

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

Type of report Immediate notification Follow-up report Number: 3

1. / / 2.
 Report date (dd/mm/yyyy) Country

3. 4.
 Name of sender Address (line 1)

5.
 Director General Address (line 2)
 Position of sender

6. 7. 8.
 Telephone Fax E-mail

9. Reason for immediate notification (tick one)

a. First occurrence of a listed disease or infection in a country or zone/compartment	<input type="checkbox"/>
b. Re-occurrence of a listed disease or infection in a country, zone/compartment following a report declaring the outbreak(s) ended	<input type="checkbox"/>
c. First occurrence of a new strain of a pathogen associated with a listed disease in a country or zone/compartment	<input type="checkbox"/>
d. A sudden and unexpected increase in the distribution, incidence, morbidity or mortality of a listed disease prevalent within a country or zone/compartment	<input type="checkbox"/>
e. An emerging disease with significant morbidity or mortality, or zoonotic potential	<input type="checkbox"/>
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	<input type="checkbox"/>

10. 11.
 Disease name, name of pathogen or, for an unknown emerging disease, name of event OIE disease code if any

12.
 Precise identification of agent (strain, serotype, etc.) where applicable

13. / / 14. / / 15. Clinical Yes No
 Date (dd/mm/yyyy) of first confirmation of the event Date (dd/mm/yyyy) of start of the event

16. Nature of diagnosis Suspicion Clinical Post-mortem Laboratory

17. If the reason for notification is 9d.

First administrative division	Species	in disease distribution	Change							
			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

19. If the reason for notification is 9f.

New host	<input type="text"/>	=>	Species	<input type="text"/>
New agent	<input type="text"/>	=>	Agent	<input type="text"/>
Increase in pathogenicity	<input type="text"/>			
Zoonotic impact	<input type="text"/>	=>	Describe	<input type="text"/>

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
Inner Mongolia	Huhehot Municipality	village	Tengjiaying				avi	6000	2600	2600	91100	0

21. Description of affected population(s)

Chicken and ducks

22. Laboratory(-ies) where diagnosis was made	23. Species examined	24. Diagnostic tests used	Date	Results
National Avian Influenza Reference Laboratory, Harbin Veterinary Research Institute, Chinese Academy of Agricultural Sciences, Harbin, P.R.C.	avi	HI	19/10/2005	positive
		RT-PCR		positive
		IVPI		Highly Pathogenic

25. Source of outbreak(s) or origin of infection (tick as appropriate)

Unknown or inconclusive	
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	<input checked="" type="checkbox"/>
Other:	

26. Control measures (tick as appropriate)

Control measures (tick as appropriate)	Under-taken	To be under-taken
Control of arthropods		
Control of wildlife reservoirs		
Stamping out	<input checked="" type="checkbox"/>	
Partial stamping out		
Quarantine	<input checked="" type="checkbox"/>	
Movement control inside the country	<input checked="" type="checkbox"/>	
Screening	<input checked="" type="checkbox"/>	
Zoning	<input checked="" type="checkbox"/>	
Vaccination (give details below in	<input checked="" type="checkbox"/>	
Disinfection of infected	<input checked="" type="checkbox"/>	
Dipping/spraying	<input checked="" type="checkbox"/>	

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.)
Inner Mongolia	avi	166,177	Inactivated mono H5N2 Vaccine

28. Treatment of affected animals

Yes No

If "yes", describe nature of treatment

29. Vaccination prohibited

Yes No

30. Other details/comments

Migrate birds pass and stay around the pool where HPAI outbreak.

31. Final report

Yes No

If "yes" => Event ended

Yes

No

If "no" => Continuing notification using the six-monthly report

Yes