State of California—Health and Human Services Agency

Local ID Number: _____

California Department of Public Health
Center for Infectious Diseases
Division of Communicable Disease Control
Infectious Diseases Branch
Surveillance and Statistics Section
MS 7306, P.O. Box 997377
Sacramento, CA 95899-7377

PSITTACOSIS CASE REPORT

PATIENT INFORMATION

Last Name	*First Name*	*Middle Name*	*Suffix*

Social Security Number (9 digits)	*DOB (mm/dd/yyyy)*	*Age*	
			☐ Years ☐ Months ☐ Days

Address Number & Street – Residence	*Apartment / Unit Number*

City / Town	*State*	*Zip Code*

Census Tract	*County of Residence*	*Country of Residence*

Country of Birth	*If not U.S. Born - Date of Arrival in U.S. (mm/dd/yyyy)*

Home Telephone	*Cellular Phone / Pager*	*Work / School Telephone*

E-mail Address	*Other Electronic Contact Information*

Work / School Location	*Work / School Contact*

Gender
☐ Female ☐ Trans female / transwoman ☐ Genderqueer or non-binary ☐ Unknown
☐ Male ☐ Trans male / transman ☐ Identity not listed ☐ Declined to answer

Pregnant? ☐ Yes ☐ No ☐ Unknown	*If Yes, Est. Delivery Date (mm/dd/yyyy)*

Medical Record Number	*Patient's Parent/Guardian Name*

Occupation Setting (see list on page 7)	*Other Describe/Specify*

Occupation (see list on page 7)	*Other Describe/Specify*

Primary Language
☐ English
☐ Spanish
☐ Other: _____

Ethnicity (check one)
☐ Hispanic/Latino
☐ Non-Hispanic/Non-Latino
☐ Unknown

Race(s)
(check all that apply, race descriptions on page 6)

The response to this item should be based on the patient's self-identity or self-reporting. Therefore, patients should be offered the option of selecting more than one racial designation.

☐ American Indian or Alaska Native

☐ Asian *(check all that apply, see list on page 6)*
- ☐ Asian Indian
- ☐ Bangladeshi
- ☐ Cambodian
- ☐ Chinese
- ☐ Filipino
- ☐ Hmong
- ☐ Indonesian
- ☐ Japanese
- ☐ Korean
- ☐ Laotian
- ☐ Malaysian
- ☐ Pakistani
- ☐ Sri Lankan
- ☐ Taiwanese
- ☐ Thai
- ☐ Vietnamese
- ☐ Other: _____

☐ Black or African-American

☐ Native Hawaiian or Other Pacific Islander *(check all that apply, see list on page 6)*
- ☐ Native Hawaiian
- ☐ Samoan
- ☐ Fijian
- ☐ Tongan
- ☐ Guamanian
- ☐ Other: _____

☐ White

☐ Other: _____

☐ Unknown

ADDITIONAL PATIENT DEMOGRAPHICS

Sex Assigned at Birth
☐ Female ☐ Unknown
☐ Male ☐ Declined to answer

Sexual Orientation
☐ Heterosexual or straight ☐ Questioning, unsure, or patient doesn't know ☐ Declined to answer
☐ Gay, lesbian, or same-gender loving ☐ Orientation not listed ☐ Unknown
☐ Bisexual

First three letters of patient's last name: | | | |

SIGNS AND SYMPTOMS

Symptomatic? ☐ Yes ☐ No ☐ Unknown	Onset Date (mm/dd/yyyy)	Date First Sought Medical Care (mm/dd/yyyy)

Signs and Symptoms	Yes	No	Unk	If Yes, Specify as Noted
Fever				Highest temperature (specify °F/°C)
Chills				
Headache				
Photophobia				
Cough				
Myalgia				

Other symptom (specify)

HOSPITALIZATION

Did the patient visit the emergency room for illness? ☐ Yes ☐ No ☐ Unknown

Was the patient hospitalized? ☐ Yes ☐ No ☐ Unknown	If Yes, how many total hospital nights?	During any part of the hospitalization, did the patient stay in an intensive care unit (ICU) or a critical care unit (CCU)? ☐ Yes ☐ No ☐ Unknown

If there were any ER visits or hospital stays related to this illness, specify details in the Hospitalization – Details section below.

HOSPITALIZATION – DETAILS

Hospital Name 1	Street Address			Admit Date (mm/dd/yyyy)	
	City			Discharge / Transfer Date (mm/dd/yyyy)	
	State	Zip Code	Telephone Number	Medical Record Number	Discharge Diagnosis
Hospital Name 2	Street Address			Admit Date (mm/dd/yyyy)	
	City			Discharge / Transfer Date (mm/dd/yyyy)	
	State	Zip Code	Telephone Number	Medical Record Number	Discharge Diagnosis

TREATMENT / MANAGEMENT

Received treatment? ☐ Yes ☐ No ☐ Unknown	If Yes, specify the treatments below.

