

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

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

NATIONAL DIAGNOSTIC RESEARCH
VETERINARY MEDICAL INSTITUTE - SOFIA
REFERENCE LABORATORY OF EU IN
ENGLAND /Veterinary Laboratories Agency -
Weybridge/

23. **Species examined**

SWAN (CYGNUS OLOR)
SWAN (CYGNUS OLOR)

24. **Diagnostic tests used**

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	<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 checked="" type="checkbox"/>	<input type="checkbox"/>
Stamping out	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>
Screening	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Zoning	<input checked="" 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**

If "yes", describe nature of treatment

Yes No

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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