Contact name ..... Horse Name: .....
First name *Surname*

Hendra Virus (Confirmed Animal Case) Exposure Assessment Form

Queensland Government

Public Health Unit Outbreak ID: .....

Completed by: ..... Date sent to NOCS: ...../...../.....

Telephone: ..... Fax: .....

BACKGROUND:

This contact history and exposure form is to document interviews with contacts of confirmed Hendra horses, enable qualitative estimates of exposure and to help plan management. The form, especially elements of the exposure assessment, is based on current knowledge of Hendra virus transmission. The document will be reviewed and revised regularly in light of new evidence.

Explanatory notes for this form are available on page 10.

This form should be used with everyone who was within 5m of the horse **and**: touched or handled the horse during this time; or participated in veterinary procedures; or felt exposure to equine body fluids e.g. respiratory droplets or blood. They can also be administered to people with indirect exposures, where appropriate.

Complete a set of the relevant pages for **each** confirmed horse.

CONTACT DETAILS: **UR No:** .....

Name: .....
First name *Surname*

Date of birth: ...../...../..... Age: ..... Years ..... Months Sex: ☐ Male ☐ Female .....

Name of parent/carer: .....

☐ Aboriginal ☐ Torres Strait Islander ☐ Aboriginal & Torres Strait Islander ☐ Non-Indigenous ☐ Unknown

English preferred language: ☐ Yes ☐ No – *specify* ..... Ethnicity – *specify* .....

Permanent address: .....

..... Postcode: .....

Home tel: ..... Mob: ..... Email: .....

Occupation: ..... Work telephone: .....

Temporary address in Queensland *(if different from permanent address)* : .....

..... Postcode: .....

Telephone: ..... Mob: ..... Email: .....

General Practitioner: Dr .....

Address: ..... Postcode: .....

Telephone: ..... Fax: ..... Email: .....

MEDICAL DETAILS:

Has the person become unwell in recent days? ☐ Yes ☐ No Onset date: ...../...../.....

☐ Systemic ☐ Respiratory ☐ Neurological ☐ Other – *specify*

.....

Immunocompromised: ☐ Yes ☐ No ☐ Unknown Details: .....

Known allergies: ☐ Yes ☐ No ☐ Unknown Details: .....

Chronic illness: ☐ Yes ☐ No ☐ Unknown Details: .....

Current medications: .....

Other significant history: .....

INFECTED HORSE DETAILS:

Common name and racing/stud name of horse: ..... ID No. .....

Location: ..... ID No. .....

Association to horse: ☐ Owner ☐ Rider ☐ Stablehand ☐ Vet ☐ Farrier ☐ Other – *specify* .....

Contact name..... Horse Name: .....
First name *Surname*

EXPOSURE PERIOD:

Onset of horse illness: ...../...../..... Time, if known ..... am/pm

Infectious period for horse: Date: ...../...../..... to Date: ...../...../.....
(Onset of clinical signs minus 72 hours) (Date of carcass disposal)

Location of exposure: ☐ Infected property ☐ Elsewhere – *specify* .....

Has contact ceased? ☐ Yes ☐ No

EXPOSURE ASSESSMENT

1. EXPOSURE ASSESSMENT – GENERAL DESCRIPTION OF EXPOSURES

NOTES FROM CONVERSATION WITH CONTACT
Indicate that from here, the interview will consist of two more parts. First, you will ask the contact to describe in their own words their contact with each horse. You will then ask a series of questions to explore the exposures in detail in the second part. Make notes that you can highlight or refer back to. **Try to capture the nature, magnitude, proximity, duration and frequency of exposures to body fluids. Include details of dates and times.** Complete a separate page for each horse if necessary.

