

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: No: **1**

1. **08 / 02 / 2006** 2. **Nigeria**
Report date (dd/mm/yyyy) Country

3. **Dr Junaidu A. Maina** 4. **Federal Department of Livestock and Pest Control Services,**
Name of sender Address (line 1)

5. **Ag. Director** **FMA&RD, Area 11, P.M.B 135, Garki, Abuja, Nigeria.**
Position of sender Address (line 2)

6. **234 9 3142319** 7. **234 9 3142319** 8. **pacenigeria@microaccess.com; junaidumaina@yahoo.com**
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 checked="" 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. **Highly Pathogenic Avian Influenza** 11. **A 150**
Disease name, name of pathogen or, for an unknown emerging disease, name of event OIE disease code if any

12. **H5N1**
Precise identification of agent (strain, serotype, etc.) where applicable

13. **07 / 02 / 2006** ¹**10 / 01 / 2006** ⁵ Clinical Y disease as 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	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

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

Unknown or inconclusive	<input checked="" type="checkbox"/>
Introduction of new animals/ animal products	<input type="checkbox"/>
Legal movement of animals	<input type="checkbox"/>
Illegal movement of animals	<input type="checkbox"/>
Animals in transit	<input type="checkbox"/>
Contact with infected animal(s) at grazing/watering	<input type="checkbox"/>
Swill feeding	<input type="checkbox"/>
Fomites (humans, vehicles, feed, etc.)	<input type="checkbox"/>
Airborne spread	<input type="checkbox"/>
Vectors	<input type="checkbox"/>
Contact with wild animals	<input type="checkbox"/>
Other:	<input type="checkbox"/>

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

	Under-taken	To be under-taken
Control of arthropods	<input type="checkbox"/>	<input type="checkbox"/>
Control of wildlife reservoirs	<input type="checkbox"/>	<input type="checkbox"/>
Stamping out	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Partial stamping out	<input type="checkbox"/>	<input type="checkbox"/>
Quarantine	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Movement control inside the country	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Screening	<input type="checkbox"/>	<input type="checkbox"/>
Zoning	<input type="checkbox"/>	<input type="checkbox"/>
Vaccination (give details below in section 27)	<input type="checkbox"/>	<input type="checkbox"/>
Disinfection of infected premises/establishment(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dipping/spraying	<input type="checkbox"/>	<input 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.)

28. **Treatment of affected animals**

Yes No

If "yes", describe nature of treatment

Birds treated by owner with broad spectrum antibiotics before confirmation of infection

29. **Vaccination prohibited**

Yes

No

30. **Other details/comments**

Presence of the disease is now confirmed and an emergency plan activated. Further investigation is being carried out all over the country to determine the source of the infection and prevent its spread.

31. **Final report**

Yes

No

If "yes" => Event ended

Yes

No

Continuing notification using the six-monthly report

Yes

