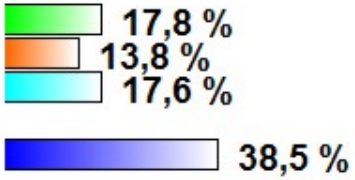
Votes: 157

Q6- If a dairy goat farm is Q-fever free according to the routine bulk milk (BM) monitoring, farms can stop the vaccination.

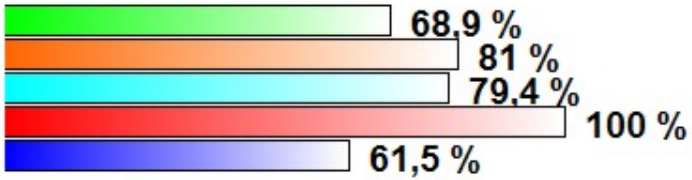
1) Yes, for all dairy goats at the farm



2) Yes, but only for non-bearing goats at the farm

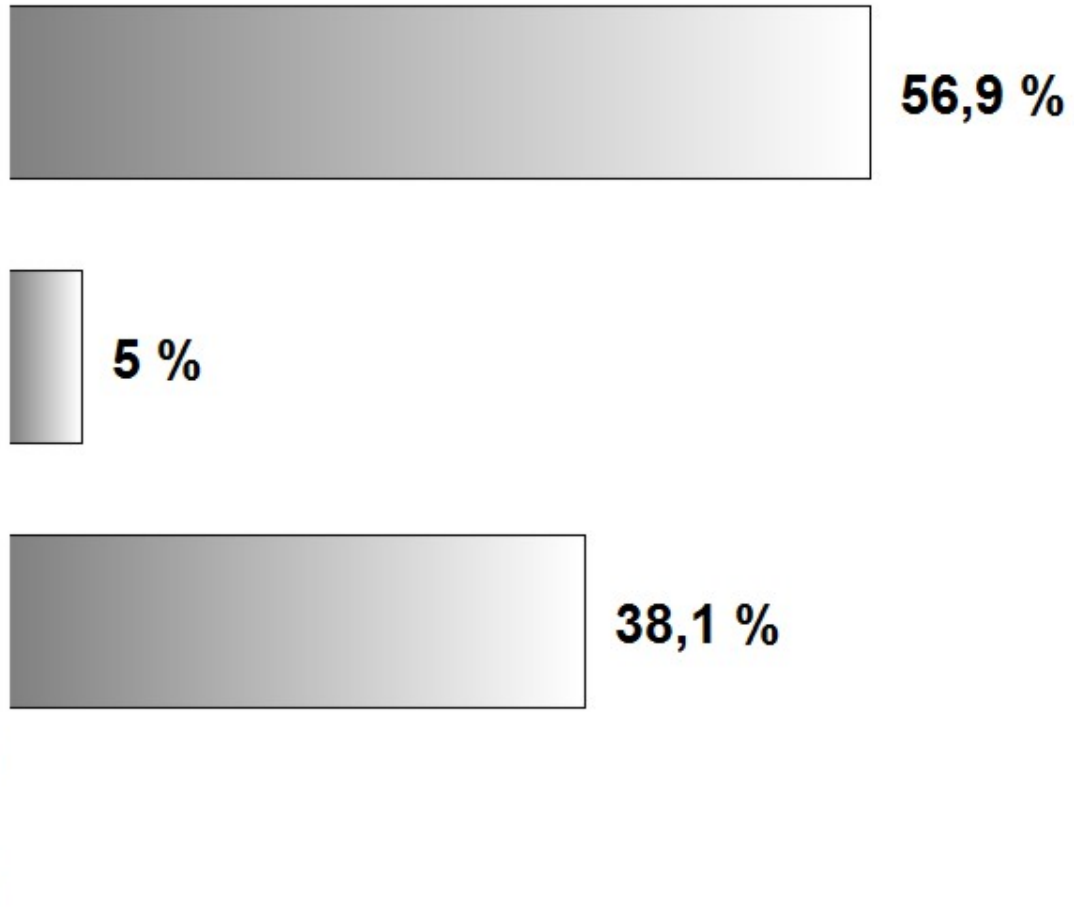


3) No, the risk for (re-) introduction is too large (and there's a small chance that the BM test is false-negative)



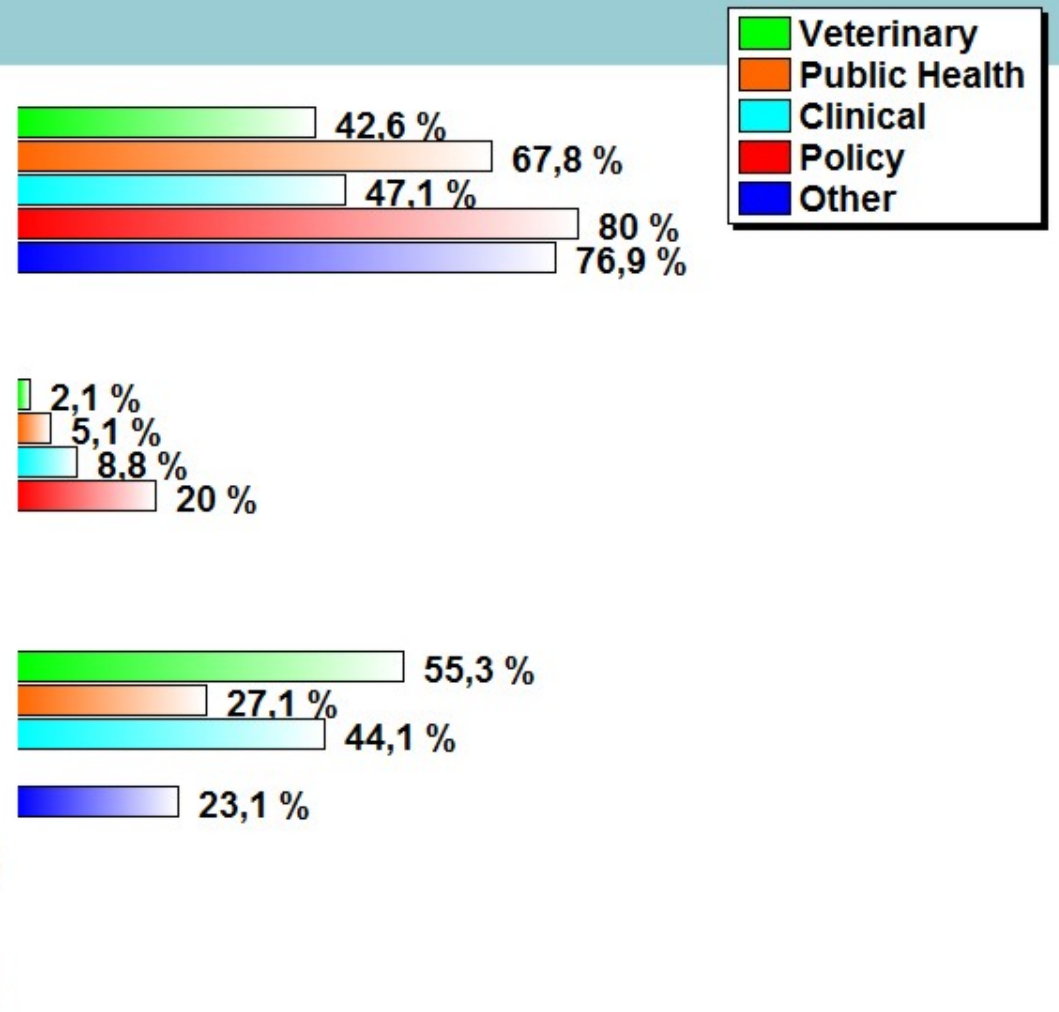
Votes: 157

Q7 - What is likely to be most effective in improving public health and preventing chronic Q fever in humans?



