

# Investigation Form for Avian Disease Outbreaks

## Case Identification and Details of Holding

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

## Production Details

Type of Farm (check one) <input type="checkbox"/> -backyard/household (<50) <input type="checkbox"/> -commercial small (50-500) <input type="checkbox"/> -commercial medium (500-5000) <input type="checkbox"/> -commercial large (>5000)	Production Type <input type="checkbox"/> -egg layer (eggs for consumption) <input type="checkbox"/> -meat type	Intended Use <input type="checkbox"/> -indoor <input type="checkbox"/> -outdoor <input type="checkbox"/> -indoor-outdoor (semi-confined)	Number barns _____ Number birds per barn _____
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## Affected flock details and clinical information

Species	Total number before disease	Number dead	Number sick	Average age in weeks	Start of signs (dd/mm/yyyy)
Chicken					
Duck					
Goose					
Turkey					
other_____					
other_____					
other_____					

## Epidemiological Information

Contact with wild birds (if yes, describe) y <input type="checkbox"/> n <input type="checkbox"/> u <input type="checkbox"/>	Pigs on farm y <input type="checkbox"/> n <input type="checkbox"/> u <input type="checkbox"/>	Vehicles or equipment entering holding from outside (if yes, describe) y <input type="checkbox"/> n <input type="checkbox"/> u <input type="checkbox"/>	Dealer or buyer y <input type="checkbox"/> n <input type="checkbox"/> u <input type="checkbox"/>
Visitors including: <input type="checkbox"/> -other farms <input type="checkbox"/> -family members <input type="checkbox"/> -neighbors <input type="checkbox"/> -veterinarians <input type="checkbox"/> -vaccn. crew <input type="checkbox"/> -beak trim. crew <input type="checkbox"/> -unknown <input type="checkbox"/> -other visitors (describe)			Distance to next farm with poultry <input type="checkbox"/> -<1km <input type="checkbox"/> -1-2km <input type="checkbox"/> ->2km

## Product movement off holding (within the last month)

Eggs sold (how many, where?)	Live poultry sold (when, to where?)	Last on-farm slaughtering (when?)	Other products sold or moved (manure, feather, bones, offal, carcasses)	Where is equipment going?	Personnel movement	Movement of poultry within company (date, location)
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## Backward tracing (within the last month)

Introduction of new birds y <input type="checkbox"/> n <input type="checkbox"/> u <input type="checkbox"/>	Date:	Source of birds	Other outbreaks new to the farm (when, where)	Lakes or ponds nearby? (distance)	Other possible contamination sources
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## Clinical signs observed

Depression y <input type="checkbox"/> n <input type="checkbox"/> u <input type="checkbox"/>	Respiratory signs y <input type="checkbox"/> n <input type="checkbox"/> u <input type="checkbox"/>	Edema of head y <input type="checkbox"/> n <input type="checkbox"/> u <input type="checkbox"/>	Sinusitis and sneezing y <input type="checkbox"/> n <input type="checkbox"/> u <input type="checkbox"/>	Cyanosis of combs and wattles y <input type="checkbox"/> n <input type="checkbox"/> u <input type="checkbox"/>	
Inappetent y <input type="checkbox"/> n <input type="checkbox"/> u <input type="checkbox"/>	Decline water consump y <input type="checkbox"/> n <input type="checkbox"/> u <input type="checkbox"/>	Decline egg prod y <input type="checkbox"/> n <input type="checkbox"/> u <input type="checkbox"/>	Diarrhea y <input type="checkbox"/> n <input type="checkbox"/> u <input type="checkbox"/>	Neurologic sings y <input type="checkbox"/> n <input type="checkbox"/> u <input type="checkbox"/>	Sudden death y <input type="checkbox"/> n <input type="checkbox"/> u <input type="checkbox"/>

## Management

Disinfection procedure on entering y <input type="checkbox"/> n <input type="checkbox"/> u <input type="checkbox"/>	Describe	Dry cleaning of poultry housing before this flock y <input type="checkbox"/> n <input type="checkbox"/> u <input type="checkbox"/>	High pressure washing before this flock y <input type="checkbox"/> n <input type="checkbox"/> u <input type="checkbox"/>	Bird-proof netting y <input type="checkbox"/> n <input type="checkbox"/> u <input type="checkbox"/>
Rodent control (describe) y <input type="checkbox"/> n <input type="checkbox"/> u <input type="checkbox"/>	Restocking all in - all out y <input type="checkbox"/> n <input type="checkbox"/> u <input type="checkbox"/>	Partial restocking y <input type="checkbox"/> n <input type="checkbox"/> u <input type="checkbox"/>	Last time new birds introduced Date (dd/mm/yyyy)	
Manure handling (use of litter/manure on holding currently - fertilizer used on farm, sold off farm, buried/burnt on site, stored)		Dead bird disposal (how are dead birds disposed of - incinerated, buried, rendered, consumed, manure pit, compost)		

