

# Investigation Form for Livestock Disease Outbreaks

## Case identification and details of holding

Case identification			Field Accession No				Outbreak ID	
Reported by	Initial Reported Date		Assigned Date		Investigator Name			Investigation Date
Farm ID	Farm Name	Farm Owner/Manager		Phone	Fax	Email	Latitude	Longitude
Region	Rayon	Town Village		Street			Postal code	House/Building/Apt

## Production details

Ownership structure <input type="checkbox"/> -private <input type="checkbox"/> -collective <input type="checkbox"/> -state		Production system (bovine) <input type="checkbox"/> -dairy <input type="checkbox"/> -meat <input type="checkbox"/> -dual purpose		Movement Pattern <input type="checkbox"/> -settled <input type="checkbox"/> -nomadic <input type="checkbox"/> -trader		Grazing Pattern <input type="checkbox"/> -common <input type="checkbox"/> -enclosed <input type="checkbox"/> -zero	
---	--	---	--	--	--	---	--

## Herd details

Species	Total number	Number sick	Note (including breed)	Species	Total number	Number sick	Note (including breed)
<input type="checkbox"/> Cattle				<input type="checkbox"/> Buffaloes			
<input type="checkbox"/> Sheep				<input type="checkbox"/> Donkeys			
<input type="checkbox"/> Goats				<input type="checkbox"/> Mules			
<input type="checkbox"/> Pigs				<input type="checkbox"/> Camel			
<input type="checkbox"/> Horses				<input type="checkbox"/> other			

## Farm Epidemiological Information

Has farmer seen or heard of this disease before    y <input type="checkbox"/> n <input type="checkbox"/> u <input type="checkbox"/>	When		Where
How many animals have been introduced into herd/village during the last 12 months	Number	When	Place of origin
How many animals have left the herd/village in the last 12 months	Number	Place of destination	
Are milk or milk product sold?	y <input type="checkbox"/> n <input type="checkbox"/> u <input type="checkbox"/>	Destination	
Are meat or meat products sold?	y <input type="checkbox"/> n <input type="checkbox"/> u <input type="checkbox"/>	Destination	
Source of feed		Contact with wildlife (wild boar, deer) y <input type="checkbox"/> n <input type="checkbox"/> u <input type="checkbox"/>	Other possible contacts

## Clinical investigation (if several species are affected complete the following section for each species with the same accession number)

Species affected:	Date signs started (dd/mm/yyyy)		off-feed y <input type="checkbox"/> n <input type="checkbox"/> u <input type="checkbox"/> ____	fever y <input type="checkbox"/> n <input type="checkbox"/> u <input type="checkbox"/> ____	lameness y <input type="checkbox"/> n <input type="checkbox"/> u <input type="checkbox"/> ____
reduced milk y <input type="checkbox"/> n <input type="checkbox"/> u <input type="checkbox"/> ____	dyspnoea y <input type="checkbox"/> n <input type="checkbox"/> u <input type="checkbox"/> ____	nasal discharges y <input type="checkbox"/> n <input type="checkbox"/> u <input type="checkbox"/> ____	ocular discharges y <input type="checkbox"/> n <input type="checkbox"/> u <input type="checkbox"/> ____	salivation y <input type="checkbox"/> n <input type="checkbox"/> u <input type="checkbox"/> ____	
stomatitis y <input type="checkbox"/> n <input type="checkbox"/> u <input type="checkbox"/> ____	skin lesions y <input type="checkbox"/> n <input type="checkbox"/> u <input type="checkbox"/> ____	tongue lesions y <input type="checkbox"/> n <input type="checkbox"/> u <input type="checkbox"/> ____	nervous signs y <input type="checkbox"/> n <input type="checkbox"/> u <input type="checkbox"/> ____	diarrhea yes y <input type="checkbox"/> n <input type="checkbox"/> u <input type="checkbox"/> ____	
abortion y <input type="checkbox"/> n <input type="checkbox"/> u <input type="checkbox"/> ____	swollen joints y <input type="checkbox"/> n <input type="checkbox"/> u <input type="checkbox"/> ____	epididymitis y <input type="checkbox"/> n <input type="checkbox"/> u <input type="checkbox"/> ____	deaths y <input type="checkbox"/> n <input type="checkbox"/> u <input type="checkbox"/> ____	Age range of dead animals	
others? y <input type="checkbox"/> n <input type="checkbox"/> u <input type="checkbox"/> ____ (specify)					

## Control measures put in place in response to the outbreak

Vaccinations y <input type="checkbox"/> n <input type="checkbox"/> u <input type="checkbox"/>	Movement control y <input type="checkbox"/> n <input type="checkbox"/> u <input type="checkbox"/>	Treatment y <input type="checkbox"/> n <input type="checkbox"/> u <input type="checkbox"/> (provide details)			Quarantine y <input type="checkbox"/> n <input type="checkbox"/> u <input type="checkbox"/>
Number destroyed ____		Number slaughtered ____		Destination of meat	

## Clinical diagnosis

1	2	3	4
---	---	---	---

## Vaccination Info

Diagnosis	species	date	type	route	manufacturer	vaccinated	lot	comments

## Comments

--

**Samples collected for laboratory examination** (codes for species: BOV-cattle, OVI-sheep, CAP-goats, SUI-pigs, EQU-horses, FAU-wild animals)[illegible]

### Rapid field test

<input type="checkbox"/> Test performed	Test used	Animal ID	Sample ID	Sample used: <input type="checkbox"/> -nose swab <input type="checkbox"/> -eye swab <input type="checkbox"/> -whole blood <input type="checkbox"/> -serum	Result: <input type="checkbox"/> -negative <input type="checkbox"/> -positive <input type="checkbox"/> -uninterpretable
<input type="checkbox"/> Test performed	Test used	Animal ID	Sample ID	Sample used: <input type="checkbox"/> -nose swab <input type="checkbox"/> -eye swab <input type="checkbox"/> -whole blood <input type="checkbox"/> -serum	Result: <input type="checkbox"/> -negative <input type="checkbox"/> -positive <input type="checkbox"/> -uninterpretable
<input type="checkbox"/> Test performed	Test used	Animal ID	Sample ID	Sample used: <input type="checkbox"/> -nose swab <input type="checkbox"/> -eye swab <input type="checkbox"/> -whole blood <input type="checkbox"/> -serum	Result: <input type="checkbox"/> -negative <input type="checkbox"/> -positive <input type="checkbox"/> -uninterpretable
<input type="checkbox"/> Test performed	Test used	Animal ID	Sample ID	Sample used: <input type="checkbox"/> -nose swab <input type="checkbox"/> -eye swab <input type="checkbox"/> -whole blood <input type="checkbox"/> -serum	Result: <input type="checkbox"/> -negative <input type="checkbox"/> -positive <input type="checkbox"/> -uninterpretable

### Case Log and additional details

Signature of veterinary investigation officer/submitter

Date (dd/mm/yyyy)