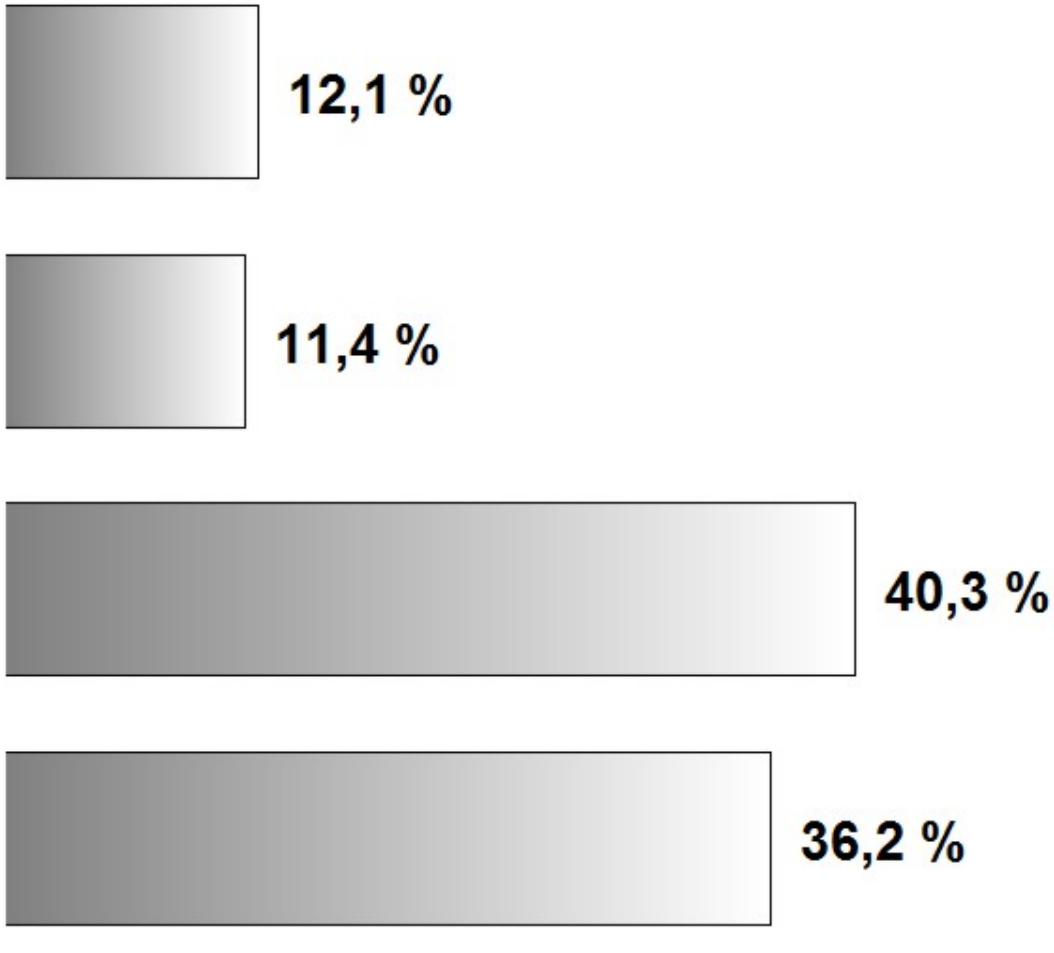
Votes: 160

Q7 - What is likely to be most effective in improving public health and preventing chronic Q fever in humans?



Votes: 160

Q8 - Should farms affected by Q-fever disinfect their stables ?



Votes: 149

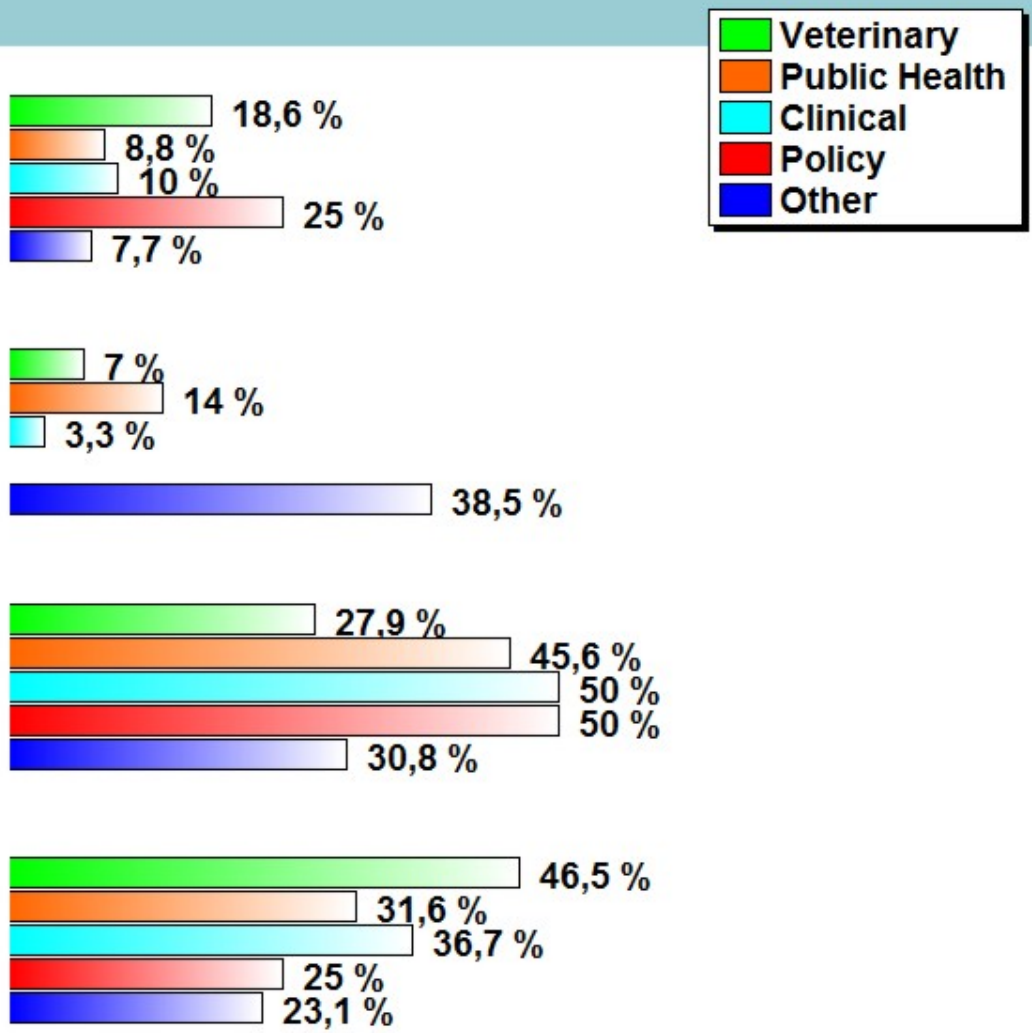
Q8 - Should farms affected by Q-fever disinfect their stables ?

