



VETERINARY PUBLIC HEALTH PROGRAM

Report Sick or Dead Birds

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: <http://publichealth.lacounty.gov/vet/>. For more information about highly pathogenic avian influenza, please visit this webpage: <http://www.publichealth.lacounty.gov/vet/AI.htm>.

Date form completed: _____ **Email completed form to:** vet@ph.lacounty.gov **OR fax to (213) 481-2375.**

1. Animal Information			
Type of animal: <input type="checkbox"/> Wild bird <input type="checkbox"/> Poultry <input type="checkbox"/> Pet bird <input type="checkbox"/> Other (specify): _____			
Number of animals: <input type="checkbox"/> One <input type="checkbox"/> Multiple (give number): _____		Type of bird (e.g. duck, chicken, parrot):	
Shelter (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 historic details about bird(s), if known)			
6. Clinical Findings			
Date of illness or date found:		Date of death: _____	
		<input type="checkbox"/> Euthanized? <input type="checkbox"/> Died?	
<u>Check all that apply:</u>			
<input type="checkbox"/> Cough <input type="checkbox"/> Decreased egg production <input type="checkbox"/> Diarrhea <input type="checkbox"/> Loss of appetite <input type="checkbox"/> Nasal/ocular discharge <input type="checkbox"/> Neurologic <input type="checkbox"/> Sneezing <input type="checkbox"/> Swelling or purple discoloration of head/eyes <input type="checkbox"/> Weakness <input type="checkbox"/> Found Dead <input type="checkbox"/> Unknown <input type="checkbox"/> 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. However, because it is possible and because avian influenza viruses can change and gain the ability to infect humans more easily, it is important to practice safety precautions when handling birds, especially for individuals who have recurring or prolonged exposure to birds. **Appropriate Personal Protective Equipment (PPE) is defined as an N-95 or above grade respirator, disposable gloves, properly fitted eye protection, fluid-resistant disposable gown or coveralls, footwear that can be disinfected or boot covers, and head or hair cover.** Individuals who had an exposure to a sick or dead bird should monitor themselves for influenza-like illness for 10 days after exposure. Individuals who had an exposure to a bird that tests positive for highly pathogenic avian influenza will be contacted by an employee of the Department of Public Health. For more information about avian influenza, please visit our website: <http://www.publichealth.lacounty.gov/vet/AI.htm>.

9. Human Contacts of Bird(s) Reported Above

Contact 1 First and Last Name:	
Phone:	Email:
Occupation:	Agency, Company (if applicable):
Zip Code of Residence:	
Please describe exposure to bird:	
Was this person wearing full Personal Protective Equipment (PPE) as described in paragraph above? <input type="checkbox"/> Y <input type="checkbox"/> N	
Contact 2 First and Last Name:	
Phone:	Email:
Occupation:	Agency, Company (if applicable):
Zip Code of Residence:	
Please describe exposure to bird:	
Was this person wearing full Personal Protective Equipment (PPE) as described in paragraph above? <input type="checkbox"/> Y <input type="checkbox"/> N	
Contact 3 First and Last Name:	
Phone:	Email:
Occupation:	Agency, Company (if applicable):
Zip Code of Residence:	
Please describe exposure to bird:	
Was this person wearing full Personal Protective Equipment (PPE) as described in paragraph above? <input type="checkbox"/> Y <input type="checkbox"/> 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. 10/2022)

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