

Follow-up report No.: 1

Report reference: , OIE Ref: 7851, Report Date: 03/03/2009, Country: Nigeria

Report Summary

Disease	Highly pathogenic avian influenza	Animal type	Terrestrial
Causal Agent	Highly pathogenic avian influenza virus	Serotype(s)	H5N1
Clinical Signs	Yes	Reason	Reoccurrence of a listed disease
Date of first confirmation of the event	24/07/2008	Date of Start of Event	22/07/2008
Date of report	03/03/2009	Date Submitted To OIE	03/03/2009
Diagnosis	Laboratory (advanced)	Date Of Last Occurrence	09/01/2008
Number Of Reported Outbreaks	Submitted= 2, Draft= 0, Deleted= 2	Name of Sender of the report	Dr Junaidu A. Maina
Address	Area 11, P.O.Box 135	Position	Director
	Garki, Abuja,	Fax	(234) 9 5240126
	Nigeria ABUJA FCT	Entered by	Dr Junaidu A. Maina
Telephone	(234) 9 3142319		
Email	junaidumaina@yahoo.com		

Outbreak (other report - draft) (deleted)

State	Local Govt	District	Unit Type	Location	Latitude	Longitude	Start date	End Date
KATSINA	Katsina	Katsina	Farm	Kadarko quarters	12,97	7,62	22/07/2008	24/10/2008
Species	Measuring units	Susceptible	Cases	Deaths	Destroyed	Slaughtered		
Birds	Animals	110	31	31	79	0		
Affected Population		A small backyard flock with mixed species of local chickens, Guinea fowls and ducks						

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Birds	Animals	4253	1514	1514	2739	0	
Affected Population		A commercial backyard poultry flock, but the owner keeps few ducks within the premises					

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Outbreak summary: Total outbreaks = 2 (Draft)

Species	Susceptible	Cases	Deaths	Destroyed	Slaughtered
Birds	4363	1545	1545	2818	0

Outbreak summary: Total outbreaks = 4 (Submitted)

Species	Susceptible	Cases	Deaths	Destroyed	Slaughtered
Birds	8726	3090	3090	5636	0

Epidemiology

Epidemiological comments	Source of the outbreak(s) or origin of infection	<ul style="list-style-type: none"> Contact with wild species Introduction of new live animals
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Control Measures

Applied	<ul style="list-style-type: none"> Quarantine Movement control inside the country 	To be applied	<ul style="list-style-type: none"> No Planned Control Measures
		Vaccination Prohibited	Yes

	<ul style="list-style-type: none"> • Disinfection of infected premises/establishment(s) • Modified stamping out
Animals treated	No

Country / Zone

Country or zone	the whole country
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Diagnostic test results

Laboratory Type	Name of Laboratory	Species	Test Type	Date Results Provided	Result
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Future Reporting

What further reports will be submitted in relation to this event?	The event is resolved. No more reports will be submitted.
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Outbreak map