Vet specific questions: *Can you describe exactly how you examined the horse and what procedures you did? Did you palpate the gums? What samples did you take? What did you do with the syringes and tubes? Did you use any disinfectants? Which? When do you think the horse developed signs of Hendra infection? Do you think any of the other horses on the property have been at risk from this horse?*

Property owner/horse owner/primary horse handler specific questions*: When do you think the horse developed signs of Hendra infection? Do you think any of the other horses on the property have been at risk from this horse? Are there any other people who may have visited the property or touched the horse across the fence?*

COMMENTS:

2. EXPOSURE ASSESSMENT – QUESTIONNAIRES

This section includes three questionnaires, allowing focus on three different aspects of contact with the horse during its illness:

- **General horse handling:** Administer this questionnaire to anyone who undertook activities such as patting, feeding, and grooming, and cleaning stables.
- **Procedures:** Administer this questionnaire to anyone who performed or assisted with procedures such as taking blood or other specimens, veterinary examinations and procedures.
- **Terminal event:** Covers the period of the horse's final event (death by illness or euthanasia).

Contact name.. Horse Name: ....
First name *Surname*

2. 1 EXPOSURE ASSESSMENT – GENERAL HORSE HANDLING DURING INFECTIOUS PERIOD

Use 1 column per encounter

Date of activity	Date ..../......../........ Time(s) .... ☐ Indoors ☐ Outdoors	Date ..../......../........ Time(s) .... ☐ Indoors ☐ Outdoors	Date ..../......../........ Time(s) .... ☐ Indoors ☐ Outdoors
Activity	☐ Walked horse on lead ☐ Held head/other body part ☐ Patted horse ☐ Groomed horse ☐ Fed horse ☐ Inserted bit ☐ Kissed muzzle ☐ Kiss to body ☐ Cleaned horse equipment ☐ Cleaned stable ☐ Was within 5m but didn't touch horse ☐ Other	☐ Walked horse on lead ☐ Held head/other body part ☐ Patted horse ☐ Groomed horse ☐ Fed horse ☐ Inserted bit ☐ Kissed muzzle ☐ Kiss to body ☐ Cleaned horse equipment ☐ Cleaned stable ☐ Was within 5m but didn't touch horse ☐ Other	☐ Walked horse on lead ☐ Held head/other body part ☐ Patted horse ☐ Groomed horse ☐ Fed horse ☐ Inserted bit ☐ Kissed muzzle ☐ Kiss to body ☐ Cleaned horse equipment ☐ Cleaned stable ☐ Was within 5m but didn't touch horse ☐ Other ....