1) Yes, all farms that experienced an Q abortion wave in their animals since 2005

2) Yes, all farms that tested bulkmilk positive since October 2009

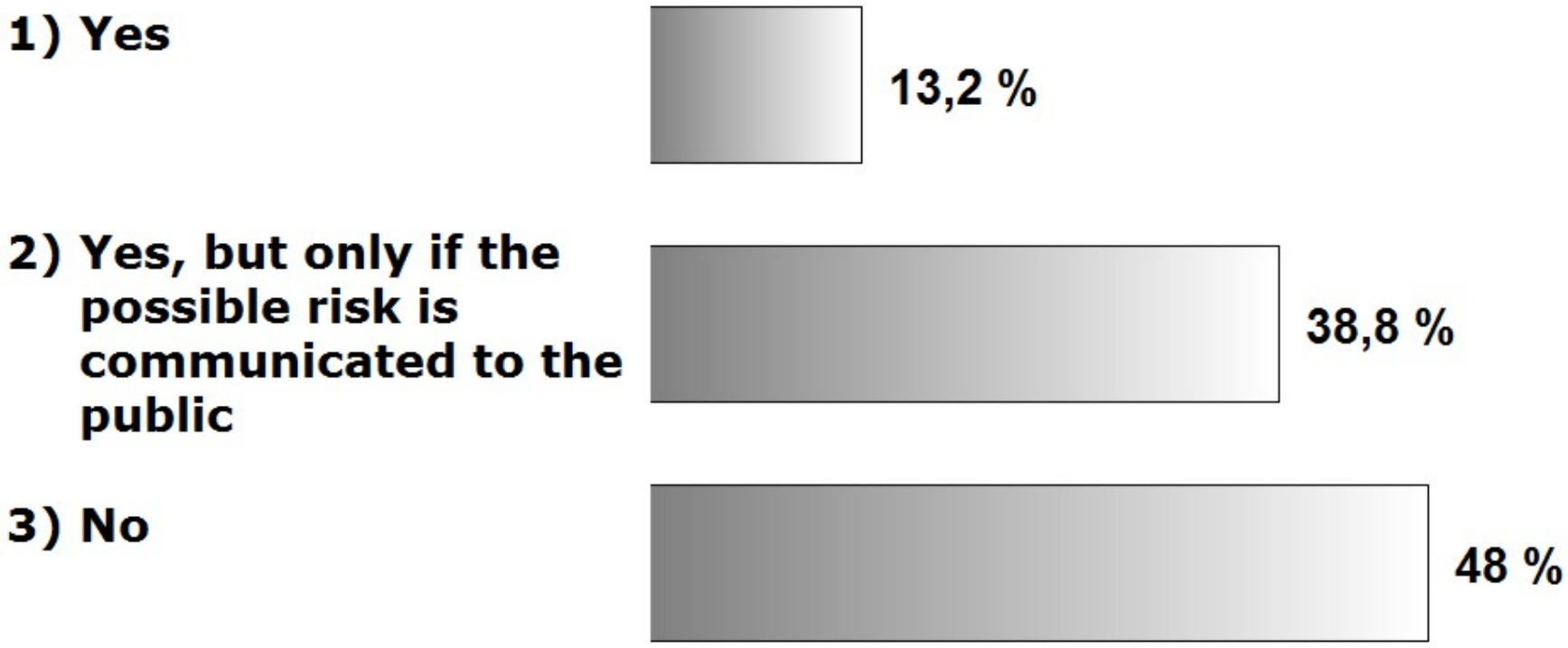
3) Yes, all farms of category 1 and 2

4) No, the anticipated effect would not justify the costs for the farmers



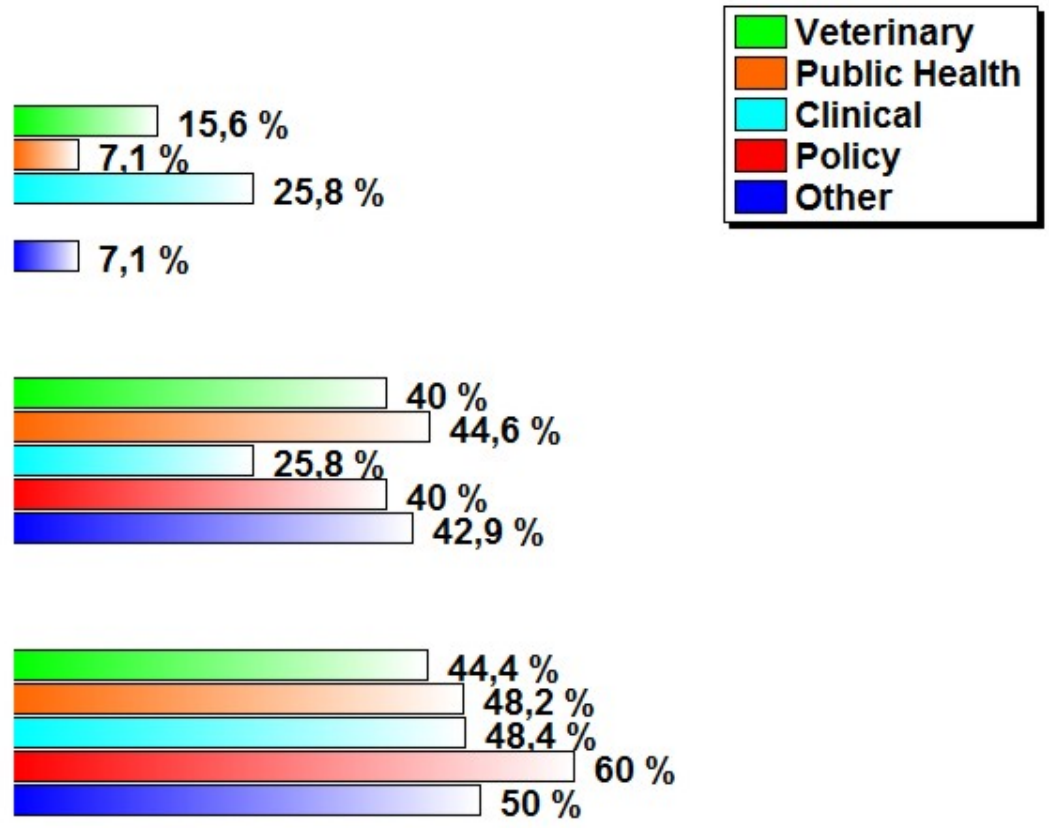
Votes: 149

Q9 - Should farms with vaccinated animals that (still) test positive for Q-fever in the bulk milk monitoring be allowed to have a public function (e.g. campsite, day care centre etc.) in the farm area (except for the stable)?



Votes: 152

Q9 - Should farms with vaccinated animals that (still) test positive for Q-fever in the bulk milk monitoring be allowed to have a public function (e.g. campsite, day care centre etc.) in the farm area (except for the stable)?



Votes: 152

Q10 - One must accept a base risk level for infection of pathogens from (food-producing) livestock.

