



Animal and
Plant Health
Inspection
Service

Veterinary
Services

Highly Pathogenic Avian Influenza (HPAI) Investigation - Questionnaire

INSTRUCTIONS

The purpose of these investigations is to assess potential pathways of initial introduction of HPAI viruses onto commercial poultry operations and potential lateral transmission routes of HPAI viruses from infected premises to noninfected premises.

Following confirmation of an HPAI virus introduction into a commercial flock, an investigation should be initiated as soon as possible, no later than 1 week following detection. The investigator(s) assigned should be integrated into other response activities but their primary focus is on completion of the introduction investigation.

The Investigation Questionnaire provided is a guide for conducting a systematic and standardized assessment of potential pathways of initial virus movement onto the farm and potential movement of the virus off the farm. All sections of the form should be completed through direct conversation with the individual(s) most familiar with the farm's management and operations and questions are to be answered for the period 2 weeks prior to the detection of HPAI. Where applicable, direct observation should be conducted of the biosecurity or management practice asked about in this questionnaire. This is not a box-checking exercise but an in-depth review of the current biosecurity and management practices and exposure risks on an affected farm. For example, direct observation of the farm's employee donning and doffing procedures and compliance with company biosecurity practices are more important than checking the box on the form that indicates workers wear coveralls into the poultry houses. Investigators are encouraged to take notes and include them with the Investigation Questionnaire when completed.

An Investigation Questionnaire should be completed for the infected house or farm and **at least one** noninfected house or farm within the same complex as near as possible to the index infected flock.

**UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES**

HPAI INVESTIGATION QUESTIONNAIRE

Interviewer name/organization

Interviewee name/organization

Date

A. PREMISES INFORMATION

Farm name

Farm (premises) ID

Farm address

County

Township

Range

Section

Is this facility enrolled in the National Poultry Improvement Plan (NPIP)?

Yes No

B. PREMISES CONTACT INFORMATION

1. Contact name

Phone

Email

Cell phone

2. Contact name

Phone

Email

Cell phone

3. Contact name

Phone

Email

Cell phone

4. Flock Veterinarian

Phone

Email

Cell phone

C. PREMISES DESCRIPTION

1. Poultry type

Broiler Layer Turkey Other (specify: _____)

2. Production type

Meat Egg Breeding Other (specify: _____)

3. Age

Multiple age Single age

4. Sex

Hen Tom Both

5. Flock size

Number of birds _____

6. Facility type (check all that apply)

- Brood
 Grow
 Other (specify: _____)
 Both brooder and grower houses are present on the same premises
 Breeder
 Commercial

7. If brooder and grower houses are present on the same premises, are there multiple stages of management (brooding and growing), in the same house?

Yes No

8. Farm capacity _____ Number of birds
 Number of barns _____ Number of barns
 Barn capacity _____ Number of birds

9. What is the **primary** barn type/ventilation (check one only)

Curtain sided Environmental control Side doors Other (specify: _____)

10. Are cool cell pads used? Yes No

If Yes, what is the source of water for these pads? _____

11. Distance in yards of closest body of water near farm

_____ Yard

12. Water body type (check all that apply)

- Pond
 Lake
 Stream
 River
 Other (specify: _____)

13. What is the **primary** water source for poultry? (check one only)

- Municipal
 Well
 Surface water (e.g., pond)
 Other (specify: _____)

C. PREMISES DESCRIPTION (Cont.)

14. What other types of animals are present on the farm?

- a. Beef cattle Yes No
- b. Dairy cattle Yes No
- c. Horses Yes No
- d. Sheep Yes No
- e. Goats Yes No
- f. Pigs Yes No
- g. Dogs Yes No
- h. Cats Yes No
- i. Poultry or domesticated waterfowl Yes No
- j. Other (specify: _____) Yes No

15. Is water treated prior to delivery to poultry? Yes No

If Yes, how is it treated and with what? _____

D. FARM BIOSECURITY

<p>1. Is there a house with a family living in it on the property?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>2. Is there a common drive entrance to farm and residence?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>3. Do you have signage of "no admittance" or "biosecure area" on this property?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>4. Is there a gate to this farm entrance?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>5. Is the gate secured/locked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, what hours is it secured? _____</p>	<p>6. Is the farm area fenced in?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>7. How frequently is vegetation mowed/bush hogged on the premises?</p> <p>_____ times/month</p>	<p>8. Is the facility free of debris/clutter/trash piles?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>9. Is there a wash station/spray area available for vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, what disinfectant is used? _____</p>	<p>10. Is there a designated parking area for workers and visitors away from the barns/pens?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>11. Is there a changing area for workers? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do they shower? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>12. Do workers don dedicated laundered coveralls before entering each house on the premises?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>13. Do workers wear rubber boots or boot covers in poultry houses?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>14. Are the barn/pen doors lockable? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are they routinely locked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>15. Are foot pans available at barn/pen entrances? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are they in use? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>16. Are foot baths dry (powdered or particulate disinfectant)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>17. Are foot baths liquid disinfectant?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>18. Frequency foot pan solutions are changed? _____ times/month</p> <p>What disinfectant is used? _____</p>
<p>19. Is there an entry area in the barns/pens before entering the bird area?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are biosecurity audits or assessments (company or third party) conducted on this farm?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, when was the last audit or assessment conducted? _____ (Obtain a copy of the result of the audit or assessment if available.)</p>	<p>20. What pest and wildlife control measures are used on this farm?</p> <ul style="list-style-type: none"> a. Rat and mouse bait stations <input type="checkbox"/> Yes <input type="checkbox"/> No b. Bait stations checked at least every 6 weeks <input type="checkbox"/> Yes <input type="checkbox"/> No c. Fly control used <input type="checkbox"/> Yes <input type="checkbox"/> No <li style="padding-left: 20px;">If Yes, type and frequency: _____ d. Houses are bird proof <input type="checkbox"/> Yes <input type="checkbox"/> No e. Wild birds seen in house <input type="checkbox"/> Yes <input type="checkbox"/> No <li style="padding-left: 20px;">If Yes, type, number, and frequency: _____ f. Raccoons, possums, or foxes seen in or around poultry houses <input type="checkbox"/> Yes <input type="checkbox"/> No g. Wild turkeys, pheasants, or quail seen in or around poultry houses <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>21. Has this farm been confirmed positive for HPAI?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

E. FARM HELP/WORKERS

1. Total number of persons working on farm <p style="text-align: center;">_____ Number</p>	2. Number of workers living on the farm premises who are: a. Family _____ Number b. Nonfamily _____ Number
3. Workers are assigned to (<i>check one only</i>) <input type="checkbox"/> Entire farm <input type="checkbox"/> Specific barns/areas	4. Do the workers have a common break area? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, location: _____
5. Are workers employed by other poultry operations? <input type="checkbox"/> Yes <input type="checkbox"/> No	6. How often are training sessions held on biosecurity for workers? <p style="text-align: center;">_____ times/year</p>
7. Are family members employed by other poultry operations or processing plants? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, poultry operation or processing plant: _____	8. Do part-time/weekend help and other extended family members on holidays and vacations? <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Are workers (full and part time) restricted from being in contact with backyard poultry? <input type="checkbox"/> Yes <input type="checkbox"/> No How is this communicated? _____	

F. FARM EQUIPMENT

Is the equipment used on this premises farm specific, under joint ownership and it remains on this premises, or under joint ownership and used on other farm premises? A list of equipment follows.

1. Company vehicles/trailers: Farm specific? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, by whom is equipment jointly used: _____ Dates: _____	2. Feed trucks (excess feed): Farm specific? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, by whom is equipment jointly used: _____ Dates: _____
3. Gates/panels: Farm specific? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, by whom is equipment jointly used: _____ Dates: _____	4. Lawn mowers: Farm specific? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, by whom is equipment jointly used: _____ Dates: _____
5. Live haul loaders: Farm specific? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, by whom is equipment jointly used: _____ Dates: _____	6. Poult trailers: Farm specific? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, by whom is equipment jointly used: _____ Dates: _____
7. Pre-loaders: Farm specific? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, by whom is equipment jointly used: _____ Dates: _____ Describe pre-loader cleaning and disinfection procedures: _____	8. Pressure sprayers/washers: Farm specific? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, by whom is equipment jointly used: _____ Dates: _____
9. Skid-steer loaders: Farm specific? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, by whom is equipment jointly used: _____ Dates: _____	10. Tillers: Farm specific? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, by whom is equipment jointly used: _____ Dates: _____
11. Trucks: Farm specific? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, by whom is equipment jointly used: _____ Dates: _____	12. Other equipment Farm specific? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, by whom is equipment jointly used: _____ Dates: _____

