

AAAP COMMITTEE ON DISEASE REPORTING - 1967-1968

I. The committee expresses appreciation for the work of Dr. Wilson Henderson who compiled and published annual disease reports of the North Central Poultry Disease Conference. We wish and expect that continued success will accompany him to a new position in Canada. (Approved by all committee members except Dr. Henderson)

II. Recommendation in response to request of the president of AAAP regarding structure of committees.

The committee on Disease Reporting is now constituted of one representative each from:

- Northeastern Conference on Avian Diseases
- Southern Conference on Avian Diseases
- North Central Poultry Disease Conference
- Western Poultry Disease Conference

In order to encourage a poultry disease report from the Western States it is recommended that on a temporary basis an additional representative from that area be named.

III. Projects recommended to the next committee on Disease reporting of the AAAP.

1. Make a comparative study of the three regional poultry disease reports for the purpose of encouraging progress toward uniformity.
  - a. Collate nomenclature terms with listing of agreements and disagreements. Recommendations should be made as to preferable forms where terms or usages are different. After recommendations are presented at the AAAP meeting and a consensus achieved a glossary with criteria for diagnosis and reporting should be published.
  - b. Outline similarities and differences in the following with recommendations for uniformity where possible:
    - 1) Frequency of reports
    - 2) Sources of reports
    - 3) Age and species categories used
2. Outline reasons for, and objectives of, disease reporting.
  - a. Overcome suspicion that something is being hidden, as is the case when a report is not made.
  - b. An official report can be accompanied by an official interpretation of significance, in order to avoid misunderstanding and misinterpretation of information.

- c. Changes in prevalence and incidence of poultry disease can be detected. Recommendations should be made as to how "population at risk" can be determined and whether expressing incidence in % of total accessions will give valid comparisons.
  - d. Warning of exotic diseases or of new problems can be communicated to diagnosticians, research laboratories, industry and responsible officials.
  - e. Laboratories can monitor themselves by comparing records with results from other laboratories and regions.
  - f. Research, and disease control programs should be determined in part, by knowledge of relative incidence and prevalence of different disease conditions.
3. Recognize and clarify objections to reporting in order to solve the problems raised.
- a. Irresponsible use of disease reports could be detrimental to interests of a particular region, state, or sector of the industry.
  - b. Misunderstanding or misinterpretation of disease reports by the lay public could be detrimental to the industry.
  - c. Limitations of state and regional reports should be outlined as a precaution against overinterpretation.
4. Define and clarify reporting problems as first steps toward finding solutions. Most of the following are concerned with statistical validity of reporting systems. How can these problems be solved without an unreasonable increase in bulk and complexity of the reports?
- a. Frequency of diagnosis should be related to population at risk.
  - b. Should primary and secondary conditions be differentiated?  
How?
  - c. How should repeat submissions of the same case be identified and counted?
  - d. Better differentiation is needed between definite and presumptive diagnoses. Laboratories should be encouraged to refrain from diagnosis and classify conditions as "undetermined" when such is actually the case. Again, a criteria for disease reporting is needed as monitored in 1a.
  - e. Conditions of undetermined etiology and unsettled nomenclature (ex: leg weakness in turkeys) are especially important because accurate reporting can contribute to knowledge and understanding of the disease. How can these conditions be identified and labeled for reporting purposes?

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