1. How long did this activity last? **2. How close was their face to the horse? How long?** **3. Horse behaviour & signs**	1. Time spent with horse .... mins / hours 2. ....metres ....mins 3.	1. Time spent with horse .... mins / hours 2. ....metres .... mins 3.	1. Time spent with horse .... mins / hours 2. .... metres .... mins 3. ....
1. Did you get horse body fluid on you? **2. Where?** **3. Exposure to horse's equipment or stable contents**	1. ☐ Yes ☐ No ☐ Unknown ☐ Respiratory secretions ☐ Saliva ☐ Blood ☐ Urine ☐ Faeces ☐ Foaling fluids ☐ Other .... 2. ☐ Intact skin ☐ face ☐ hands ☐ other .... ☐ Broken skin ☐ face ☐ hands ☐ other .... ☐ Eyes ☐ Mouth ☐ Clothes 3. ☐ Yes ☐ No ☐ Unknown	1. ☐ Yes ☐ No ☐ Unknown ☐ Respiratory secretions ☐ Saliva ☐ Blood ☐ Urine ☐ Faeces ☐ Foaling fluids ☐ Other .... 2. ☐ Intact skin ☐ face ☐ hands ☐ other .... ☐ Broken skin ☐ face ☐ hands ☐ other .... ☐ Eyes ☐ Mouth ☐ Clothes 3. ☐ Yes ☐ No ☐ Unknown	1. ☐ Yes ☐ No ☐ Unknown ☐ Respiratory secretions ☐ Saliva ☐ Blood ☐ Urine ☐ Faeces ☐ Foaling fluids ☐ Other .... 2. ☐ Intact skin ☐ face ☐ hands ☐ other .... ☐ Broken skin ☐ face ☐ hands ☐ other .... ☐ Eyes ☐ Mouth ☐ Clothes 3. ☐ Yes ☐ No ☐ Unknown
Were you using any protective equipment?	☐ Yes ☐ No ☐ Unknown ☐ Gloves ☐ Gown ☐ Overalls ☐ Surgical mask ☐ P2 mask ☐ Face shield ☐ Goggles ☐ Sunglasses ☐ Safety glasses ☐ Prescription glasses ☐ Pow'd air purifying resp.	☐ Yes ☐ No ☐ Unknown ☐ Gloves ☐ Gown ☐ Overalls ☐ Surgical mask ☐ P2 mask ☐ Face shield ☐ Goggles ☐ Sunglasses ☐ Safety glasses ☐ Prescription glasses ☐ Pow'd air purifying resp.	☐ Yes ☐ No ☐ Unknown ☐ Gloves ☐ Gown ☐ Overalls ☐ Surgical mask ☐ P2 mask ☐ Face shield ☐ Goggles ☐ Sunglasses ☐ Safety glasses ☐ Prescription glasses ☐ Pow'd air purifying resp.
How and when did you clean up? (e.g. hand hygiene 5 mins after; shower and changed clothes 4 hrs after)			