G. LITTER HANDLING

1. Litter type: _____	2. Supplier/source: _____	3. Is a litter shed present? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you do partial cleanouts? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, give dates of last partial cleanout: _____	5. Date of last cleanout: _____ date Frequency of cleanout: _____ times/month	
6. Who does the cleanout? <input type="checkbox"/> Grower <input type="checkbox"/> Contractor If contractor, name and location _____	7. Litter is disposed of: <input type="checkbox"/> On farm <input type="checkbox"/> Taken off-site If taken offsite, name and location: _____	

H. DEAD BIRD DISPOSAL

1. Approximate normal daily mortality _____ Number of birds	2. How is daily mortality handled? a. On-farm: Burial pit/incinerator/composted/other (<i>specify:</i> _____) b. Off-farm: Landfill/rendering/other (<i>specify:</i> _____) c. Off-farm disposal performed by: Owner/employee/other (<i>specify:</i> _____) d. If burial or compost pits are used, are carcasses covered with soil on a daily basis? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. What is the pickup schedule?	5. Does the carcass bin have a cover? <input type="checkbox"/> Yes <input type="checkbox"/> No Is it routinely kept closed? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Contact name of company or individual responsible for disposal (<i>If rendering is used, include location of carcass bin on the farm map.</i>)	5. Does the carcass bin have a cover? <input type="checkbox"/> Yes <input type="checkbox"/> No Is it routinely kept closed? <input type="checkbox"/> Yes <input type="checkbox"/> No

I. FARM VISITORS

1. How many visitors do you have on a daily basis? _____ Number	2. Is there a visitor log to sign in? <input type="checkbox"/> Yes <input type="checkbox"/> No Is it current? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you provide any outer clothing to visitors entering the farm? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify items of clothing provided: _____	

4. Mark the following services that were on the farm when this flock was on the farm. List date of service and name of person (or contract company) and if they had contact with the birds.

Service	Dates	Name	Contact?
Service person	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Vaccination crew	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Moving crew (<i>moving from brood to grow, or pullet house to layer house</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Processing plant load out	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Load-out crew (<i>positive flock</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	If load-out took more than 1 night, was the returning crew the same crew?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Truck Number/Numbers		
	Trailer Number/Numbers		
What plant did flock go to?			
Load-out crew (<i>flock previous to positive flock</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	If load-out took more than 1 night, was the returning crew the same crew?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Truck Number/Numbers		
	Trailer Number/Numbers		
What plant did flock go to?			
Poult delivery	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Rendering pickup	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Litter services	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Cleanout services	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Equipment shared, rented, loaned, borrowed (<i>each of the categories of visitor is likely to be accompanied by equipment of some sort or another</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Feed delivery	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

5. Who makes sure covers are closed after delivery? _____

6. Are feed covers kept closed? Yes No

J. WILD BIRDS

1. Do you see wild birds around your farm? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what type of birds? (<i>check all that apply</i>) <input type="checkbox"/> Waterfowl <input type="checkbox"/> Gulls <input type="checkbox"/> Small perching birds (sparrows, starlings, or swallows) <input type="checkbox"/> Other water birds (egrets, cormorants, etc.) <input type="checkbox"/> Other _____	2. Do you see birds all year round? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what type of birds? _____ 3. Is there seasonality to the presence of some types of birds? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what type of birds and what seasons do you see them? _____ 4. Where are wild birds seen in relation to the farm? (<i>check all that apply</i>) <input type="checkbox"/> On adjacent habitats away from facilities and equipment (identify location of habitat on photos) <input type="checkbox"/> On the farm but not in the barns (identify facilities or equipment in which birds have contact) <input type="checkbox"/> On the farm and sometimes in the barns (identify facilities or equipment in which birds have contact)
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