

Survey: Rotavax vaccine for Pigeons

Thank you for taking the time to complete this survey on Tréidlia Biovet (TBV) Rotavax vaccine for Pigeons.

Results from this survey will assist understanding of the disease and the effectiveness of the vaccine.

The survey can be completed whether you used TBV Rotavax vaccine for Pigeons during 2019 or not.

When answering the questions, please think about the year 2019 only.

Please return completed survey to:

info@treidlia.com.au

or

76/45 Power Rd, Seven Hills NSW 2147

Thank you



1. What is your location? ☐ Sydney ☐ NSW Regional ☐ Brisbane ☐ QLD Regional ☐ Melbourne ☐ VIC Regional ☐ Adelaide ☐ SA Regional ☐ Perth ☐ WA Regional ☐ Hobart ☐ TAS Regional ☐ Canberra ☐ Other 2. If you are in a regional location, please specify the district. 3. Which type of pigeon keeping are you primarily involved in? ☐ Racing Birds ☐ Fancy Birds 4. How many stock birds do you keep? (approximately) 5. How many babies do you breed per year? (approximately) 6. Before vaccinating in 2019 did you practice any of the following preventative measures to reduce the risk of Rotavirus infecting your pigeons? (can select more than one) ☐ Preventing contact with feral pigeons ☐ Not racing or showing ☐ Not introducing new pigeons to your loft ☐ Not group training/tossing ☐ Restricting visitors to loft ☐ Cleaning and disinfecting equipment obtained from other lofts ☐ Changing clothes/footwear after coming in contact with other pigeons ☐ None ☐ Other (please specify)



| 7. | Did you vaccinate with TBV Rotavax vaccine for Pigeons during 2019? | | | | | | | | | |
|-----|---|--|--|--|--|--|--|--|--|--|
| | ☐ Yes ☐ No (Skip to Question 25) | | | | | | | | | |
| 8. | Did your pigeons show signs of rotavirus <u>before</u> you completed vaccination (i.e., given two doses)? | | | | | | | | | |
| | □ Yes | □ No (Skip to Question 13) □ Unsure (Skip to Question 13) | | | | | | | | |
| 9. | What percer | ntage got sick? | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 10. | What percer | ntage died? | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 11. | wnat were t | the symptoms? (can select more than one) | | | | | | | | |
| | ☐ Loss o | fappetite | | | | | | | | |
| | ☐ Reduced Activity / gone quiet | | | | | | | | | |
| | \square Vomiting | ng | | | | | | | | |
| | ☐ Diarrho | pea | | | | | | | | |
| | ☐ Hunched posture | | | | | | | | | |
| | \square Lumps or swelling at the site of injection | | | | | | | | | |
| | \square Death | | | | | | | | | |
| | ☐ Other (| please specify) | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| 12 | On a scale of | f 1-10, how bad were the symptoms? (1 = not bad, 10 = very bad) | | | | | | | | |
| | | $12 - 13$ $\square 4$ $\square 5$ $\square 6$ $\square 7$ $\square 8$ $\square 9$ $\square 10$ | | | | | | | | |



☐ No, Pigeons were normal (*skip to Question 15*) ☐ Loss of appetite ☐ Reduced activity / gone quiet ☐ Vomiting ☐ Hunched posture ☐ Lumps or swelling at the site of injection ☐ Death ☐ Other (please specify) 14. How long were the pigeons affected? ☐ 1-2 days ☐ 3-5 days ☐ 1 week ☐ more than 1 week 15. Did you give the birds two doses? ☐ Yes ☐ No (Skip to Question 18) 16. How long after the first dose did you give the second dose? ☐ 1 week ☐ 2 weeks ☐ 3 weeks ☐ 4 weeks ☐ 5 weeks ☐ 6 weeks 17. How long after you completed vaccinating with two doses did you wait until your pigeons had contact with other birds? (for example, group training, showing, racing) ☐ less than 1 week \square 1-2 weeks \square 2 - 6 weeks \square more than 6 weeks 18. Did your pigeons show any signs of being infected with rotavirus after you had completed vaccination? ☐ Yes □ No (skip to Question 24) □ Unsure (Skip to Question 24) 19. How long after the second dose did they show signs of rotavirus? \square 1-2 weeks \square 2-4 weeks ☐ more than 6 weeks ☐ 4-6 weeks 20. What percentage got sick?

13. Did you notice any bad reactions after vaccination? (can select more than one)



| 21. | What pe | rcentag | e died? | | | | | | | | | | |
|-----|--|-----------|----------------|------------|-------------|---------------|------------------|----------------|-------------------------------|-------------|-----------|--|--|
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 22. | What we | ere the s | symptor | ns? (can | select | more th | an one) | | | | | | |
| | □ Loss o | f appeti | te | | | | | | | | | | |
| | ☐ Reduced Activity / gone quiet | | | | | | | | | | | | |
| | ☐ Vomiting | | | | | | | | | | | | |
| | ☐ Diarrhoea | | | | | | | | | | | | |
| | ☐ Hunched posture | | | | | | | | | | | | |
| | ☐ Lumps or swelling at the site of injection | | | | | | | | | | | | |
| | ☐ Death | | | | | | | | | | | | |
| | ☐ Other (please specify) | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| 23 | On a sca | le of 1-1 | 0 how | had wei | re the sv | vmntom | s? /1 = n | not had | 10 = ver | v had) | | | |
| 23. | | | □3 | □ 4 | □5 | ,p.co □6 | 3. (± - 1. □7 | lot baa, □8 | 10 − v c. □9 | Jua, □10 | | | |
| | | | _• | | | _, | | | | | | | |
| 24. | On a sca | le of 1-1 | .0, how | effectiv | e do yo | u think T | BV Rota | avax vac | cine for | Pigeons ha | s been at | | |
| | providin | g proteo | ction ag | ainst rot | tavirus? | (1 = not | effectiv | /e, 10= v | ery effe | ctive) | | | |
| | □1 | □2 | □3 | □4 | □5 | □6 | □7 | □8 | □9 | □10 | | | |
| | | | | | | | | | | | | | |
| 25. | | | | ATE with | TBV Ro | otavax va | accine fo | or Pigeo | ns, did y | our birds s | now any | | |
| | signs of | | | | -4:- · · 20 | N 🗆 | (CI | | | 0) | | | |
| | ☐ Yes | Ц | NO <u>(SKI</u> | to Que. | stion 30 | <u>v</u> ⊔ ∪n | sure <u>(Sk</u> | tip to Qu | estion 3 | <u>0)</u> | | | |
| 26. | What pe | rcentag | e got sid | :k? | | | | | | | | | |
| | TTat pc | | C 801 3.1 | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| 27. | What pe | rcentag | e died? | | | | | | | | | | |
| 27. | What pe | rcentag | e died? | | | | | | | | | | |



28. What were the symptoms? (can select more than one) ☐ Loss of appetite ☐ Reduced Activity / gone quiet ☐ Vomiting ☐ Diarrhoea ☐ Hunched posture $\hfill\square$ Lumps or swelling at the site of injection \square Death ☐ Other (please specify) 29. On a scale of 1-10, how bad were the symptoms? (1 = not bad, 10 = very bad) \Box 1 □2 □3 □4 □5 □6 □7 □8 □9 30. Please provide any additional feedback.