IMMEDIATE NOTIFICATION

*compulsory fields (when relevant)

1	Type of report*	Immediate notification	Immediate notification				
		Follow-up report Number of the report:					
		Final report	Final report				
2	Country/Territory*						
3	Name of the sender*						
	Position of the sender*						

INITIALIZATION

4	Disease*	
	If emerging disease:	Known pathogenic agent
		Previously unrecognised pathogenic agent/disease
5	Causal agent*	
6	Serotype/genotype/subtype*	

7	Reason for immediate	a. First occurrence in the country	a. First occurrence in the country				
	notification*	b. First occurrence in a zone/compartment					
		c. Recurrence	Date of last occurrence*:				
		d. New strain in the country					
		e. New strain in a zone/compartment					
		f. Unexpected change or increase	Date of start of the event*:				
		g. Unusual host species					
		h. Emerging disease					

8	The event occurs in*	a zone/compartment
		the whole country

EVENT INFORMATION

9	Source of the event or origin	Unknown or inconclusive
	of the infection*	Introduction of new live animals
		Legal movement of animals
		Illegal movement of animals
		Animals in transit
		Contact with infected animal(s) at grazing/watering points
		Swill feeding
		Fomites (humans, vehicles, feed, etc.)
		Airborne spread
		Vectors
		Contact with wild species
		Other (Please specify):

10	Control measures at event level	Domestic animals		Wild a	Wild animals		
		Applied	To be applied	Applied	To be applied	national reference (see step 14)	
	Ante and post-mortem inspections						
	Control of vectors						
	Control of wildlife reservoirs						
	Disinfection						
	Disinfestation						
	Movement control inside the country						
	Official destruction of animal products						
	Official disposal of carcasses, by-products						
	and waste						
	Process to inactivate pathogenic agent in						
	products or by-products						
	Quarantine						
	Screening						
	Selective killing and disposal						
	Slaughter						
	Stamping out						
	Surveillance within containment and or the						
	protection zone						
	Surveillance outside containment and or the						
	protection zone						
	Traceability						
	Vaccination in response to the outbreak(s)						
	Vector surveillance						
	Zoning						

OUTBREAK INFORMATION

11	Outbreak details*		Outbreak 1	Outbreak 2	Outbreak 3	
	Detailed cha	racterisation	(if relevant)			
	Outbreak na	tional refere	nce*			
	Date of start	of the outb	reak*			
	Date of end of the outbreak					
	Location*					
	Approximate	e location*				
	Latitude*					
	Longitude*					
	Number of outbreaks (if outbreak cluster)					
	Epidemiological unit*					
	Species					
		Domestic	If birds,			
		Domestic	poultry/non-			
	Category*		poultry			
	Category		Family name			
		Wild	Latin name			
		vviiu	Common name			
			Wildlife type			

		Susceptible		
		Cases		
	Number of	Deaths		
	animals*	Killed and disposed of		
		Slaughtered		
		Vaccinated		
	If emerging	Morbidity rate, % or 1 to 5 scale *		
	disease*	Mortality rate, % or 1 to 5 scale *		
12	Description of the affected population		·	

Note: If you have more than three outbreaks to report or if you have more than one susceptible species in an outbreak, please use the Word format instead.

13	If unexpected change	/increase (instead of filli	ing in "outbreak details")	Change 1	Change 2
			Species		
		Domostic	If birds, production		
		Domestic	category (poultry/		
	Catagory*		non-poultry)		
	Category*		Family name		
		Wild	Latin name		
			Common name		
			Wildlife type		
	Change in disease	Current/previously af	fected areas*		
	distribution	New affected areas*			
		Morbidity* % or 1 to 5 scale	Area affected*		
			Current level*		
	Change in		Previous level*		
	morbidity/mortality	Mortality* % or 1 to 5 scale	Area affected*		
			Current level*	·	
		70 OI 1 (U 3 SCAIE	Previous level*		

Note: If you have more than two changes to report, please use the Word format instead.

- **Control measures at outbreak level.** If you wish to <u>specify</u> for some outbreaks different control measures from those that you have selected in step 10 as **applied** at event level, put the outbreak national reference in the relevant box at step 10 and "+" for 'add' or "-" for 'remove' (the latter only for measures that have been selected at event level).
- Method of diagnosis at <u>outbreak level</u>. If the method of diagnosis for an individual outbreak is different from the method of diagnosis for the whole event, place the outbreak national reference in the box adjacent to the appropriate method of diagnosis in step 17. For example, if the method for the whole event is 'diagnostic test', but for a specific outbreak "ABC" it is 'clinical', in step 17 tick 'diagnostic test' box (event level) and enter "ABC" in the field on the right of 'clinical' (outbreak level).

DIAGNOSIS INFORMATION

16	Clinical signs*	Yes					
			No				
17	Method of diagnosis for the event*	Method of diagnosis			Outbreak national reference (see step 15)		
			Suspicion				
			Clinical				
			Diagnostic test				
			Necropsy				
18	Date of confirmation of the event*						
19	Diagnostic tests at event level*	T	est 1	Test 2	Test 3		
	Test type *						
	Test name*						
	Laboratory type						
	Laboratory rame	1					
	Species sampled*	+					
	Tested from*						
	Tested to*	-					
	Number of outbreaks tested*						
	Result*						
20	Outbreak national reference.						
	If you wish to link a diagnostic test with a	R	esult date:	Result d	ate: Result date:		
	specific outbreak, please enter the outbreak national reference in the relevant column.						
FINA	If you have more than three tests to report, pleas	se u	se the Word format ins	tead.			
21	Epidemiological comments						
22	If emerging disease:						
	Morbidity rate, % or 1 to 5 scale *						
	Mortality rate, % or 1 to 5 scale *						
	Zoonotic potential*		(Please de	oscribo)			
	Zoonotic potential						
23	Do you consider that the event is over?*						
	No, the event is ongoing. Weekly follow-up	ran	orts will be submitted	1			
	Yes, the event is resolved. No more follow-up in			Provide a date of closure for all the			
	res, the event is resolved. No more follow a	ap reports will be sublilitied.			remaining on-going outbreaks.		
					Provide a date of end for the event,		
					if different from that of the last		
					resolved outbreak.		
	Yes, the event cannot be considered resolve				Provide a date of end for the event		
	sufficiently stable. No more follow-up report				if relevant.		
	Information about this disease will be include	led	in the next six-month	ıly			
	reports.						