TREATMENT / MANAGEMENT – DETAILS

Treatment Type 1 ☐ Antibiotic ☐ Other	Treatment Name	Date Started (mm/dd/yyyy)	Date Ended (mm/dd/yyyy)
Treatment Type 2 ☐ Antibiotic ☐ Other	Treatment Name	Date Started (mm/dd/yyyy)	Date Ended (mm/dd/yyyy)

OUTCOME

Outcome? ☐ Survived ☐ Died ☐ Unknown	If Survived, Survived as of _____(mm/dd/yyyy)	Date of Death (mm/dd/yyyy)

First three letters of patient's last name: | | | |

LABORATORY INFORMATION

LABORATORY RESULTS SUMMARY

Specimen Type 1 ☐ Serum (acute) ☐ Serum (convalescent) ☐ Other:_____	*Type of Test* ☐ MIF ☐ CF ☐ Culture ☐ Other:_____	*If Serum (acute) is submitted, then Serum (convalescent) must also be submitted*
	C. psittaci IgM Titer	*C. psittaci IgG Titer*
	Results	*Interpretation* ☐ Positive ☐ Negative ☐ Equivocal
	Laboratory Name	*Telephone Number*

Specimen Type 2 ☐ Serum (acute) ☐ Serum (convalescent) ☐ Other:_____	*Type of Test* ☐ MIF ☐ CF ☐ Culture ☐ Other:_____	*If Serum (acute) is submitted, then Serum (convalescent) must also be submitted*
	C. psittaci IgM Titer	*C. psittaci IgG Titer*
	Results	*Interpretation* ☐ Positive ☐ Negative ☐ Equivocal
	Laboratory Name	*Telephone Number*

IMAGING SUMMARY

Anatomic site	*Date (mm/dd/yyyy)*	*Type of Imaging* ☐ X-Ray ☐ CT ☐ MRI ☐ Other:_____
	Result	*Interpretation*
	Laboratory Name	*Telephone Number*

EPIDEMIOLOGIC INFORMATION

INCUBATION PERIOD IS 1 - 4 WEEKS PRIOR TO ILLNESS ONSET

EXPOSURES / RISK FACTORS

DID THE PATIENT HAVE CONTACT WITH ANY OF THE FOLLOWING DURING THE MONTH PRIOR TO ILLNESS ONSET?

Exposure	Yes	No	Unk	If Yes, Specify as Noted
Bird(s)				*Type of Bird* ☐ Psittacines ☐ Pigeons ☐ Poultry ☐ Other:_____
				Type of Bird Exposure ☐ Household pet ☐ Aviary ☐ Private ☐ Commercial ☐ Pet store ☐ Other: _____
				Exposure Start Date (mm/dd/yyyy) / *Exposure End Date (mm/dd/yyyy)*
				Where were the birds acquired from? / *Date Birds Acquired (mm/dd/yyyy)*
				Any birds ill? ☐ Yes ☐ No ☐ Unknown / *Any birds die?* ☐ Yes ☐ No ☐ Unknown
				Any birds tested? ☐ Yes ☐ No ☐ Unknown / *Results*
Human psittacosis case				*Specify*
Other contact				*Specify*

First three letters of patient's last name: | | | |

CONTACTS / OTHER ILL PERSONS

Any contacts with similar illness? ☐ Yes ☐ No ☐ Unknown	If Yes, specify details below.

ILL CONTACTS - DETAILS

Name 1	Age	Gender	Telephone Number	Type of Contact / Relationship		
	Street Address			Date of Contact (mm/dd/yyyy)	Illness Onset Date (mm/dd/yyyy)	
	City		State / Zip Code	Date First Reported to Public Health (mm/dd/yyyy)		
Name 2	Age	Gender	Telephone Number	Type of Contact / Relationship		
	Street Address			Date of Contact (mm/dd/yyyy)	Illness Onset Date (mm/dd/yyyy)	
	City		State / Zip Code	Date First Reported to Public Health (mm/dd/yyyy)		

NOTES / REMARKS

REPORTING AGENCY

Investigator Name	Local Health Jurisdiction	Telephone Number	Date (mm/dd/yyyy)

First Reported By
☐ Clinician ☐ Laboratory ☐ Other (specify):_____

EPIDEMIOLOGICAL LINKAGE

Epi-linked to known case? ☐ Yes ☐ No ☐ Unknown	Contact Name / Case Number

DISEASE CASE CLASSIFICATION

Case Classification (see case definition page 5)
☐ Confirmed ☐ Probable

STATE USE ONLY

Case Classification
☐ Confirmed ☐ Probable ☐ Not a case ☐ Need additional information

First three letters of patient's last name: | | | |

CASE DEFINITION

PSITTACOSIS (2010)

CLINICAL DESCRIPTION

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 (1).

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.

First three letters of patient's last name: | | | |

RACE DESCRIPTIONS

Race	Description
American Indian or Alaska Native	Patient has origins in **any** of the original peoples of North and South America (including Central America).
Asian	Patient has origins in **any** of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent (e.g., including Bangladesh, Cambodia, China, India, Indonesia, Japan, Korea, Malaysia, Nepal, Pakistan, the Philippine Islands, Thailand, and Vietnam).
Black or African American	Patient has origins in **any** of the black racial groups of Africa.
Native Hawaiian or Other Pacific Islander	Patient has origins in **any** of the original peoples of Hawaii, Guam, American Samoa, or other Pacific Islands.
White	Patient has origins in **any** of the original peoples of Europe, the Middle East, or North Africa.

ASIAN GROUPS

- Bangladeshi
- Bhutanese
- Burmese
- Cambodian
- Chinese
- Filipino
- Hmong
- Indian
- Indonesian
- Iwo Jiman
- Japanese
- Korean
- Laotian
- