

**North Carolina Department of Health and Human Services  
Division of Public Health • Epidemiology Section  
Communicable Disease Branch**



**ATTENTION HEALTH CARE PROVIDERS:**

Please report relevant clinical findings about this disease event to the local health department.

**PSITTACOSIS  
Confidential Communicable Disease Report—Part 2  
NC DISEASE CODE: 31**

**ATTENTION Local Health Department Staff: There is no Part 2 Wizard for this disease.  
Enter all information from this form into the NC EDSS question packages.**

If sending this form to the Health Care Provider, remember to attach a cover letter from your agency indicating the part(s) of the form the provider should complete.

Patient's Last Name	First	Middle	Suffix	Maiden/Other	Alias	Birthdate (mm/dd/yyyy) / /
						SSN

**NC EDSS LAB RESULTS** Verify if lab results for this event are in NC EDSS. If not present, enter results.

Specimen Date	Specimen #	Specimen Source	Type of Test	Test Result(s)	Description (comments)	Result Date	Lab Name—City/State
/ /						/ /	
/ /						/ /	
/ /						/ /	

**CLINICAL FINDINGS**

Is/was patient symptomatic for this disease?  Y  N  U

If yes, symptom onset date (mm/dd/yyyy): / /

Fever  Y  N  U

Yes, subjective  No  
 Yes, measured  Unknown

Highest measured temperature \_\_\_\_\_

Fever onset date (mm/dd/yyyy): / /

Chills or rigors  Y  N  U

Headache  Y  N  U

Eyes sensitive to light (photophobia)  Y  N  U

Encephalitis  Y  N  U

Muscle aches/pains (myalgias)  Y  N  U

Cough  Y  N  U

Onset date (mm/dd/yyyy): / /

Productive  Y  N  U

Backache/back pain  Y  N  U

Shortness of breath/difficulty breathing/respiratory distress  Y  N  U

Pneumonia  Y  N  U

Confirmed by x-ray or CT  Y  N  U

Myocarditis  Y  N  U

Enlarged spleen (splenomegaly)  Y  N  U

Thrombophlebitis  Y  N  U

**PREGNANCY**

Is the patient currently pregnant? ...  Y  N  U

Estimated delivery date: / /

**TREATMENT**

Did the patient receive an antibiotic for this illness?  Y  N  U

Specify antibiotic name: \_\_\_\_\_

**HOSPITALIZATION INFORMATION**

Was patient hospitalized for this illness >24 hours?  Y  N  U

Hospital name: \_\_\_\_\_

City, State: \_\_\_\_\_

Hospital contact name: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Admit date (mm/dd/yyyy): / /

Discharge date (mm/dd/yyyy): / /

**ISOLATION/QUARANTINE/CONTROL MEASURES**

Did local health director or designee implement additional control measures?  Y  N

If yes, specify: \_\_\_\_\_

**PREDISPOSING CONDITIONS**

Any immunosuppressive conditions?  Y  N  U

Specify \_\_\_\_\_

Patient's Last Name	First	Middle	Suffix	Maiden/Other	Alias	Birthdate (mm/dd/yyyy) / /
						SSN / /

**CLINICAL OUTCOMES**

Discharge/Final diagnosis: \_\_\_\_\_

Survived? .....  Y  N  U

Died? .....  Y  N  U

Died from this illness? .....  Y  N  U

Date of death (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Autopsy performed? .....  Y  N  U

Patient autopsied in NC? .....  Y  N  U

County of autopsy: \_\_\_\_\_

Autopsied outside NC, specify where: \_\_\_\_\_

Source of death information (select all that apply):

Death certificate

Autopsy report final conclusions

Hospital/discharge physician summary

Other

**TRAVEL/IMMIGRATION**

The patient is:

Resident of NC

Resident of another state or US territory

None of the above

Did patient travel during the 28 days prior to onset of symptoms? .....  Y  N  U

List travel dates and destinations:

From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does patient know anyone else with similar symptom(s) who had the same or similar travel history? .....  Y  N  U

List persons and contact information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional travel/residency information:

\_\_\_\_\_

**OTHER EXPOSURE INFORMATION**

Does the patient know anyone else with similar symptoms? .....  Y  N  U

If yes, specify: \_\_\_\_\_

\_\_\_\_\_

**HEALTH CARE FACILITY AND BLOOD & BODY FLUID EXPOSURE RISKS**

During the 28 days prior to onset of symptoms, did the patient work in a laboratory? .....  Y  N  U

If yes, specify and give details:

\_\_\_\_\_

**ANIMAL EXPOSURE**

During the 28 days prior to onset of symptoms: Did the patient have exposure to animals (wild, domestic, or pet birds)? (includes bird tissues, bird products, or bird excreta) .....  Y  N  U

Bird(s), specify:

Poultry

chickens

turkeys

Waterfowl

ducks

swans

geese

Game Birds

quail

pheasant

other

Pet Birds

psittacine or parrot family

non-psittacine

Pigeons, Doves

Other Birds (ostrich, emu, etc.)