Contact name.. Horse Name: ....
First name *Surname*

2.2 EXPOSURE ASSESSMENT – PROCEDURES DURING INFECTIOUS PERIOD (LIVE HORSE)

Use 1 column per encounter

Date of activity	Date ..../......../........ Time(s) .... ☐ Indoors ☐ Outdoors	Date ..../......../........ Time(s) .... ☐ Indoors ☐ Outdoors	Date ..../......../........ Time(s) .... ☐ Indoors ☐ Outdoors
Activity	☐ Held head/other body part ☐ Took blood ☐ Drenching ☐ Biopsied mandibular gland ☐ Intubation ☐ Endoscopy – *specify* .... ☐ Obstetric procedure ☐ Cleaned vet equipment ☐ Mouth to mouth resuscitation of foal ☐ Was within 5m but didn't touch horse ☐ Other	☐ Held head/other body part ☐ Took blood ☐ Drenching ☐ Biopsied mandibular gland ☐ Intubation ☐ Endoscopy – *specify* .... ☐ Obstetric procedure ☐ Cleaned vet equipment ☐ Mouth to mouth resuscitation of foal ☐ Was within 5m but didn't touch horse ☐ Other	☐ Held head/other body part ☐ Took blood ☐ Drenching ☐ Biopsied mandibular gland ☐ Intubation ☐ Endoscopy – *specify* .... ☐ Obstetric procedure ☐ Cleaned vet equipment ☐ Mouth to mouth resuscitation of foal ☐ Was within 5m but didn't touch horse ☐ Other ....
1. How long did this activity last? **2. How close was their face to the horse? How long?** **3. Horse behaviour & signs**	1. Time spent with horse .... mins / hours 2. ....metres ....mins 3.	1. Time spent with horse .... mins / hours 2. ....metres ....mins 3.	1. Time spent with horse .... mins / hours 2. ....metres .... mins 3. ....
1. Did you get horse body fluid on you? **2. Where?** **3. Exposure to horse's equipment or stable contents**	1. ☐ Yes ☐ No ☐ Unknown ☐ Respiratory secretions ☐ Saliva ☐ Blood ☐ Urine ☐ Faeces ☐ Foaling fluids ☐ Other .... 2. ☐ Intact skin ☐ face ☐ hands ☐ other .... ☐ Broken skin ☐ face ☐ hands ☐ other .... ☐ Eyes ☐ Mouth ☐ Clothes 3. ☐ Yes ☐ No ☐ Unknown	1. ☐ Yes ☐ No ☐ Unknown ☐ Respiratory secretions ☐ Saliva ☐ Blood ☐ Urine ☐ Faeces ☐ Foaling fluids ☐ Other .... 2. ☐ Intact skin ☐ face ☐ hands ☐ other .... ☐ Broken skin ☐ face ☐ hands ☐ other .... ☐ Eyes ☐ Mouth ☐ Clothes 3. ☐ Yes ☐ No ☐ Unknown	1. ☐ Yes ☐ No ☐ Unknown ☐ Respiratory secretions ☐ Saliva ☐ Blood ☐ Urine ☐ Faeces ☐ Foaling fluids ☐ Other .... 2. ☐ Intact skin ☐ face ☐ hands ☐ other .... ☐ Broken skin ☐ face ☐ hands ☐ other .... ☐ Eyes ☐ Mouth ☐ Clothes 3. ☐ Yes ☐ No ☐ Unknown
Were you using any protective equipment?	☐ Yes ☐ No ☐ Unknown ☐ Gloves ☐ Gown ☐ Overalls ☐ Surgical mask ☐ P2 mask ☐ Face shield ☐ Goggles ☐ Sunglasses ☐ Safety glasses ☐ Prescription glasses ☐ Pow'd air purifying resp.	☐ Yes ☐ No ☐ Unknown ☐ Gloves ☐ Gown ☐ Overalls ☐ Surgical mask ☐ P2 mask ☐ Face shield ☐ Goggles ☐ Sunglasses ☐ Safety glasses ☐ Prescription glasses ☐ Pow'd air purifying resp.	☐ Yes ☐ No ☐ Unknown ☐ Gloves ☐ Gown ☐ Overalls ☐ Surgical mask ☐ P2 mask ☐ Face shield ☐ Goggles ☐ Sunglasses ☐ Safety glasses ☐ Prescription glasses ☐ Pow'd air purifying resp.
How and when did you clean up? (e.g. hand hygiene 5 mins after; shower and changed clothes 4 hrs after)			

