

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. / / 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 | |
| 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. 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. / / 14. / / 15. Clinical disease 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	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	<input type="checkbox"/>	=>	Species	<input type="text"/>
New agent	<input type="checkbox"/>	=>	Agent	<input type="text"/>
Increase in pathogenicity	<input type="checkbox"/>			
Zoonotic impact	<input type="checkbox"/>	=>	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
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**

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	<input 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 checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

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

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 type="checkbox"/>	<input type="checkbox"/>
Partial stamping out	<input type="checkbox"/>	<input type="checkbox"/>
Quarantine	<input type="checkbox"/>	<input type="checkbox"/>
Movement control inside the country	<input type="checkbox"/>	<input 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 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