1) Press 1 for: Yes

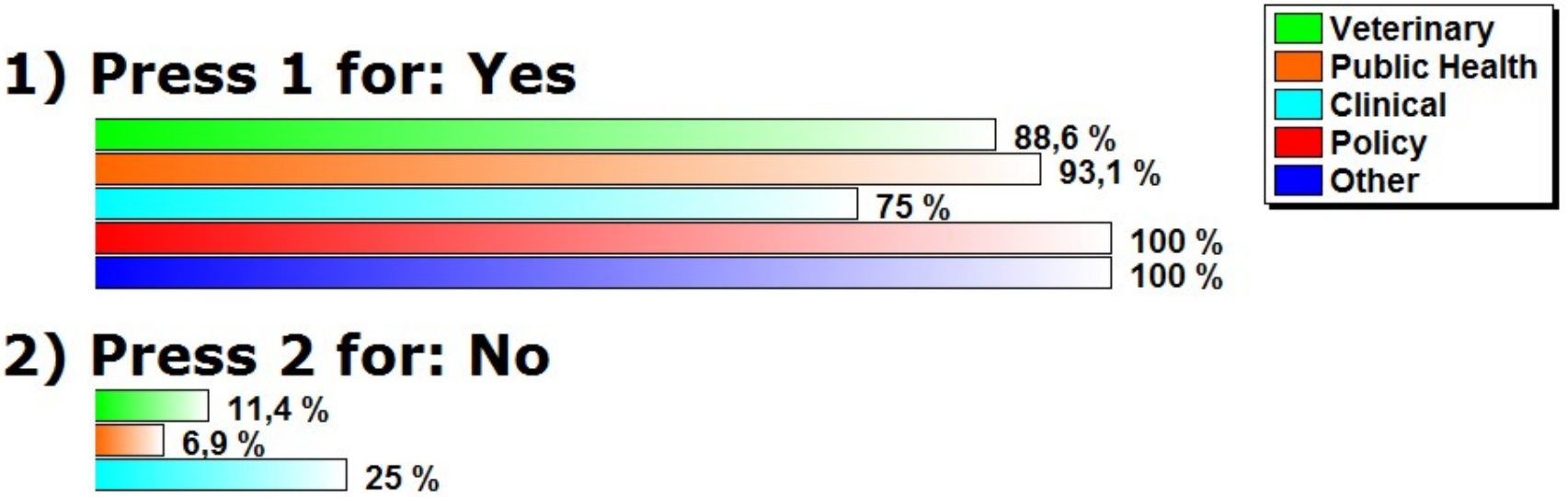
88,9 %

2) Press 2 for: No

11,1 %

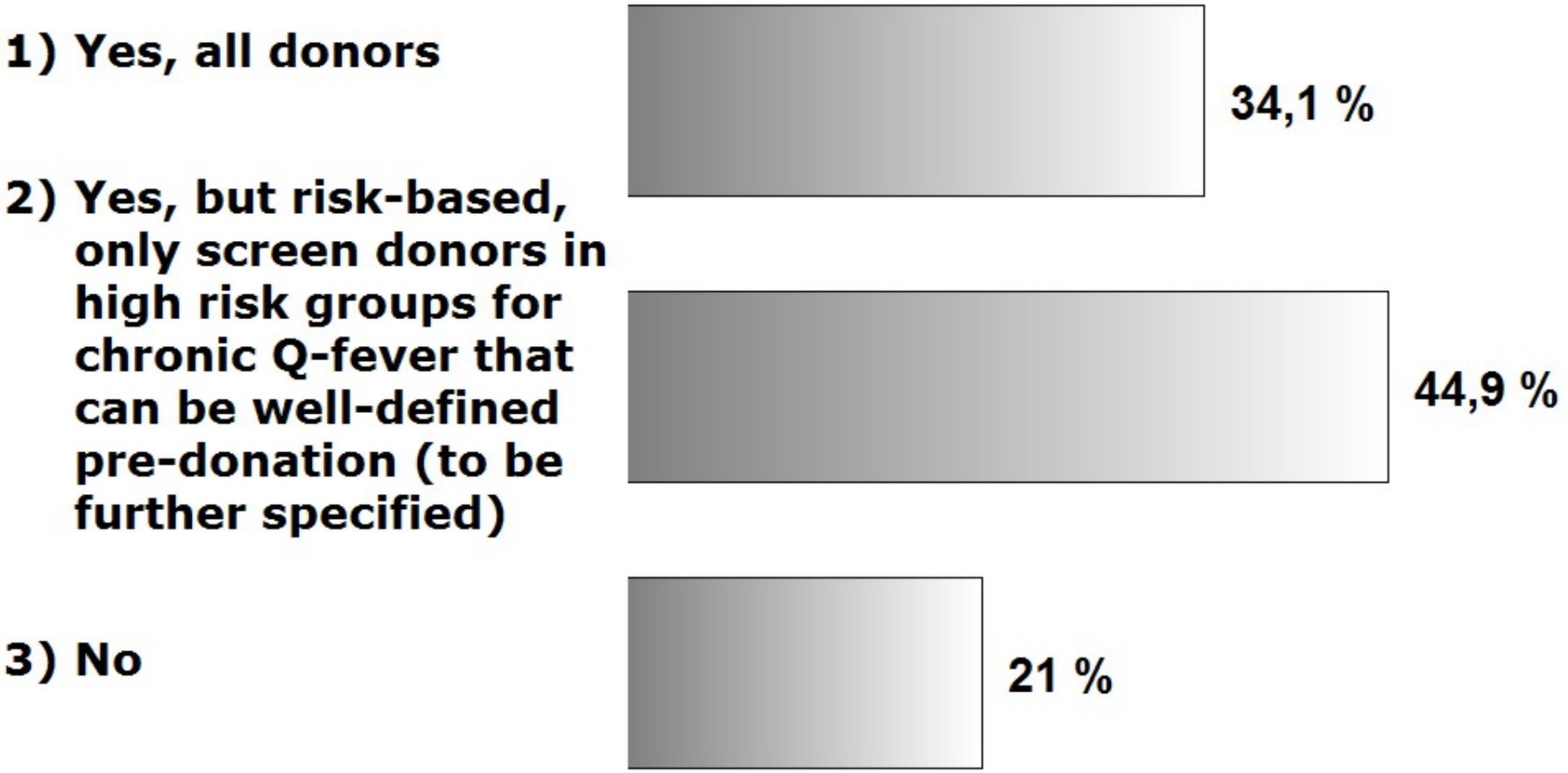
Votes: 153

Q10 - One must accept a base risk level for infection of pathogens from (food-producing) livestock.



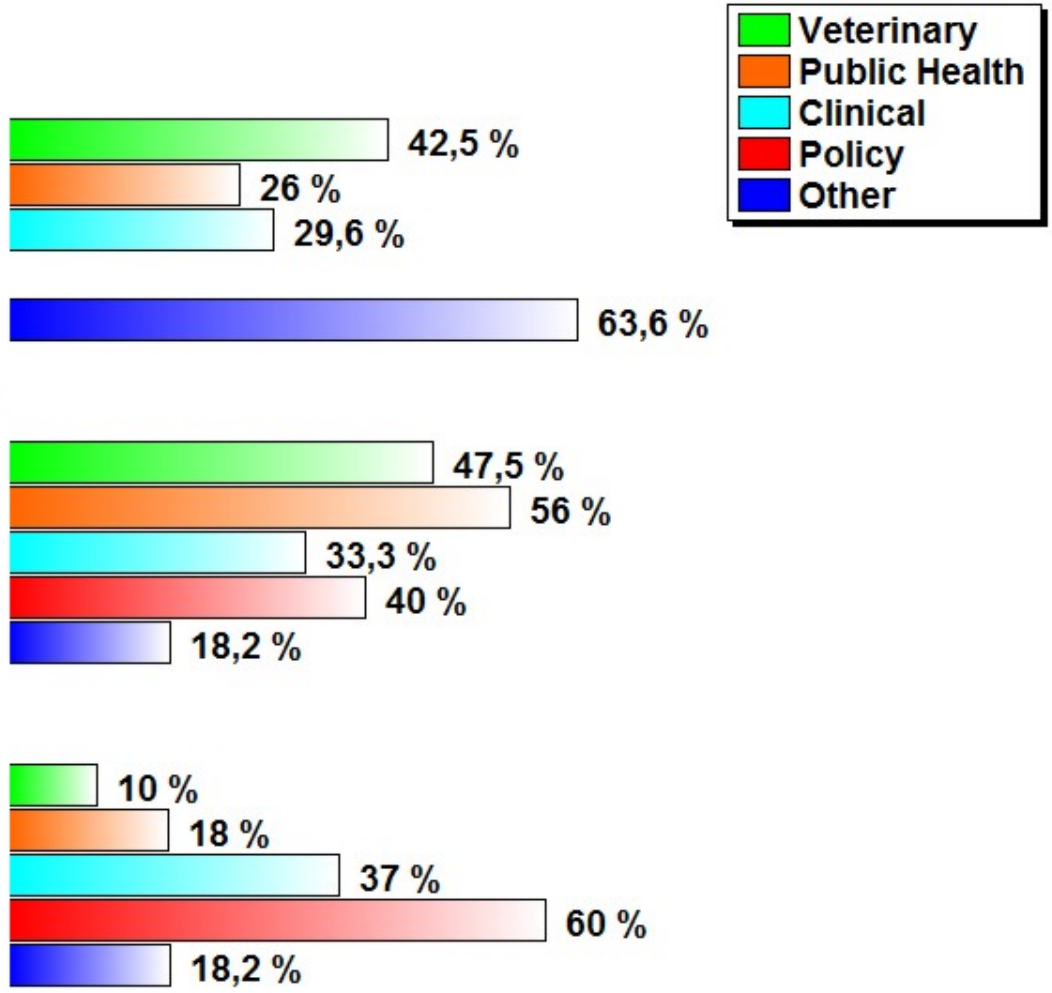
Votes: 153

Q11 - Should we in the current low-endemic situation test donors for infection with C. burnetii or chronic Q fever?



