

**Additional file1** : Questionnaire addressed to animal health professionals to record the cases of adverse effects due to veterinary drug in an animal or human

Questionnaire N°.....
Date :...../...../.....
<b>Identification</b>
1. You are a? <input type="checkbox"/> Private veterinary doctor <input type="checkbox"/> Public veterinary doctor <input type="checkbox"/> Veterinary nurse <input type="checkbox"/> Other (specify) .....
1. Have you ever observed adverse effects of a veterinary drug in an animal after administration? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, kindly fill <b>form N°1</b> Did you report them? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, to whom? <input type="checkbox"/> The 'Directorate of Veterinary Service (DSV) <input type="checkbox"/> Wholesalers-Importers <input type="checkbox"/> National Veterinary Council <input type="checkbox"/> Local representatives of the Pharmaceutical industry <input type="checkbox"/> A depositary <input type="checkbox"/> Colleagues <input type="checkbox"/> Others (precise)... .. If no, why? <input type="checkbox"/> Not sure that the adverse effects were due to the drug <input type="checkbox"/> There are no regulations on the notification of adverse effects <input type="checkbox"/> Unawareness on the attitude to take <input type="checkbox"/> Lack of feedback information <input type="checkbox"/> Other (precise)..... 3- Have you noticed a lack of efficacy of a particular drug upon administration? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, kindly fill <b>form N°2</b> Did you report the concerned lack of efficacy?

YES

NO

If yes, to whom ?

The 'Directorate of Veterinary Service (DSV)

Wholesalers-Importers

National Veterinary Council

Local representatives of the Pharmaceutical industry

A depositary

Colleagues

Others (precise).....

If no, why ?

Not sure it was due to the drug

There are no regulations on the reporting of adverse effects

Unawareness on the attitude to take

Lack of information feedback

Other (precise).....

4- Have you ever had adverse effects after being exposed to a veterinary drug?

YES

NO

If yes, kindly fill **form N° 3**.

Did you report them ?

YES

NO

If yes, to whom ?

Hospital

The 'Directorate of Veterinary Service (DSV)

Colleague

Human pharmacy

National veterinary Council

Veterinary pharmacy

Human pharmacy that sells veterinary drugs

Local representative of the pharmaceutical industry

Others (precise) .....

If no, why?

Not sure it was due to the drug

There are no regulations on reporting adverse effects

Unawareness on the attitude to take

Lack of information feedback

Other (precise).....

5- Have you ever heard of a case of intoxication or adverse effects occurring in a human that was exposed to a particular veterinary drug?

YES  
 NO

If yes, kindly fill **form N° 3**

6- In your opinion, is it important to report cases of adverse effects or suspected cases of lack of efficacy of veterinary drug ?

YES  
 NO

If yes, why ?

Establishment of a cause-and-effect relationship between the uses of a drug and the occurrence of adverse effects  
 Permits that corrective action be taken by the competent authorities for the improvement of veterinary drugs on the market  
 Protection of animal health and public health  
 Withdrawal of defective drugs from the market  
 Provision of care for victims  
 Environmental protection  
 Reassessment of the risk/benefit balance of the incriminated drugs  
 Others (precise) .....

If no, why?

Veterinary drug misuse  
 Uncertainty  
 Other(precise).....

**Form N°1 : Cases of serious or unexpected adverse effects observed in animals and possibly due to a veterinary drug**

Record N°.....  
Date :...../...../.....  
Questionnaire N° : .....

Year	Name of drug	Active ingredient(s)	Used as on the leaflet	Animal species	Number	The adverse effects observed were:	How the disease evolved	
							Evolution type	Number
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know				<input type="checkbox"/> Healing with no sequelae <input type="checkbox"/> Healing with sequelae <input type="checkbox"/> Death <input type="checkbox"/> Unknown	
			<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Healing with no sequelae	

			<input type="checkbox"/> I don't know				<input type="checkbox"/> Healing with sequelae	
							<input type="checkbox"/> Death	
							<input type="checkbox"/> Unknown	
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know				<input type="checkbox"/> Healing with no sequelae	
							<input type="checkbox"/> Healing with sequelae	
							<input type="checkbox"/> Death	
							<input type="checkbox"/> Unknown	
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know				<input type="checkbox"/> Healing with no sequelae	
							<input type="checkbox"/> Healing with sequelae	
							<input type="checkbox"/> Death	
							<input type="checkbox"/> Unknown	

**Form N°2 : Cases of suspected drug inefficacy with respect to the expected efficacy on an animal and possibly due to a veterinary drug**

Record N° .....

Date : ...../...../ .....

Questionnaire N° : .....

Year	Name of drug	Active ingredient(s)	Used as on the leaflet	Animal species	Number	Inefficacy was suspected upon observing the following:	How the disease evolved	
							Evolution type	Number
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know			<input type="checkbox"/> Insufficient protection from disease <input type="checkbox"/> Intensification of disease or symptoms <input type="checkbox"/> An insufficient therapeutic effect after administering the usual doses <input type="checkbox"/> No therapeutic effect <input type="checkbox"/> Others	<input type="checkbox"/> Healing with no sequelae	
							<input type="checkbox"/> Healing with sequelae	
							<input type="checkbox"/> Death	
							<input type="checkbox"/> Unknown	
							<input type="checkbox"/> Healing without sequelae after treatment was changed	
							<input type="checkbox"/> Healing with sequelae after treatment was changed	
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know			<input type="checkbox"/> Insufficient protection from disease <input type="checkbox"/> Intensification of disease or symptoms	<input type="checkbox"/> Healing with no sequelae	
							<input type="checkbox"/> Healing with sequelae	

						<input type="checkbox"/> An insufficient therapeutic effect after administering the usual doses <input type="checkbox"/> No therapeutic effect <input type="checkbox"/> Others	<input type="checkbox"/> Death <input type="checkbox"/> Unknown <input type="checkbox"/> Healing without sequelae after treatment was changed <input type="checkbox"/> Healing with sequelae after treatment was changed	
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Form No3 : Case of intoxication or adverse effects observed in human and possibly ascribed to a veterinary drug									
Record N°.....									
Date :...../...../.....									
Questionnaire N° : .....									
Year	Case N°	Sex	Age	Occupation	Product involved	Route of exposure	Adverse effects	Evolution of the disease	
								Evolution type	Number
					Name..... Pharmaceutical formulation..... Active ingredient(s) ..... Pharmaceutical class .....			<input type="checkbox"/> Healing with no sequelae <input type="checkbox"/> Healing with sequelae <input type="checkbox"/> Death <input type="checkbox"/> Unknown	
					Name..... Pharmaceutical formulation..... Active ingredient(s) ..... Pharmaceutical class .....			<input type="checkbox"/> Healing with no sequelae <input type="checkbox"/> Healing with sequelae <input type="checkbox"/> Death <input type="checkbox"/> Unknown	
					Name..... Pharmaceutical formulation..... Active ingredient(s) ..... Pharmaceutical class .....			<input type="checkbox"/> Healing with no sequelae <input type="checkbox"/> Healing with sequelae <input type="checkbox"/> Death <input type="checkbox"/> Unknown	