Contact name.. Horse Name: ....
First name *Surname*

2.3 EXPOSURE ASSESSMENT – TERMINAL EVENT (immediately prior to death to disposal of carcass)

Use 1 column per encounter

Date of activity	Date ....../......./....... Time(s) .... ☐ Indoors ☐ Outdoors	Date ....../......./....... Time(s) .... ☐ Indoors ☐ Outdoors	Date ....../......./....... Time(s) .... ☐ Indoors ☐ Outdoors
Activity	☐ Held head/other body part ☐ Took blood ☐ Gave drug ☐ Was within 5m but didn't touch horse ☐ Cleaned up area where horse died ☐ Cleaned vet equipment. ☐ Carcass disposal. ☐ Other	☐ Held head/other body part ☐ Took blood ☐ Gave drug ☐ Was within 5m but didn't touch horse ☐ Cleaned up area where horse died ☐ Cleaned vet equipment. ☐ Carcass disposal. ☐ Other	☐ Held head/other body part ☐ Took blood ☐ Gave drug ☐ Was within 5m but didn't touch horse ☐ Cleaned up area where horse died ☐ Cleaned vet equipment. ☐ Carcass disposal. ☐ Other ....
1. How long did this activity last? **2. How close was their face to the horse? How long?** **3. Horse behaviour & signs**	1. Time spent with horse .... mins / hours 2. ....metres ....mins 3.	1. Time spent with horse .... mins / hours 2. ....metres ....mins 3.	1. Time spent with horse .... mins / hours 2. ....metres .... mins 3. ....
1. Did you get horse body fluid on you? **2. Where?** **3. Exposure to horse's equipment or stable contents**	1. ☐ Yes ☐ No ☐ Unknown ☐ Respiratory secretions ☐ Saliva ☐ Blood ☐ Urine ☐ Faeces ☐ Foaling fluids ☐ Other .... 2. ☐ Intact skin ☐ face ☐ hands ☐ other .... ☐ Broken skin ☐ face ☐ hands ☐ other .... ☐ Eyes ☐ Mouth ☐ Clothes 3. ☐ Yes ☐ No ☐ Unknown	1. ☐ Yes ☐ No ☐ Unknown ☐ Respiratory secretions ☐ Saliva ☐ Blood ☐ Urine ☐ Faeces ☐ Foaling fluids ☐ Other .... 2. ☐ Intact skin ☐ face ☐ hands ☐ other .... ☐ Broken skin ☐ face ☐ hands ☐ other .... ☐ Eyes ☐ Mouth ☐ Clothes 3. ☐ Yes ☐ No ☐ Unknown	1. ☐ Yes ☐ No ☐ Unknown ☐ Respiratory secretions ☐ Saliva ☐ Blood ☐ Urine ☐ Faeces ☐ Foaling fluids ☐ Other .... 2. ☐ Intact skin ☐ face ☐ hands ☐ other .... ☐ Broken skin ☐ face ☐ hands ☐ other .... ☐ Eyes ☐ Mouth ☐ Clothes 3. ☐ Yes ☐ No ☐ Unknown
Were you using any protective equipment?	☐ Yes ☐ No ☐ Unknown ☐ Gloves ☐ Gown ☐ Overalls ☐ Surgical mask ☐ P2 mask ☐ Face shield ☐ Goggles ☐ Sunglasses ☐ Safety glasses ☐ Prescription glasses ☐ Pow'd air purifying resp.	☐ Yes ☐ No ☐ Unknown ☐ Gloves ☐ Gown ☐ Overalls ☐ Surgical mask ☐ P2 mask ☐ Face shield ☐ Goggles ☐ Sunglasses ☐ Safety glasses ☐ Prescription glasses ☐ Pow'd air purifying resp.	☐ Yes ☐ No ☐ Unknown ☐ Gloves ☐ Gown ☐ Overalls ☐ Surgical mask ☐ P2 mask ☐ Face shield ☐ Goggles ☐ Sunglasses ☐ Safety glasses ☐ Prescription glasses ☐ Pow'd air purifying resp.
How and when did you clean up? (e.g. hand hygiene 5 mins after; shower and changed clothes 4 hrs after)			

Contact name..... Horse Name: .....
First name *Surname*

3. ASSESSMENT of INFECTION CONTROL including PPE

HAND HYGIENE (bare skin)

Was exposed skin intact?	☐ Yes	☐ No	☐ Unknown
Was hand hygiene always done after a procedure?	☐ Yes	☐ No	☐ Unknown
Was hand hygiene always done after body substance exposure risk?	☐ Yes	☐ No	☐ Unknown
Was hand hygiene always done after handling the horse?	☐ Yes	☐ No	☐ Unknown
Was hand hygiene always done after handling horse's stable contents?	☐ Yes	☐ No	☐ Unknown
Summary: Was hand hygiene satisfactory?	☐ Yes	☐ No	☐ Unknown

GLOVE USE

Were gloves always worn before direct contact with horse's blood or other body substances, mucous membranes and non-intact skin?	☐ Yes	☐ No	☐ Unknown
If gloves were used, which type? ☐ Latex ☐ Nitrile ☐ Other – *specify*			☐ Unknown
Were gloves always worn before handling horse's equipment and stable contents?	☐ Yes	☐ No	☐ Unknown
Summary: Was glove use satisfactory?	☐ Yes	☐ No	☐ Unknown

MASK USE

If masks were used, which type? e.g. P2, surgical, etc .....