Votes: 138

Q11 - Should we in the current low-endemic situation test donors for infection with C. burnetii or chronic Q fever?



Votes: 138

Q12- If blood and tissue donors are to be screened, what method should be used?

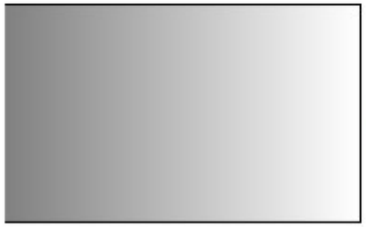
1) Serology, any positive to be ruled out as donor

30,5 %

2) PCR, any positive to be ruled out as donor

49,2 %

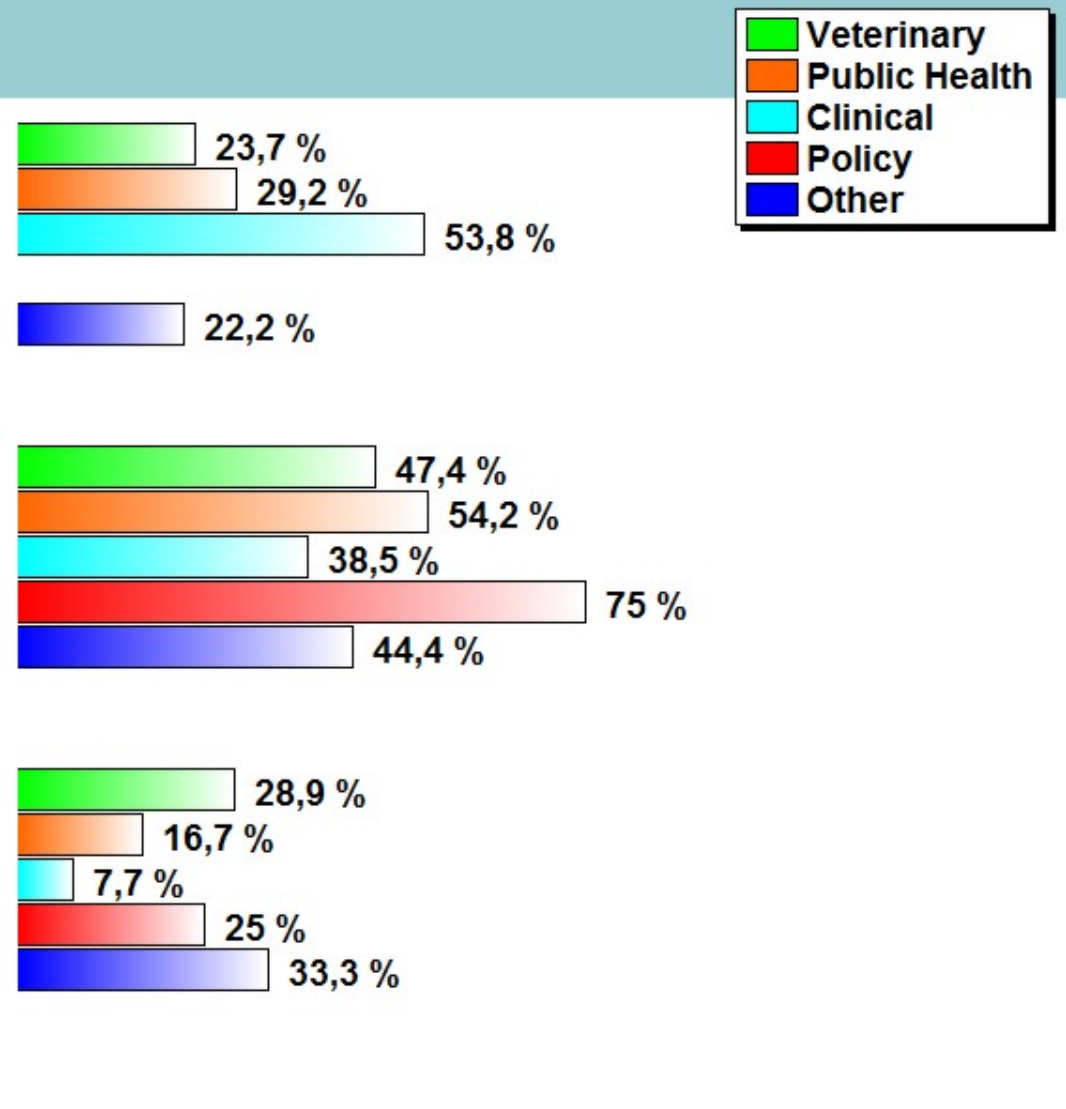
3) There is no effective method to screen donors therefore a risk-based approach should be taken, i.e. high risk groups defined and to be ruled out as donors without screening



20,3 %

Votes: 128

Q12- If blood and tissue donors are to be screened, what method should be used?



Votes: 128

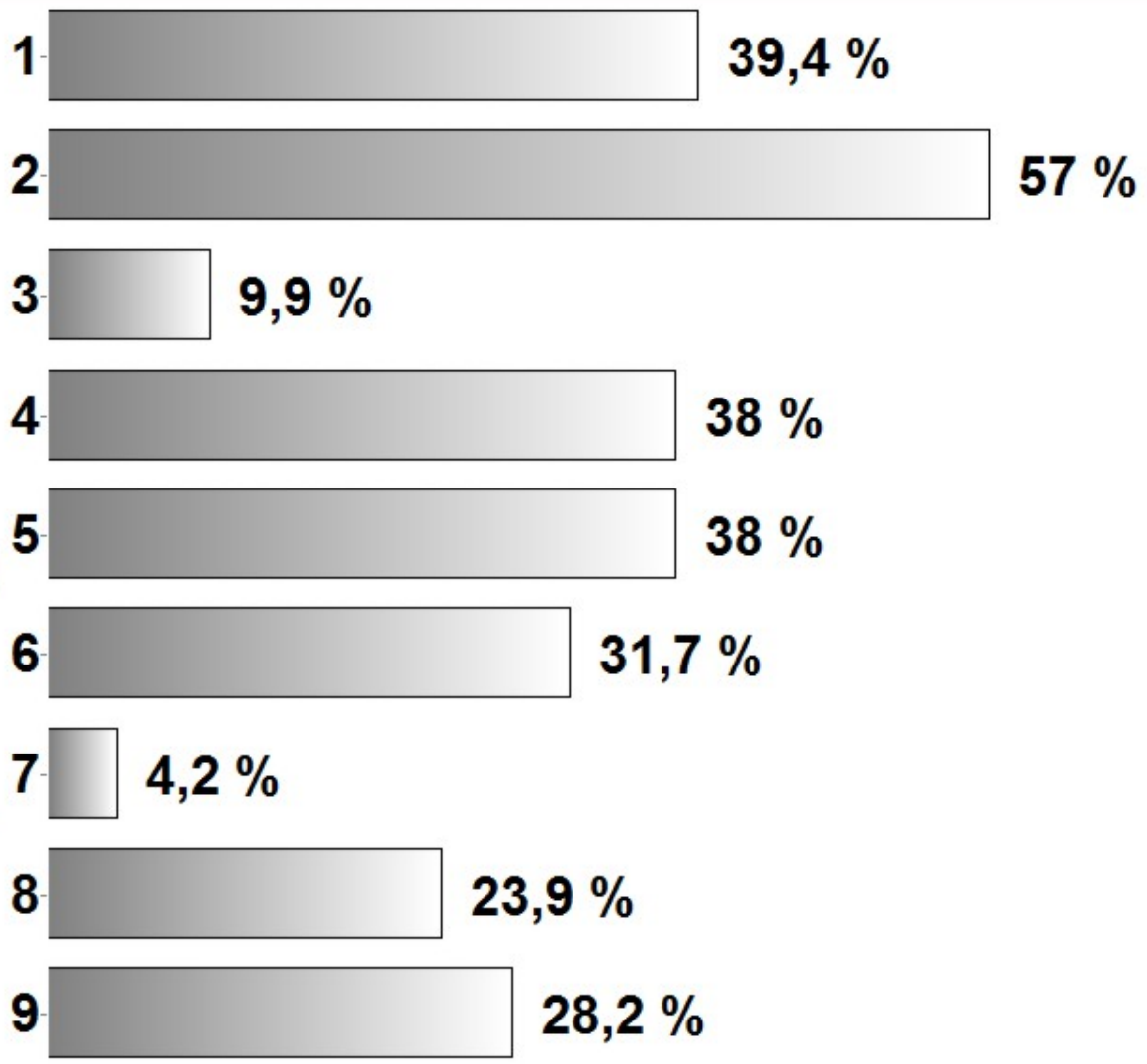
Q13 - There are still many relevant remaining research questions, what would you consider currently the top priority for research:

