

VETERINARY PUBLIC HEALTH PROGRAM Report Sick or Dead Birds or Mammals Highly Pathogenic Avian Influenza Suspected Case Reporting Form

Instructions: Use this form to report suspected and confirmed cases of H5 Bird Flu and other highly pathogenic avian influenza to the Veterinary Public Health Program at the Los Angeles County Department of Public Health. For a complete list of reportable animal diseases and conditions, and reporting forms, please visit our website: publichealth.lacounty.gov/vet/. For more information about highly pathogenic avian influenza, please visit this webpage: publichealth.lacounty.gov/vet/. For more information about highly pathogenic avian influenza, please visit this webpage: publichealth.lacounty.gov/vet/. For more information about highly pathogenic avian influenza, please visit this webpage:

_ Email completed form to: vet@ph.lacounty.gov OR fax to (213) 481-2375. Date form completed: _ 1. Animal Information Type of animal: ☐ Bird ☐ Mammal Species: Wild or domestic? If outbreak or cluster, how many animals affected? ☐ Wild ☐ Domestic Animal Shelter (if impounded): Impound number or Animal name: 2. Animal Owner (if applicable) First name: Last name: Address: City: Zip: Phone: E-mail: 3. Animal Location (where animal found or originated, if not same as above) Location name: (park, lake, home, etc.) Address or intersection: City: Zip: 4. Reporting Party Reporter name: Facility name: Phone: E-mail: 5. Recent Exposure History (check all that apply) ☐ **Exposure to bird**. Describe nature of exposure, type of bird, and whether bird is sick, if known (e.g wild bird predation) ☐ **Raw meat.** Describe type of raw meat, where purchased, and if any still available for testing, if known: ☐ **Raw pet food**. Describe brand(s) of food, flavor, size, where purchased, and if any still available for testing, if known: ☐ Exposure to other sick / infected animal: ______ ☐ Other exposure: □ No known exposure to influenza 6. Clinical Findings Date of illness or date found: Date of death:_ ☐ Euthanized? ☐ Died? ☐ Fever (T=____°F) ☐ Loss of appetite Check all that apply: ☐ Lethargy □ Diarrhea ☐ Nasal/ocular discharge ☐ Pulmonary / lung signs □ Vomiting ☐ Neurologic signs ☐ Found dead ☐ Icterus (jaundice) ☐ Eye lesions / blindness ☐ No clinical signs ☐ Other (specify): ___

| 7. Diagnostic testing f | or influenza (attach all results to repo | rt) | | |
|---|---|--|---|---|
| Date of test: | Type of test (e.g. PCR): | Results: | | |
| Date of test: | Type of test (e.g. PCR): | | | |
| 8. Additional Comme | nts | | | |
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| can change and gain the soirds/animals, especially grade respirator, disposable disinfected or boot content in the solution in the moselves for influenzationally pathogenic avian in | Personal Protective Equipment (PPI racting an avian influenza virus is low. Ho ability to infect humans more easily, it is if for individuals who have recurring or probable gloves, properly fitted eye protection overs, and head or hair cover. Individuals elike illness for 10 days after exposure. Individuals after exposure and the contacted by an employed ease visit our website: http://publichealth. | mportant to practice safety precautions longed exposures. Recommended PPE in n, fluid-resistant disposable gown or contexposed to a sick or dead bird/mammal dividuals with an exposure to an animal the of the Department of Public Health. For | e avian influen when handling ncludes an N-9 veralls, footwe should monito hat tests positi | g 1 5 or above ear that car or ive for |
| | ird/Mammal(s) Reported Above | | | |
| Contact 1 First and Last | Name: | | | |
| Phone: | | Email: | | |
| Occupation: | | Agency, Company (if applicable): | | |
| Zip Code of Residence: | | | | |
| Please describe exposur | e to animal: | | | |
| Was this person wearing | full Personal Protective Equipment (PPE) a | s described in paragraph above? | □ Y | □ N |
| Contact 2 First and Last | Name: | | | |
| Phone: | | Email: | | |
| Occupation: | | Agency, Company (if applicable): | | |
| Zip Code of Residence: | | <u> </u> | | |
| Please describe exposur | e to animal: | | | |
| Was this person wearing full Personal Protective Equipment (PPE) as described in paragraph above? | | | □ Y | □ N |
| Contact 3 First and Last | Name: | | | |
| Phone: | | Email: | | |
| Occupation: | | Agency, Company (if applicable): | | |
| Zip Code of Residence: | | 1 | | |
| Please describe exposur | e to animal: | | | |
| Was this person wearing full Personal Protective Equipment (PPE) as described in paragraph above? | | | □ Y | □ N |