Did the wearer of the mask have a beard or other facial hair?	☐ Yes	☐ No	☐ Unknown
Did the wearer fit check the mask each time one was used?	☐ Yes	☐ No	☐ Unknown
Has the wearer been fit tested for the respirator?	☐ Yes	☐ No	☐ Unknown
Summary: Was mask use satisfactory?	☐ Yes	☐ No	☐ Unknown

EXPOSURE SELF ASSESSMENT

Were there any mishaps/lapses with infection control including PPE:	☐ Yes	☐ No	☐ Unknown

1. Nature and cause of mishap – *specify* .....
   .....
   .....
2. Nature of exposure e.g. route of exposure (saliva, blood, respiratory secretions, urine, faeces, other), duration, activity at time or exposure – *specify* .....
   .....
   .....
3. Action in response to mishap/lapse – *specify* .....
   .....
   .....

Subjective overall appraisal of quality of infection control practice including use of appropriate PPE:

☐ Satisfactory ☐ Unsatisfactory

A judgement will need to be made by a public health practitioner or infection control practitioner about the impact on exposure from breaches and/or unsatisfactory practice of infection control including PPE.

.....
.....

COMMENTS:

Contact name..... Horse Name: .....
First name *Surname*

4. SUMMARY COMMENTS FROM INTERVIEWER

e.g. John had at least 2 face to face contacts (10 mins holding horse , 35 mins doing resp. endoscopy) with extensive exposures to mucous membranes and 1 day old uncovered wound on hand to respiratory secretions and blood. No PPE used and hand hygiene of intact skin 35 mins after.

5. UNCERTAINTY ASSESSMENT BY INTERVIEWER

Relates to onset of clinical signs in the horse (and therefore presumed infectious period) and likelihood of unrecorded exposures.

e.g. Good historian. John saw horse daily in the morning. Not clear exactly when signs started but signs present and horse clearly distressed on Tuesday 10 Nov at 0800hrs. No obvious problems with horse when drove past paddock Mon 9 Nov at 1800hrs. No evidence or opportunities for others to have been exposed.

Contact name..... Horse Name: .....
First name *Surname*

6. EXPOSURE ASSESSMENT

The following exposure assessment categories are given to assist decision-making by the team. Current epidemiological evidence is that Hendra virus infection has occurred only with those exposures described below as 'High'. The period when the risk of infection from a horse is greatest is when the horse is sick. Given the advice to minimise handling sick horses and use appropriate infection control including PPE, and the limited opportunities for exposure to a sick horse due to the usually rapid disease course, the additive effect from repeated less than 'High' exposures is generally likely to be minor. However the public health practitioner, team and the panel assessments should consider the nature, number and magnitude of multiple exposures in making the 'Initial Assessment' for a specific contact. While infection from needlestick injury has not been documented, it has been included based on expert advice.

6.1 EXPOSURE ASSESSMENT TABLE

Nature and magnitude of exposures	Initial assessment by team	Management
No exposure to contact's dermis and/or mucous membranes	☐ Nil	☐ Information and reassurance ☐ Referred to GP ☐ Other .....
Slight to extensive exposures to contact's intact dermis on <3 occasions	☐ Negligible	☐ Information and reassurance ☐ Referred to GP ☐ Other .....
Satisfactory and consistent use of appropriate infection control including PPE without breaches	☐ Negligible	☐ Information and reassurance ☐ Referred to GP ☐ Other .....
Slight to extensive exposures to contact's intact dermis on 3 or more occasions	☐ Low	☐ Information and reassurance ☐ Referred to GP ☐ Other .....
Slight exposures to contact's mucous membranes or uncovered wounds on 1 occasion	☐ Low	☐ Information and reassurance ☐ Referred to GP ☐ Other .....
Moderate exposures to contact's mucous membranes or uncovered wounds on 1 occasion	☐ Medium	☐ Review of assessment by panel Date ...../...../..... Panel: ..... Panel assessment ..... ☐ Information and reassurance ☐ Referred to GP ☐ Other .....
Extensive exposures to contact's mucous membranes and/or uncovered wounds and/or needlestick injury, on single or multiple occasions without adequate PPE e.g. kissing horse on muzzle, being drenched with oral or respiratory secretions, undertook respiratory tract procedures such as endoscopy or nasal lavage, performed or assisted with post mortem	☐ High	☐ Review of assessment by panel Date ...../...../..... Panel: ..... Panel assessment ..... ☐ Referred Contact to IDP Date ...../...../..... ☐ Information and reassurance ☐ Serology Date ...../...../..... Lab ..... ☐ Other testing ..... ☐ Referred to GP ☐ Note restriction on blood and tissue donation ☐ Other .....