1) Identify predictors, preventive measures and evidence-based effective treatment for clinically relevant fatigue as it affects the largest group of patients.
2) Identify predictors, preventive measures and evidence-based effective treatment for chronic infections as the most life-threatening condition.
3) Study whether chronically infected donors can transmit C. burnetii via tissue or blood donation.
4) Assess the current public health relevance for C. burnetii accumulated in the environment of affected areas.
5) Assess what should trigger veterinary vaccination in a country/region and if introduced, when the veterinary vaccination can be safely stopped.
6) As current control measures (including bulk milk testing) and environmental research are highly dependent on PCR techniques, assess a PCR threshold for infectivity to better target control measures.
7) Assess whether leucodepletion, irradiation or treatment with decontaminants are effective conrol measures against transmission of C. burnetii via blood and tissue donation.
8) Assess most effective treatment protocol for pregnant women (and their foetus) with acute Q-fever and assess whether a distinction should be made for manageme of acute infections in the first versus second or third trimester of pregnancy.
9) Other priority research not listed in 1 to 8, to be specified upon request

Votes: 384

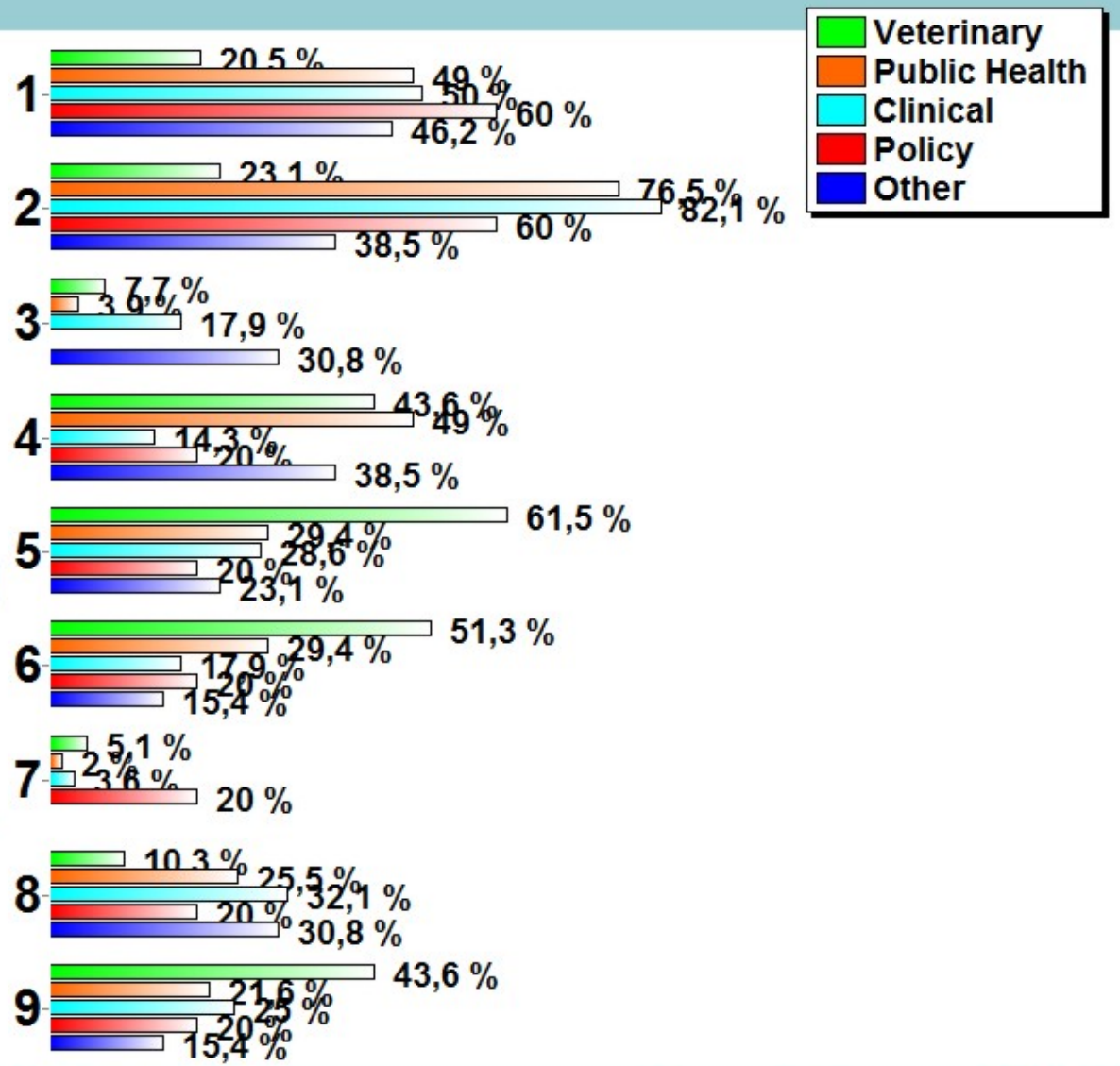
Q13 - There are still many relevant remaining research questions, what would you consider currently the top 3 priorities for research:

1) largest group of patients.
2) life-threatening condition.
3) tissue or blood donation.
4) accumulated in the environment
5) vaccination can be safely stopped.
6) assess a PCR threshold
7) leucodepletion, irradiation or decontaminants
8) distinction first versus second or third trimester of pregnancy.
9) Other priority



