

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.....

1.   /   /     Report date (dd/mm/yyyy)
2.  Country
3.  Name of sender
4.  Address (line 1)
5.  Position of sender
- Address (line 2)
6.  Telephone
7.  Fax
8.  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.  Disease name, name of pathogen or, for an unknown emerging disease, name of event
11.  OIE disease code if any

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

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

16. Nature of diagnosis Suspicion  Clinical  Post-mortem  Laboratory

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
Puglia	Taranto		Torre Columena			05/02/2006	SWAN (CYGNUS OLOR)	50	1	1	0	0
Calabria	Vibo Valentia		Pizzo Calabro			06/02/2006	SWAN (CYGNUS OLOR)	...	1	1	0	0
Sicilia	Catania		Isolabella di Taormina			02/06/2006	SWAN (CYGNUS OLOR)	20	...	1	0	0
Sicilia	Catania		Giarre			02/02/2006	SWAN (CYGNUS OLOR)	...	...	2	0	0
Sicilia	Catania		Mascali			02/06/2006	SWAN (CYGNUS OLOR)	...	...	1	0	0

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

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22. **Laboratory(-ies) where diagnosis was made**

Istituto Zooprofilattico di Taranto, Italy
Istituto Zooprofilattico di Portici, Italy
Istituto Zooprofilattico Sperimentale di Palermo, Italy
OIE Reference Laboratory for Avian Influenza. Istituto Zooprofilattico Sperimentale, Padova, Italy

23. **Species examined**

SWAN (Puglia)
SWAN (Calabria)
SWAN (Sicilia)
SWAN (Puglia, Calabria, Sicilia)

24. **Diagnostic tests used**

	Date	Results
PCR for H5 gene	06/02/2006	Positive
PCR for H5 gene	08/02/2006	Positive
PCR for H5 gene	09/02/2006	Positive
1. PCR for H5 and N1 gene 2. Sequence analysis	07-10/02/2006	1. Positive 2. Amino acid sequence at cleavage site reveals a highly pathogenic avian influenza profile.

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	X
Other: .....	

26. **Control measures (tick as appropriate)**

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

If "yes", describe nature of treatment

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29. **Vaccination prohibited**

Yes  No

30. **Other details/comments**

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31. **Final report**

Yes  No

If "yes" =>

Event ended

Yes  No

If "no" =>

Continuing notification using the six-monthly report

Yes

Yes