Contact name..... Horse Name: .....
First name *Surname*

6. 2 INITIAL EXPOSURE ASSESSMENT and RISK ASSESSMENT by Team (+/– Panel) and UPDATES

Given current epidemiological evidence that Hendra virus infection has occurred only with those exposures described above as 'High' and insufficient information is available to enable quantitative risk assessment, the term 'At significant risk' could be applied to the 'High' exposure assessment category and 'Not at significant risk' to other exposure assessment categories.

Initial Exposure Assessment..... **Risk Assessment** .....

Case Officer: ..... PHU: ..... Date: ...../...../.....

Comments: .....

.....

.....

Updates

Case Officer: ..... Date: ...../...../.....

.....

.....

Case Officer: ..... Date: ...../...../.....

.....

.....

Case Officer: ..... Date: ...../...../.....

.....

.....

Contact name..... Horse Name: .....
First name *Surname*

Explanatory Notes for Hendra Exposure Assessment Form

This contact history and exposure form is to:

- document interviews with contacts of horses with confirmed Hendra virus infection
- enable qualitative estimates of exposure to assist epidemiological studies to identify the nature and magnitude of risk factors
- help plan management, especially referral for consideration of monoclonal antibody post-exposure prophylaxis.

The form is based on current knowledge of Hendra virus transmission.

A detailed history should be taken at the first interview as further information gathering may not be feasible if a contact becomes ill or otherwise unavailable for further follow up.

Multiple copies of individual pages may be needed if there are numerous exposures.

Page 1:

- Sociodemographic **'Contact Details**' according to NNDSS requirements; clarification that exposure has ceased.
- '**Infected horse details'**: some states and terrritories will have unique horse and property ID numbers.

Page 2:

- **Vet specific questions:** palpation of the gums is common practice when examining a horse; vets include detergents and soap and water in their definition of 'disinfectants'. Property owner, etc specific questions — seeks to elicit 'less obvious' contacts such as visitors to property or passersby who may have patted or fed horse.
- '**Comments**' section is to detail initial discussion about potential exposures.
- **Who should be administered questionnaires**: anyone who is likely to have had a direct exposure, as outlined on page 2. Can also be administered to people with indirect exposures where appropriate e.g. people who have cleaned out the stable of an infected horse before the stable was disinfected according to biosecurity procedures. **NB**: people administered the questionnaires but assessed as 'nil' exposure do not meet the contact definition.

Page 3, 4 and 5:

- **5m distance** is an arbitrary distance to take into account closer movements of a horse on a lead or which is agitated; this is also used in the horse handling and procedural documents.
- '**Foaling fluids**': Hendra virus infection can have similar symptoms to foaling.
- '**How and when did you clean up?**': a description is considered more useful to assess procedures than having tick boxes. Clean up is sometimes delayed for several hours.

Page 6:

- '**Assessment of Infection Control including PPE':** terms such as 'satisfactory' use of PPE, 'slight', 'moderate' and 'extensive' exposures are acknowledged to be subjective but cannot be succinctly defined.

Page 7:

- '**Uncertainty Assessment'**: Vets are concerned that the time of onset may be uncertain. Some exposures may not be remembered or disclosed at initial interview.

Page 8

- **'Exposure Assessment Table'**: terms such as 'satisfactory' use of PPE, 'slight', 'moderate' and 'extensive' exposures are acknowledged to be subjective but cannot be succinctly defined.