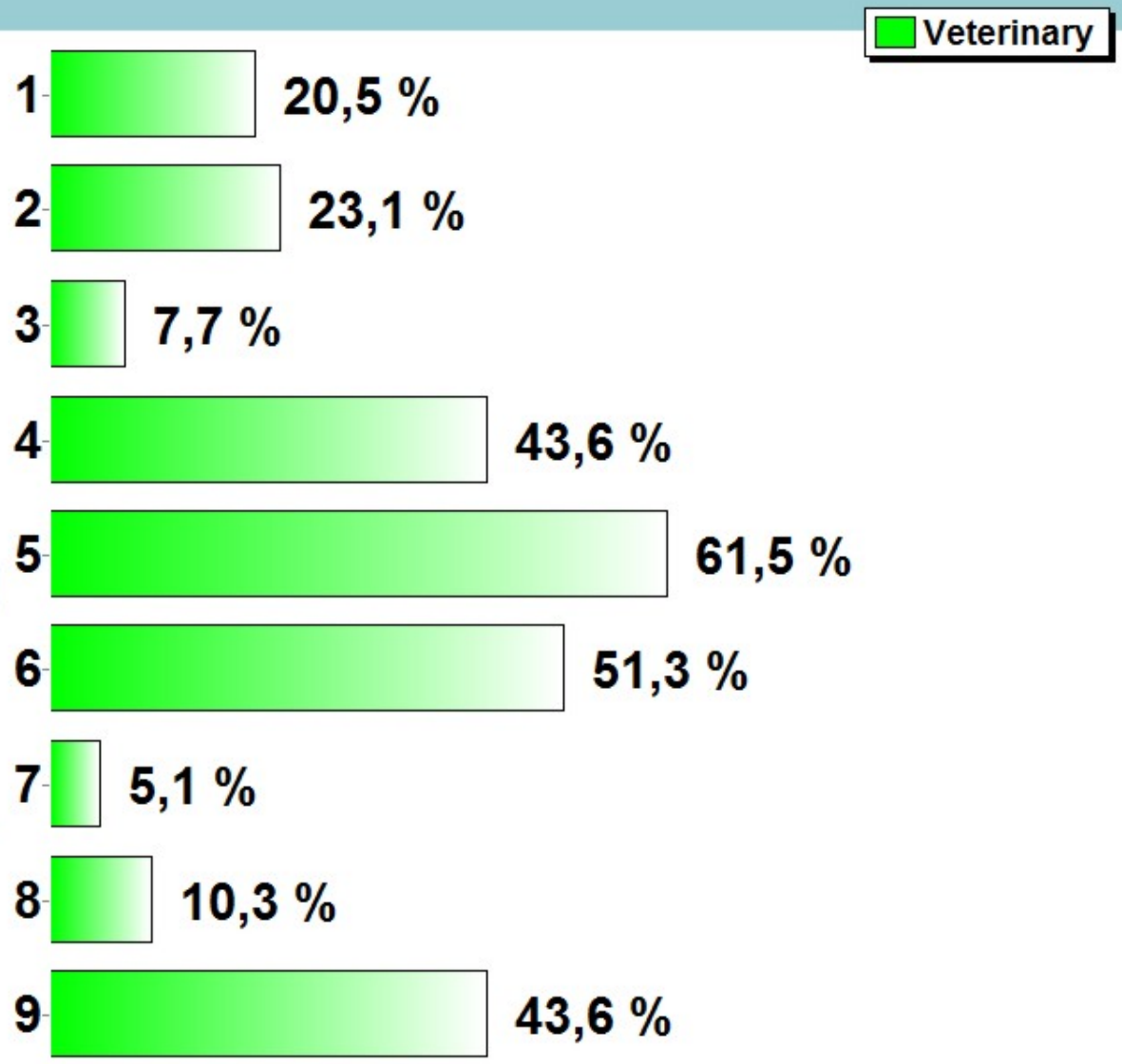
Q13 - There are still many relevant remaining research questions, what would you consider currently the top 3 priorities for research:

1) largest group of patients.
2) life-threatening condition.
3) tissue or blood donation.
4) accumulated in the environment
5) vaccination can be safely stopped.
6) assess a PCR threshold
7) leucodepletion, irradiation or decontaminants
8) distinction first versus second or third trimester of pregnancy.
9) Other priority



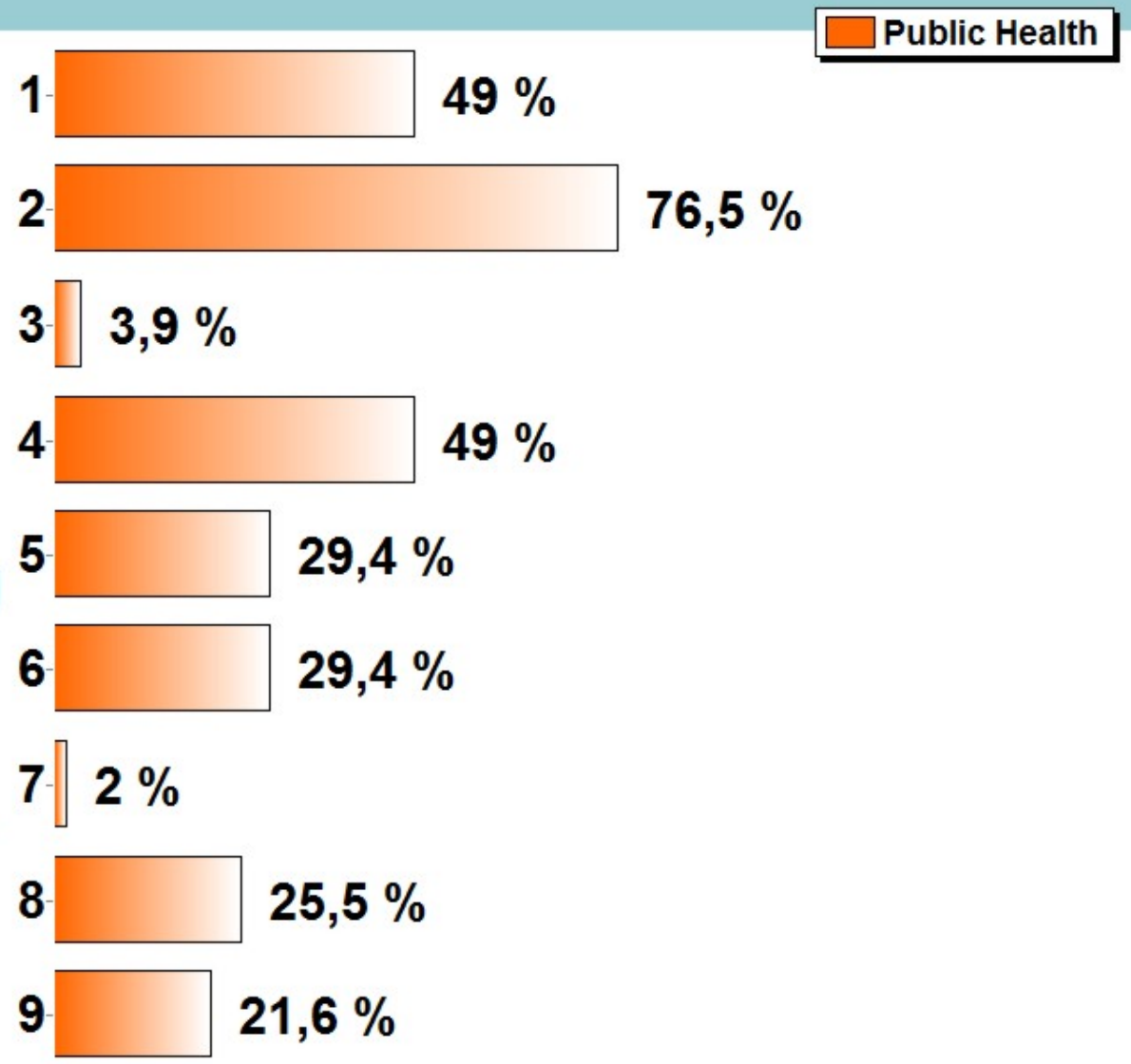
Q13 - There are still many relevant remaining research questions, what would you consider currently the top 3 priorities for research:

1) largest group of patients.
2) life-threatening condition.
3) tissue or blood donation.
4) accumulated in the environment
5) vaccination can be safely stopped.
6) assess a PCR threshold
7) leucodepletion, irradiation or decontaminants
8) distinction first versus second or third trimester of pregnancy.
9) Other priority



