

Psittacosis

PATIENT DEMOGRAPHICS

Name (last, first): _____
 Address (mailing): _____
 Address (physical): _____
 City/State/Zip: _____
 Phone (home): _____ Phone (work/cell) : _____
 Alternate contact: Parent/Guardian Spouse Other
 Name: _____ Phone: _____

Birth date: __/__/____ Age: ____
 Sex: Male Female Unk
 Ethnicity: Not Hispanic or Latino
Hispanic or Latino Unk
 Race: White Black/Afr. Amer.
 (Mark all that apply) Asian Am. Ind/AK Native
Native HI/Other PI Unk

INVESTIGATION SUMMARY

Local Health Department (Jurisdiction): _____
 Investigation Start Date: __/__/____
 Earliest date reported to LHD: __/__/____
 Earliest date reported to DIDE: __/__/____

Entered in WVEDSS? Yes No Unk
 Case Classification:
Confirmed Probable Suspect
Not a case Unknown

REPORT SOURCE/HEALTHCARE PROVIDER (HCP)

Report Source: Laboratory Hospital HCP Public Health Agency Other
 Reporter Name: _____ Reporter Phone: _____
 Primary HCP Name: _____ Primary HCP Phone: _____

CLINICAL

Onset date: __/__/____ Diagnosis date: __/__/____ Recovery date: __/__/____

Clinical Findings

Y N U
 Fever (Highest measured temperature: _____ °F)
 Chills
 Headache
 Cough
 Myalgia
 Rash
 Photophobia

Complications

Y N U
 Pneumonia (CXR confirmed Clinical diagnosis)

Hospitalization

Y N U
 Patient hospitalized for this illness
 If yes, hospital name: _____
 Admit date: __/__/____ Discharge date: __/__/____

Death

Y N U
 Patient died due to this illness If yes, date of death: __/__/____

TREATMENT

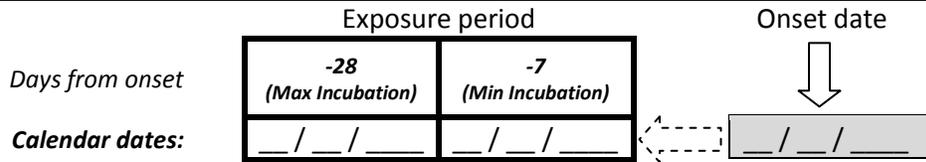
Y N U
 Patient received antibiotic therapy due to this infection
 If yes, specify:
 Type: _____ Duration: _____ days

LABORATORY (Please submit copies of all labs obtained on this case to DIDE)

Y N U
 Isolation of *Chlamydophila psittaci* from respiratory specimens (e.g., sputum, pleural fluid or tissue) or blood
 Fourfold or greater increase in antibody (IgG) against *C. psittaci* by complement fixation (CF) between paired acute- and convalescent-phase serum specimens obtained a minimum of 2 weeks apart
 Fourfold or greater increase in antibody (IgG) against *C. psittaci* by microimmunofluorescence (MIF) between paired acute- and convalescent-phase serum specimens obtained a minimum of 2 weeks apart
 Titer of antibody against *C. psittaci* (IgM) of at least 1:32 by CF in one or more serum specimens obtained after onset of symptoms
 Titer of antibody against *C. psittaci* (IgM) of at least 1:32 by MIF in one or more serum specimens obtained after onset of symptoms
 Detection of *C. psittaci* DNA in a respiratory specimen (e.g. sputum, pleural fluid or tissue) via amplification of a specific target by PCR assay

INFECTION TIMELINE

Instructions: Enter onset date in grey box. Count backward to determine probable exposure period



EPIDEMIOLOGIC EXPOSURES (based on the above exposure period)

Y N U

History of travel during exposure period (if yes, complete travel history below):

| Destination (City, County, State and Country) | Arrival Date | Departure Date | Reason for travel |
|---|--------------|----------------|-------------------|
| | | | |
| | | | |
| | | | |

Direct exposure to birds

If yes, specify type(s): Parrot Other pet bird Pigeon Other wild bird Domestic fowl (chicken, turkey, etc)

If yes, specify location: _____

If yes, exposure date: __/__/____

Bird dropping or feather exposure without direct contact

Visited pet shop

If yes, location: _____

If yes, date: __/__/____

Occupational exposure

If yes, list occupation: _____

Where did exposure most likely occur? County: _____ State: _____ Country: _____

PUBLIC HEALTH ISSUES

Y N U

Epidemiologic link to a confirmed or presumptive avian case

Source bird identified

Bird tested positive for psittacosis?

Positive Negative Not tested

If positive, origin of infected bird:

Private home Private aviary

Commercial aviary Pet shop

Bird loft Poultry establishment

Other: _____ Unknown

Species: _____

Case knows someone who had shared exposure and is currently having similar symptoms

Epi link to another confirmed case of same condition

Case is part of an outbreak

Other:

PUBLIC HEALTH ACTIONS

Y N U

Disease education and prevention information provided to patient and/or family/guardian

Education or outreach provided to employer

Facilitate laboratory testing of other symptomatic persons who have a shared exposure

Patient is lost to follow-up

Other:

WVEDSS

Y N U

Entered into WVEDSS (Entry date: __/__/____)

Case Status: Confirmed Probable Suspect Not a case Unknown

NOTES

