

Farm-level questionnaire for enhanced human surveillance of avian influenza A(H5N1)

*****To be completed by investigator*****

Today's date (DD-MM-YYYY) _____

Investigator name: _____

Investigator contact: _____

Outbreak details

CFIA Investigation ID #: _____

Outbreak ID # (human cases – if applicable):

Event managed by/authority:

Index species where A(H5N1) first detected:

Enhanced human surveillance criteria met:

Reason investigation was initiated:

Multi-jurisdictional investigation?

Yes

No

Date of notification of event (DD-MM-YYYY):

Date of first detection in animal on farm (DD-MM-YYYY):

Date of positive animal specimen collection (DD-MM-YYYY):

Date enhanced surveillance initiated (DD-MM-YYYY):

*****To be completed by farm manager or farm owner*****

Name _____

Phone number _____

Occupation _____

Farm Information

Name of farm: _____

Address of farm: _____

Last name of owner of farm: _____

First name of owner of farm: _____

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Type of animals raised and companion animals on farm:

- Poultry _____ total # animals
- Swine _____ total # animals
- Beef cattle _____ total # animals
- Dairy cattle _____ total # animals
- Calves _____ total # animals
- Sheep _____ total # animals
- Goats _____ total # animals
- Other farm animal (please specify): _____ total # animals

- Other domestic animals living on farm or home on same premise as farm e.g. dogs, cats, other household pets (please specify): _____ total # animals

Total persons who live and also work (paid work, unpaid work, chores, etc.) on farm: _____

Total persons who work (paid work, unpaid work, chores, etc.) but do not live on farm: _____

Total persons who live on the premises but do not work on farm: _____

Total number of other persons (visitors, service providers, delivery, etc.) who have been on farm premises in past 2 weeks: _____

Is the farm open to the public?

- Yes
- No

Farm size _____ acres/ square metres (circle one)

Which animals were symptomatic?

- Poultry _____ total # sick animals Date of first detection: (DD-MM-YYYY) _____
- Swine _____ total # sick animals Date of first detection: (DD-MM-YYYY) _____
- Beef cattle _____ total # sick animals Date of first detection: (DD-MM-YYYY) _____
- Dairy cattle _____ total # sick animals Date of first detection: (DD-MM-YYYY) _____
- Calves _____ total # sick animals Date of first detection: (DD-MM-YYYY) _____
- Sheep _____ total # sick animals Date of first detection: (DD-MM-YYYY) _____
- Goats _____ total # sick animals Date of first detection: (DD-MM-YYYY) _____
- Cats _____ total # sick animals Date of first detection: (DD-MM-YYYY) _____
- Dogs _____ total # sick animals Date of first detection: (DD-MM-YYYY) _____
- Alpacas _____ total # sick animals Date of first detection: (DD-MM-YYYY) _____
- Rodents _____ total # sick animals Date of first detection: (DD-MM-YYYY) _____
- Wild animals (please specify): _____ total # sick animals
Date of first detection: (DD-MM-YYYY) _____
- Other (please specify): _____ total # sick animals
Date of first detection: (DD-MM-YYYY) _____

Biosecurity Measures

Is personal protective equipment (PPE)(e.g. gloves, mask, face shield, respirator, eye protection) routinely used on farm?

- No
- Yes

If yes, for which tasks on the farm is PPE recommended:

Describe: _____

If yes, please check all PPE that is used:

- Gloves
- Mask Type _____
- Respirator Type _____ Have staff been fit-tested? Yes No
- Face shield Type _____
- Eye protection Type _____
- Apron
- Other PPE (please describe) _____

Is personal protective equipment (PPE) shared between farm workers?

- Yes
- No

If yes, please describe which types of PPE are shared _____

If yes, is PPE disinfected between uses?

- Yes
- No

Worker and visitor protocols

Are workers trained in the use of personal protective equipment (PPE)?

- Yes
- No
- Only some of workers are (please describe): _____

If yes or some of workers are, please describe training provided:

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Are workers trained in preventative measures to reduce spread of A(H5N1)/avian influenza (e.g. donning and doffing of PPE, frequent handwashing, disinfection, quarantine of new animals, waste management)?

- Yes
- No
- Only some of workers are (please describe): _____

If yes or some of workers are, please describe training provided:

Are workers trained in recognizing signs of A(H5N1)/avian influenza in the types of animals they work with?

- Yes
- No
- Only some of workers are (please describe): _____

If yes or some of workers are, please describe training provided:

Does the farm have a policy that requires workers to stay home when sick?

- Yes
- No
- Other (please describe): _____

If yes, does the policy provide compensation for sick leave?

- Yes
- No
- Other (please describe): _____

Does anyone who works or provides routine services on farm work or provide routine services at other farms?

- Yes
- No

If yes, are there any procedures in place for employees before returning to this farm?

- Yes
- No

If yes, please describe: _____

Are visitors allowed to enter all areas of the farm?

- Yes
- No

If no, please describe areas that visitors are not allowed to enter: