



## NOTIFICATION OF A CONTROLLED DISEASE OUTBREAK AFRICAN HORSE SICKNESS (SOUTH AFRICA)


**Date**      **dd/mm/yy**
**Province:**
**Ref No :**
**OVI Sample No:**

### DETAILS OF PERSON REPORTING THIS OUTBREAK

**Name :**
**Telephone No:**
**Address:**
**Fax No:**

### CONTACT DETAILS OF OWNER

**Owners Name:**
**Owners Tel:**
**Owners address:**
**Owners fax:**
**Private Vet Name:**
**Private Vet Address:**
**Private Vet Tel:**

### DETAILS OF OUTBREAK

**Name of Disease: AFRICAN HORSE SICKNESS**
**No of cases:    Dead**
**Alive**
**Description of affected cases:**  
Species, breed, age, sex, brand marks etc

**Clinical signs:**
**Epidemiological Comments :** (No of animals, vaccination status, possible source of infection, recent movement, contact animals)

**Municipal District**
**Property Name: (Full description)**
**GPS    E-**
**S-**
**Sample Date :**
**First symptoms date: (dd/mm/yy)**
**Person who diagnosed this outbreak:**

**Farmer**

**Private Vet**

**AHS Trust**

**State Vet**

**Other( Specify)**
**Nature of diagnosis:**

**Suspicion**

**Clinical**

**Post Mortem**

**Laboratory**
**Laboratory where diagnosis was made:**
**Diagnostic test used:**
**Vaccination record**
**YES**
**NO**
**Date of Last vaccination**
**(dd/mm/yy)**
**Submitted By:**
**Has the State Vet been Notified**
**YES**
**NO**
**Signature**
**Name in block letters**