

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



Instructions: Use this form to report suspected and confirmed cases of 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: <u>http://publichealth.lacounty.gov/vet/</u>. For more information about highly pathogenic avian influenza, please visit this webpage: <u>http://publichealth.lacounty.gov/vet/HPAI.htm</u>.

Date form completed:

Email completed form to: <u>vet@ph.lacounty.gov</u> OR fax to (213) 481-2375.

1. Animal Information				
Type of animal: Wild bird Poultry Pet bird Mammal (specify):				
Number of animals:	Type of bird (e.g. goose, chicken, parrot), if applicable:			
	Impound number:			
2. Animal Owner (if applicable)				
First name:		Last name:		
Address:		City:	Zip:	
Phone:		E-mail:		
3. Animal Location (where in the community the animal was found or originated, if not same as owner above)				
Location name: (park, lake, home, etc.)				
Address or intersection:		City:	Zip:	
4. Reporting Party				
Reporter name:		Facility name:		
Phone:		E-mail:		
5. History (please provide any details about how the bird/mammal(s), were found or any additional information)				
6. Clinical Findings				
Date of illness or date found:		Date of death:		
		□ Euthanized? □ Di	ed?	
Check all that apply:				
Cough Decreased egg production Diarrhea Loss of appetite Nasal/ocular discharge				
Neurologic Sneezing Swelling or purple discoloration of head/eyes				
Found Dead Unknown No Clinical Signs				
Other (specify):				
Additional details or description of symptoms/clinical findings:				
7. Additional Comments				

The risk of a human contracting an avian influenza virus is low influenza viruses can change and gain the ability to infect hup precautions when handling birds/animals, especially for indiv Appropriate Personal Protective Equipment (PPE) is defined properly fitted eye protection, fluid-resistant disposable go covers, and head or hair cover. Individuals exposed to a sick influenza-like illness for 10 days after exposure. Individuals we pathogenic avian influenza will be contacted by an employee about avian influenza, please visit our website: http://publicl	mans more easily, it is important to practice safety viduals who have recurring or prolonged exposures. d as an N-95 or above grade respirator, disposable gloves, wn or coveralls, footwear that can be disinfected or boot or dead bird/mammal should monitor themselves for vith an exposure to an animal that tests positive for highly e of the Department of Public Health. For more information			
9. Human Contacts of Bird/Mammal(s) Reported Above Contact 1 First and Last Name:				
	1			
Phone:	Email:			
Occupation:	Agency, Company (if applicable):			
Zip Code of Residence:				
Please describe exposure to animal:				
Was this person wearing full Personal Protective Equipment (PPE) as described in paragraph above? Y N N				
Contact 2 First and Last Name:				
Phone:	Email:			
Occupation:	Agency, Company (if applicable):			
Zip Code of Residence:				
Please describe exposure to animal:				
Was this person wearing full Personal Protective Equipment (PPE) as described in paragraph above? V N				
Contact 3 First and Last Name:				
Phone:	Email:			
Occupation:	Agency, Company (if applicable):			
Zip Code of Residence:				
Please describe exposure to animal:				
Was this person wearing full Personal Protective Equipment (PPE) as described in paragraph above? Y N				

PLEASE SUBMIT APPLICABLE LABORATORY RESULTS WITH THIS FORM AND EMAIL TO:

vet@ph.lacounty.gov

Veterinary Public Health Tel:(213) 288-7060

http://publichealth.lacounty.gov/vet/(Rev. 3/2023)

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