



**Inquiry into the Hendra virus Equivacc® vaccine and its use by veterinary surgeons in Queensland**

**Report of a horse death following vaccination for Hendra virus**

This information is being collected as part of a survey to assist the committee to understand how adverse reactions to the HeV vaccine have been reported and handled, to identify any deaths that may not have been reported and to document the circumstances in which those deaths occurred. All personal details will be kept confidential by the committee.

**Name of horse owner:** \_\_\_\_\_

**Address of horse owner:** \_\_\_\_\_

**Address where horse kept (if different):** \_\_\_\_\_

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**Name of horse:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

**Breed (if known):** \_\_\_\_\_

**Any known health issues at the time of vaccination:** \_\_\_\_\_

**Date of vaccination:** \_\_\_\_\_

**Who administered the vaccination?** \_\_\_\_\_

**Microchip number (if known):** \_\_\_\_\_

**Vaccination given (please tick):**

1<sup>st</sup>     2<sup>nd</sup> (21-42 days after)     3<sup>rd</sup> (six months after the date of the 2<sup>nd</sup>)     subsequent booster

**Were any other medications provided in the week before vaccination?**     Yes     No     Unknown

**Were any other medications provided at the same time as the vaccine?**     Yes     No     Unknown

**If yes, please provide details:** \_\_\_\_\_

**Date of death:** \_\_\_\_\_

**Was the horse euthanised?**     Yes     No

**Circumstances of death (eg. symptoms, treatment provided):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was the death reported as a possible reaction to the vaccine?

Yes

No

Date of report: \_\_\_\_\_

Who made the report?

Owner

Vet

Zoetis

Other: \_\_\_\_\_

Who was the report made to?

Vet

Zoetis

APVMA

Other: \_\_\_\_\_

Report reference number (if known): \_\_\_\_\_

Were any assessments performed on the horse?

Yes

No

Unknown

Type of assessments (e.g. blood tests, necroscopy (autopsy)):

\_\_\_\_\_  
\_\_\_\_\_

If assessments were conducted, were the results provided to the horse owner?

Yes

No

Who provided them? \_\_\_\_\_

If the death was reported as a possible reaction to the vaccine, was feedback/follow-up advice received?

Yes

No

Unknown

Who provided the feedback/follow up advice?

\_\_\_\_\_

When was the feedback/follow up advice received? \_\_\_\_\_

How was feedback/follow-up advice provided (e.g. by letter, email, telephone call, in person)?

\_\_\_\_\_  
\_\_\_\_\_

How was the adverse reaction report categorised?  Probable  Possible  Unlikely  Unknown

Was the vaccination categorised as 'off-label' (contrary to the instructions/precautions)?  Yes  No

Further details: \_\_\_\_\_

\_\_\_\_\_

**CERTIFICATION:**

I hereby certify that the information contained in this form is true and correct to the best of my knowledge.

I understand that penalties may apply for deliberately providing false information to a committee of the Parliament.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Please return this form by 7 October 2016 via email to [aec@parliament.qld.gov.au](mailto:aec@parliament.qld.gov.au), via fax to (07) 3553 6699 or by post to: Agriculture and Environment Committee, Parliament House QLD 4000