Feeding (check all that apply) <input type="checkbox"/> -feed are all produced on farm <input type="checkbox"/> -scavenging <input type="checkbox"/> - household leftovers <input type="checkbox"/> -feeds purchased and brought onto holding When did the last feed truck enter? (dd/mm/yyyy)    Truck ID?	Drinking water (check all that apply) <input type="checkbox"/> -municipal supply <input type="checkbox"/> -river or canal <input type="checkbox"/> -on farm water treatment practiced <input type="checkbox"/> -pond or lake <input type="checkbox"/> -well or borehole <input type="checkbox"/> -shared water source with wild birds
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## Necropsy examination

Dehydration y <input type="checkbox"/> n <input type="checkbox"/> u <input type="checkbox"/>	Cyanosis of combs and wattles y <input type="checkbox"/> n <input type="checkbox"/> u <input type="checkbox"/>	Edema of head y <input type="checkbox"/> n <input type="checkbox"/> u <input type="checkbox"/>	Necrotic foci in organs y <input type="checkbox"/> n <input type="checkbox"/> u <input type="checkbox"/>	Hemorrhages in trachea y <input type="checkbox"/> n <input type="checkbox"/> u <input type="checkbox"/>		
Pancreatitis y <input type="checkbox"/> n <input type="checkbox"/> u <input type="checkbox"/>	Hemorrhages in alimentary tract y <input type="checkbox"/> n <input type="checkbox"/> u <input type="checkbox"/>	Hemorrhage/congested shanks y <input type="checkbox"/> n <input type="checkbox"/> u <input type="checkbox"/>	Diarrhea y <input type="checkbox"/> n <input type="checkbox"/> u <input type="checkbox"/>	Neurologic signs y <input type="checkbox"/> n <input type="checkbox"/> u <input type="checkbox"/>		
External appearance	Head and neck	Respiratory tract	Alimentary tract	Heart and circulatory system	Urinary tract	Muscles bones joints

## Presumptive clinical diagnosis

1	2	3	4
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## Vaccination Info

Diagnosis	species	date	type	route	manufacturer	vaccinated	lot	comments

Comments

Samples collected for laboratory examination (swabs: OS-oro-pharyngeal, TS-tracheal, CS-cloacal, tissues: L-lungs, T-trachea, B-brain, S-spleen)

Bird Species and Sample ID	Sick or Dead	Swabs: check and circle codes	Fecal Sample	Tissues: check and circle codes	Clotted blood	EDTA blood
	S D	<input type="checkbox"/> OS TS CS	yes <input type="checkbox"/> no <input type="checkbox"/>	<input type="checkbox"/> L T B S	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
	S D	<input type="checkbox"/> OS TS CS	yes <input type="checkbox"/> no <input type="checkbox"/>	<input type="checkbox"/> L T B S	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
	S D	<input type="checkbox"/> OS TS CS	yes <input type="checkbox"/> no <input type="checkbox"/>	<input type="checkbox"/> L T B S	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
	S D	<input type="checkbox"/> OS TS CS	yes <input type="checkbox"/> no <input type="checkbox"/>	<input type="checkbox"/> L T B S	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
	S D	<input type="checkbox"/> OS TS CS	yes <input type="checkbox"/> no <input type="checkbox"/>	<input type="checkbox"/> L T B S	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
	S D	<input type="checkbox"/> OS TS CS	yes <input type="checkbox"/> no <input type="checkbox"/>	<input type="checkbox"/> L T B S	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
	S D	<input type="checkbox"/> OS TS CS	yes <input type="checkbox"/> no <input type="checkbox"/>	<input type="checkbox"/> L T B S	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
	S D	<input type="checkbox"/> OS TS CS	yes <input type="checkbox"/> no <input type="checkbox"/>	<input type="checkbox"/> L T B S	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
	S D	<input type="checkbox"/> OS TS CS	yes <input type="checkbox"/> no <input type="checkbox"/>	<input type="checkbox"/> L T B S	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
	S D	<input type="checkbox"/> OS TS CS	yes <input type="checkbox"/> no <input type="checkbox"/>	<input type="checkbox"/> L T B S	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
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	S D	<input type="checkbox"/> OS TS CS	yes <input type="checkbox"/> no <input type="checkbox"/>	<input type="checkbox"/> L T B S	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>

Rapid field test results

<input type="checkbox"/> Test performed	Test used	Bird Species	Sample ID	Sample used: <input type="checkbox"/> -oro-pharyngeal swab <input type="checkbox"/> -tracheal swab <input type="checkbox"/> -cloacal swab	Result: <input type="checkbox"/> -negative <input type="checkbox"/> -positive <input type="checkbox"/> -uninterpretable
<input type="checkbox"/> Test performed	Test used	Bird Species	Sample ID	Sample used: <input type="checkbox"/> -oro-pharyngeal swab <input type="checkbox"/> -tracheal swab <input type="checkbox"/> -cloacal swab	Result: <input type="checkbox"/> -negative <input type="checkbox"/> -positive <input type="checkbox"/> -uninterpretable
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<input type="checkbox"/> Test performed	Test used	Bird Species	Sample ID	Sample used: <input type="checkbox"/> -oro-pharyngeal swab <input type="checkbox"/> -tracheal swab <input type="checkbox"/> -cloacal swab	Result: <input type="checkbox"/> -negative <input type="checkbox"/> -positive <input type="checkbox"/> -uninterpretable

Case Log and additional details

Signature of investigation officer/submitter

Date (dd/mm/yyyy)