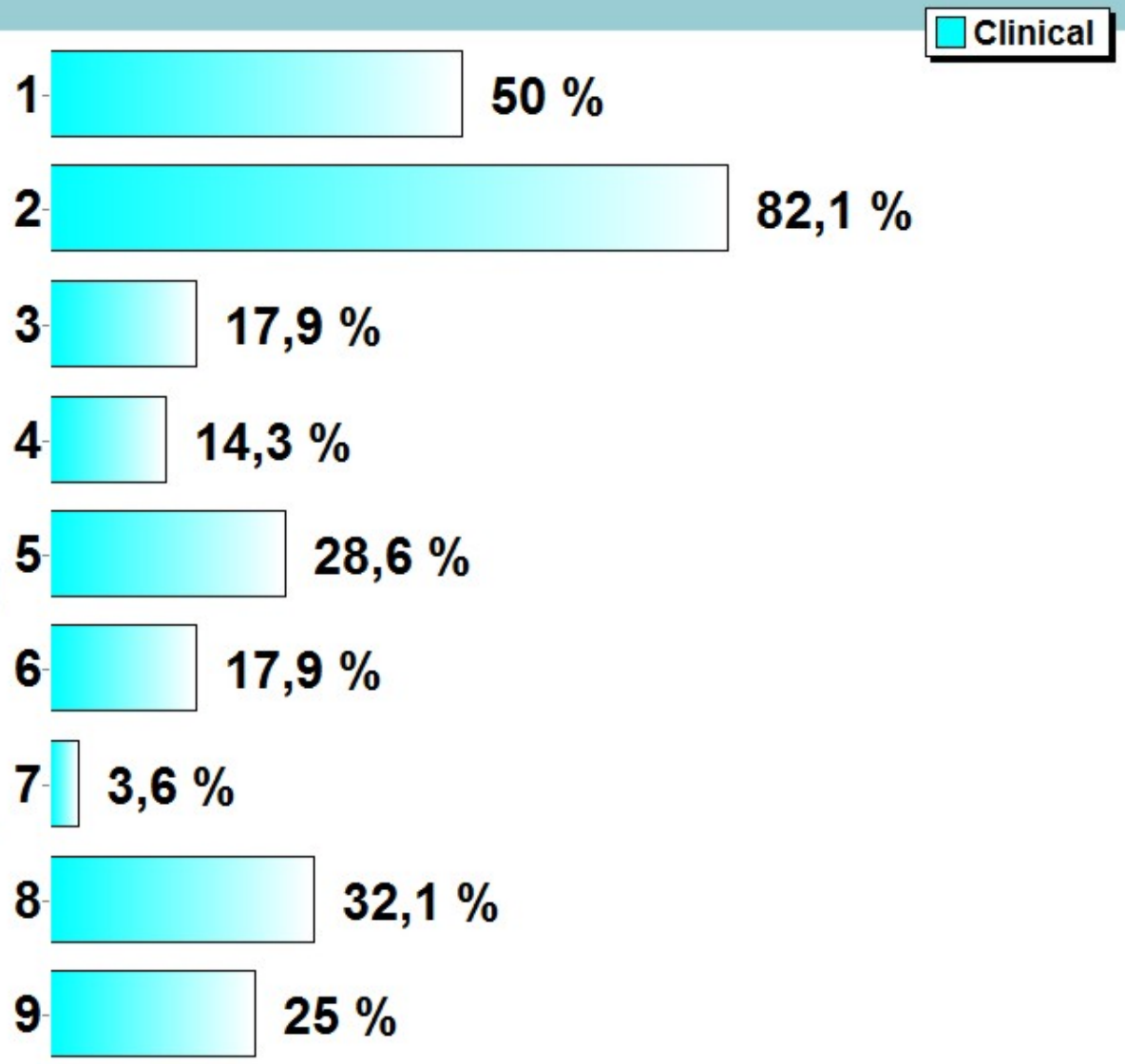
Q13 - There are still many relevant remaining research questions, what would you consider currently the top 3 priorities for research:

1) largest group of patients.
2) life-threatening condition.
3) tissue or blood donation.
4) accumulated in the environment
5) vaccination can be safely stopped.
6) assess a PCR threshold
7) leucodepletion, irradiation or decontaminants
8) distinction first versus second or third trimester of pregnancy.
9) Other priority



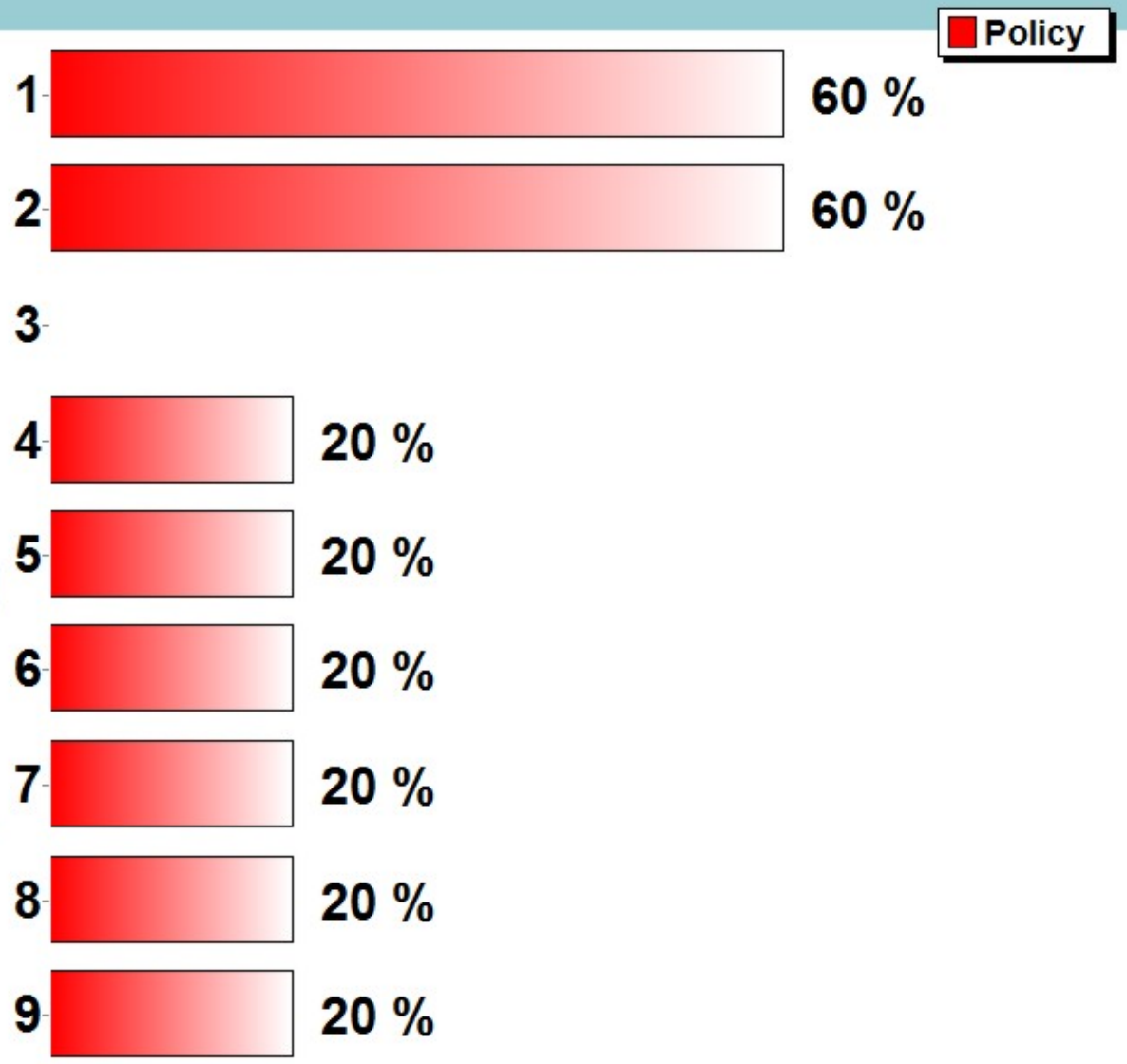
Q13 - There are still many relevant remaining research questions, what would you consider currently the top 3 priorities for research:

1) largest group of patients.
2) life-threatening condition.
3) tissue or blood donation.
4) accumulated in the environment
5) vaccination can be safely stopped.
6) assess a PCR threshold
7) leucodepletion, irradiation or decontaminants
8) distinction first versus second or third trimester of pregnancy.
9) Other priority



Q13 - There are still many relevant remaining research questions, what would you consider currently the top 3 priorities for research:

1) largest group of patients.
2) life-threatening condition.
3) tissue or blood donation.
4) accumulated in the environment
5) vaccination can be safely stopped.
6) assess a PCR threshold
7) leucodepletion, irradiation or decontaminants
8) distinction first versus second or third trimester of pregnancy.
9) Other priority



Q13 - There are still many relevant remaining research questions, what would you consider currently the top 3 priorities for research:

1) largest group of patients.
2) life-threatening condition.
3) tissue or blood donation.
4) accumulated in the environment
5) vaccination can be safely stopped.
6) assess a PCR threshold
7) leucodepletion, irradiation or decontaminants
8) distinction first versus second or third trimester of pregnancy.
9) Other priority