Has patient otherwise slaughtered animals or been a butcher, meat cutter, or meat processor? .....  Y  N  U

Please give details: \_\_\_\_\_

\_\_\_\_\_

Did the patient work at or visit a zoo, zoological park, or aquarium? .....  Y  N  U

Please give details: \_\_\_\_\_

\_\_\_\_\_

Did the patient own, work at, or visit a private or public aviary (bird exhibit) or live bird market? .....  Y  N  U

Please give details: \_\_\_\_\_

\_\_\_\_\_

Did patient work in a veterinary practice or animal laboratory, animal research setting, biomedical laboratory, or an animal diagnostic laboratory? .....  Y  N  U

If yes, which type of work setting?

Animal diagnostic (pathology) laboratory

Animal laboratory / animal research

Biomedical laboratory

Did patient necropsy animals? .....  Y  N  U

If yes, specify and give details:

\_\_\_\_\_

Did patient work with *C. psittaci*? .....  Y  N  U

If yes, specify and give details:

\_\_\_\_\_

**CASE INTERVIEWS/INVESTIGATIONS**

Was the patient interviewed? .....  Y  N  U

Date of interview (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Were interviews conducted with others? .....  Y  N  U

Who was interviewed?

\_\_\_\_\_

Were health care providers consulted? .....  Y  N  U

Who was consulted?

\_\_\_\_\_

Medical records reviewed (including telephone review with provider/office staff)? .....  Y  N  U

Specify reason if medical records were not reviewed:

\_\_\_\_\_

Notes on medical record verification:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**GEOGRAPHICAL SITE OF EXPOSURE**

In what geographic location was the patient MOST LIKELY exposed?

Specify location:

In NC

City \_\_\_\_\_

County \_\_\_\_\_

Outside NC, but within US

City \_\_\_\_\_

State \_\_\_\_\_

County \_\_\_\_\_

Outside US

City \_\_\_\_\_

Country \_\_\_\_\_

Unknown

Is the patient part of an outbreak of this disease? .....  Y  N

Notes:

\_\_\_\_\_

# Psittacosis (*Chlamydophila psittaci*) (Ornithosis)

## 2010 Case Definition

CSTE Position Statement Number: 09-ID-13

## Clinical description

Psittacosis is an illness characterized by fever, chills, headache, myalgia, and a dry cough with pneumonia often evident on chest x-ray. Severe pneumonia requiring intensive-care support, endocarditis, hepatitis, and neurologic complications occasionally occur.

## Laboratory criteria for diagnosis

- Isolation of *Chlamydophila psittaci* from respiratory specimens (e.g., sputum, pleural fluid, or tissue), or blood, or
- Fourfold or greater increase in antibody (Immunoglobulin G [IgG]) against *C. psittaci* by complement fixation (CF) or microimmunofluorescence (MIF) between paired acute- and convalescent-phase serum specimens obtained at least 2-4 weeks apart, or
- Supportive serology (e.g., *C. psittaci* antibody titer [Immunoglobulin M (IgM)] of greater than or equal to 32 in at least one serum specimen obtained after onset of symptoms), or
- Detection of *C. psittaci* DNA in a respiratory specimen (e.g. sputum, pleural fluid or tissue) via amplification of a specific target by polymerase chain reaction (PCR) assay.

## Case classification

**Probable:** An illness characterized by fever, chills, headache, cough and myalgia that has either:

- Supportive serology (e.g., *C. psittaci* antibody titer [Immunoglobulin M, IgM] of greater than or equal to 32 in at least one serum specimen obtained after onset of symptoms), OR
- Detection of *C. psittaci* DNA in a respiratory specimen (e.g. sputum, pleural fluid or tissue) via amplification of a specific target by polymerase chain reaction (PCR) assay.

**Confirmed:** An illness characterized by fever, chills, headache, cough and myalgia, and laboratory confirmed by either:

- Isolation of *Chlamydophila psittaci* from respiratory specimens (e.g., sputum, pleural fluid, or tissue), or blood, OR
- Fourfold or greater increase in antibody (Immunoglobulin G [IgG]) against *C. psittaci* by complement fixation (CF) or microimmunofluorescence (MIF) between paired acute- and convalescent-phase serum specimens obtained at least 2-4 weeks apart.

## Comment

Although MIF has shown greater specificity to *C. psittaci* than CF, positive serologic findings by both techniques may occur as a result of infection with other Chlamydia species and should be interpreted with caution. To increase the reliability of test results, acute- and convalescent-phase serum specimens should be analyzed at the same time in the same laboratory. A realtime polymerase chain reaction (rtPCR) has been developed and validated in avian specimens but has not yet been validated for use in humans<sup>1</sup>.

## References

1. Mitchell, S.L., Wolff, B.J., Thacker, W.L., Ciembor, P.G., Gregory, C.R., Everett, K.D., Ritchie, B.W., & Winchell, J.M. (2009). Genotyping of *Chlamydophila psittaci* by real-time PCR and high-resolution melt analysis. *J Clin Microbiol*, 47(1),175-181.