TERRESTRIAL ANIMALS

IMMEDIATE NOTIFICATION OR FOLLOW-UP REPORT OF A DISEASE, INFECTION OR OTHER SIGNIFICANT EPIDEMIOLOGICAL EVENT

Type of report Immediate notification [X] Follow-up report [ ] Number:.....

1. 12/02/2006 Report date (dd/mm/yyyy)
2. BULGARIA Country
3. ASSOC. PROF. DR. JEKO BAICHEV Name of sender
4. 15 A, PENCHO SLAVEIKOV blvd., SOFIA 1606 Address (line 1)
5. DIRECTOR GENERAL Position of sender
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6. +359 2 915 98 20 Telephone
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9.

Reason for immediate notification (tick one)	
a. First occurrence of a listed disease or infection in a country or zone/compartment	X
b. Re-occurrence of a listed disease or infection in a country, zone/compartment following a report declaring the outbreak(s) ended	
c. First occurrence of a new strain of a pathogen associated with a listed disease in a country or zone/compartment	
d. A sudden and unexpected increase in the distribution, incidence, morbidity or mortality of a listed disease prevalent within a country or zone/compartment	
e. An emerging disease with significant morbidity or mortality, or zoonotic potential	
f. Evidence of a change in the epidemiology of a listed disease (including host range, pathogenicity, strain, etc.) in particular if there is a zoonotic impact	

10. Avian Influenza Disease name, name of pathogen or, for an unknown emerging disease, name of event
11. A 150 OIE disease code if any
12. Precise identification of agent (strain, serotype, etc.) where applicable
13. 03/02/2006 Date (dd/mm/yyyy) of first confirmation of the event
14. 31/01/2006 Date (dd/mm/yyyy) of start of the event
15. Clinical disease Yes [X] No [ ]
16. Nature of diagnosis Suspicion [ ] Clinical [X] Post-mortem [X] Laboratory [X]
17. **If the reason for notification is 9d.**

First administrative division	Species	**Change**						
		in disease distribution	in disease incidence		in morbidity		in mortality	
			Previous rate	New rate	Previous rate (%)	New rate (%)	Previous rate (%)	New rate (%)

18. **If the reason for notification is 9e. =>** Morbidity rate (%) Mortality rate (%) Zoonotic potential (describe)
19. **If the reason for notification is 9f.** New host [ ] => Species; New agent [ ] => Agent; Increase in pathogenicity [ ]; Zoonotic impact [ ] => Describe
20. **Details of outbreak(s) by first administrative division (not required if reason for notification is 9d.)**

First administrative division	Lower administrative divisions	Type of epidemiological unit (f: farm; v: village)	Name of the location (village, etc.)	Latitude	Longitude	Date of start of the outbreak	Species	Number of animals in the outbreak(s)				
								susceptible	cases	deaths	destroyed	slaughtered
VIDIN	VIDIN	DANUBE RIVER	VIDIN	-	-	31.01.2006	SWAN (CYGNUS OLOR)	1	1	1	1	0

21. **Description of affected population(s)**

22. **Laboratory(-ies) where diagnosis was made**	23. **Species examined**
NATIONAL DIAGNOSTIC RESEARCH VETERINARY MEDICAL INSTITUTE - SOFIA	SWAN (CYGNUS OLOR)
REFERENCE LABORATORY OF EU IN ENGLAND /Veterinary Laboratories Agency – Weybridge/	SWAN (CYGNUS OLOR)

24. **Diagnostic tests used**	**Date**	**Results**
VIRUS ISOLATION IN EMBRYONATED CHICKEN EGGS	03.02.2006	H5 POSITIVE
(Real time) RT- PCR	11.02.2006	H5N1 POSITIVE

25.

Source of outbreak(s) or origin of infection (tick as appropriate)	
Unknown or inconclusive	X
Introduction of new animals/animal products	
Legal movement of animals	
Illegal movement of animals	
Animals in transit	
Contact with infected animal(s) at grazing/watering	
Swill feeding	
Fomites (humans, vehicles, feed, etc.)	
Airborne spread	
Vectors	
Contact with wild animals	
Other:	

26.

Control measures (tick as appropriate)	Under-taken	To be under-taken
Control of arthropods		
Control of wildlife reservoirs	X	
Stamping out		
Partial stamping out		
Quarantine	X	
Movement control inside the country	X	
Screening	X	
Zoning	X	
Vaccination (give details below in section 27)		
Disinfection of infected premises/establishment(s)	X	
Dipping/spraying		

27. **Vaccination in response to the outbreak(s)**

First administrative division	Species	Total number of vaccinated animals	Details of the vaccine (live/inactivated; mono- or polyvalent, etc.)

28. **Treatment of affected animals** Yes [ ] No [X]

If "yes", describe nature of treatment

29. **Vaccination prohibited** Yes [X] No [ ]

30. **Other details/comments**

31. **Final report** Yes [ ] No [X] If "yes" => Event ended Yes [ ] No [X]

If "no" => Continuing notification using the six-monthly report Yes [X]