**JAPANESE ENCEPHALITIS 2022-2023 VECTOR SEASON – ANIMAL INVESTIGATION FORM v1.4**

This form is to be used by Authorised Officers under the *Biosecurity Act 2015* to collect surveillance information about pigs and horses in New South Wales, that meet the **confirmed (**pigs) or **probable** (horses) case definition. This information will support NSW Health in their management of Japanese encephalitis (JE). Authorised Officers must explain the importance and purpose of this investigation.

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| **LOCATION / PROPERTY PHYSICAL ADDRESS** | | | | |
| **Property name:** | | **PIC:** | | |
| **Street address:** | | | | |
| **Town / Suburb:** | | **Postcode:** | | |
| **Was this property an IP in the 2021-2022 vector season?** Yes No Unsure | | | | |
| **PRIMARY PROPERTY CONTACT** | | | | |
| **Name:** | **Role:** | | | |
| **Organisation/ company name (if applicable):** | | | | |
| **Is this person responsible for the animals involved?**  Yes No | | | |  |
| **Phone:** | **Email:** | | | |
| **Does this person consent to NSW Health contacting them to provide human health advice to help protect themselves and other people on the property from mosquito-born diseases?** ☐ Yes ☐ No | | | | |
| **Private veterinarian name (if applicable):** | | | **Mobile:** | |
| **ANIMAL DETAILS** | | | | |

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| --- | --- | --- | --- | --- |
| **Species affected:**  Pig OR Horse (circle one) | | **No. of affected animals:** | **No. of the affected species on the property:** | |
| **Do you have a current mosquito management plan in place?** ☐ Yes ☐ No | | | | |
| **ANIMAL MOVEMENTS OFF THE PROPERTY > 10KM** | | | | |
| **PIG JE CASES:** Considering the six weeks prior to the date of this interview, were there any pig movements  (> 10km) OFF the property, excluding to a processing facility or commercial piggery (e.g., movements of pigs to agricultural shows, schools, research facilities, non-commercial properties etc)? **☐ Yes (advise below) ☐ No** | | | | |
| **HORSE JE CASES:** Considering the six weeks prior to the first clinical signs, was the affected horse moved OFF the property (> 10km) on which it was kept when it first showed clinical signs? **☐ Yes (advise below) ☐ No** | | | | |
| Date of movement OFF your property (dd/mm/yyyy) | Destination address (full address) | | | How long was the animal/s at this location? (state no. of days  OR permanently) |
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| **OTHER RELEVANT INFORMATION ABOUT THIS CASE** | |
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| **COMPLETED BY:** | |
| Authorised Officer name: | Date: |
| Authorised Officer mobile: | LLS region: |