

Follow-up report No.: 2

Report reference: , OIE Ref: 8285, Report Date: 17/03/2010, Country: China (People's Rep. of)

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	17/05/2009	Date of Start of Event	08/05/2009
Date of report	17/03/2010	Date Submitted To OIE	17/03/2010
Diagnosis	Clinical, Laboratory (advanced)	Date Of Last Occurrence	06/2006
Number Of Reported Outbreaks	Submitted= 2, Draft= 0	Name of Sender of the report	Dr Zhang Zhongqui
Address	No.11, Nongzhanguan Nanli	Position	Deputy Director General
	Chaoyang District	Fax	(86-10) 641 928 69
	Beijing, 100 Beijing	Entered by	Dr Zhang Zhongqui
Telephone	(86-10) 641 928 28		
Email	xmjwjch@agri.gov.cn		

Outbreak (other report - submitted)

Province	City	Unit Type	Location	Latitude	Longitude	Start date	End Date
QINGHAI	Hainan Prefecture	Not applicable	Genggahu Lake	36,6	99,16	08/05/2009	26/06/2009
Species	Measuring units	Susceptible	Cases	Deaths	Destroyed	Slaughtered	
Birds	Animals	600	0	0	600	0	
Wild species	Animals	...	...	121	0	0	
Affected Population		600 backyard birds were destroyed as a precaution to avoid avian influenza spread from wild birds to domestic birds.					

Outbreak (other report - submitted)

Province	City	Unit Type	Location	Latitude	Longitude	Start date	End Date
QINGHAI	Nanhai Prefecture	Not applicable	Nanhai Prefecture	36,6	99,1	27/05/2009	26/06/2009
Species	Measuring units	Susceptible	Cases	Deaths	Destroyed	Slaughtered	
Birds	Animals	23093	0	0	23093	0	
Wild species	Animals	...	...	162	...	...
Affected Population		23,093 domestic birds were destroyed as a precaution to avoid avian influenza spread from wild birds to domestic birds.					

Outbreak summary: Total outbreaks = 2 (Submitted)

Species	Susceptible	Cases	Deaths	Destroyed	Slaughtered
Birds	23693	0	0	23693	0
Wild species			283	0	0

Epidemiology

Epidemiological comments	Source of the outbreak(s) or origin of infection	• Unknown or inconclusive
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Control Measures

Applied	<ul style="list-style-type: none"> • Control of arthropods • Stamping out • Quarantine • Movement control inside the country • Zoning • Disinfection of infected premises/establishment(s) 	To be applied	• No Planned Control Measures
		Vaccination Prohibited	No
Animals treated	No		

Country / Zone

Country or zone	a zone or compartment
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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 maps

