**INITIAL OCCURRENCE INFORMATION**

**DISEASE IN A FARM No.**

**1. LOCAL UNIT OF SURVEILLANCE: ICA OTHER**

**2. IDENTIFICATION AND LOCALIZATION**

OWNER'S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NAME OF THE FARM\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DEPARTMENT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MUNICIPALITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PARISH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LATITUDE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_LONGITUDE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE OR FAX\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. TYPE OF FARM**

|  |  |
| --- | --- |
| COMMERCIAL FARROWING |  |
| FATTENERS COMMERCIAL |  |
| COMMERCIAL FARROW-TO-FINISH |  |
| EXTENSIVE |  |
| BACKYARD |  |
| OTHER |  |

**4. NOTIFICATION 5. CRONOLOGY (DATE dd/mm/yy**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| OWNER OR ADMINISTRATOR |  |  | FIRST DISEASED ANIMAL |  |
| OTHER |  |  | NOTIFICATION |  |
| ACTIVE SURVEILLANCE |  |  | FIRST INSPECTION |  |

**6. POPULATION, DISEASED AND DEAD ANIMALS FROM THE BEGINNING TO THE DATE OF THIS VISIT**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | POPULATION | | | | DISEASED | | | DEAD | | |
|  | VACINATED | NON-VACCI-NATED | TOTAL | | VACINATED | NON-VACCI-NATED | TOTAL | VACINATED | NON-VACCI-NATED | TOTAL |
| PIGLETS< 2 MONTHS |  |  |  |  | |  |  |  |  |  |
| MALES 2-6 MONTHS |  |  |  |  | |  |  |  |  |  |
| FEMALES 2-6 MONTHS |  |  |  |  | |  |  |  |  |  |
| MALES >6 MONTHS |  |  |  |  | |  |  |  |  |  |
| FEMALES >6 MONTHS |  |  |  |  | |  |  |  |  |  |
| TOTAL |  |  |  |  | |  |  |  |  |  |

1. DEAD ANIMALS SHOULD BE ALSO INCLUDED IN THE DISEASED COLUMN

**7. CLINICAL SIGNS**

**8. LESIONS IN NECROPSIED ANIMALS**

**9. PRESUMPTIVE DIAGNOSTIC**

**10. LAST VACCINATION AGAINST THE DISEASE BEFORE START (CHECK)**

DAY \_\_\_\_\_\_\_\_\_\_ MONTH \_\_\_\_\_\_\_\_\_ YEAR \_\_\_\_\_\_\_\_\_\_\_ LOT NUMBER \_\_\_\_\_\_\_\_\_\_\_ TYPE OF VACCINE \_\_\_\_\_\_\_\_\_\_ LABORATORY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**11. SAMPLING:** YES NO

TYPE OF SAMPLE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF THE LABORATORY WHERE THE SAMPLES ARE SENT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ANALYSIS TO BE PERFORMED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**12. ENTRY OF ANIMALS OR POSSIBLE "VEHICLES" OF THE DISEASE IN THE LAST 30 DAYS BEFORE THE ONSET**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| TYPE ENTRY |  | IDENTIFICATION OF THE ORIGIN ( NAMES) | | | |
| DATE | TYPE (FARM-MARKET-...) | OWNER | MUNICIPALITY | DEPARTMENT |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

.

**13. EXIT OF ANIMALS OR POSSIBLE "VEHICLES" OF THE DISEASE BEWEEN 30 DAYS BEFORE THE ONSET**

**AND THE DATE OF THE INSPECTION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| TYPE EXIT |  | IDENTIFICATION OF THE DESTINATION ( NAMES) | | | |
| DATE | TYPE (FARM-MARKET-...) | OWNER | DATE | DEPARTMENT |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**14. RECOMENDED HEALTH MEASURES**

|  |  |  |  |
| --- | --- | --- | --- |
| CLEAN AND DISINFECTION |  | IMMOVILIZATION OF DISEASED AND CONTACT ANIMALS |  |
| TREATMENT |  | QUARANTINE IN THE FARM |  |
| SACRIFICE OF THE ANIMALS |  | COMUNICATE WHERE ANIMALS HAVE BEEN MOVED TO THE ANIMAL HEALTH UNIT RESPONSIBLE OF THE AREA |  |
| VACCINATION IN NEIGHBOUR NON-AFFECTED FARMS |  | QUARANTINE IN THE AREA |  |
| VACCINATION IN THE AFFECTED FARM (DO NOT VACCINATE DISEASED ANIMALS AND THEIR CONTACTS) |  | OTHER (INDICATE) |  |

**15. POSSIBLE ORIGIN OF THE DISEASE**

**16. OTHER REMARKS**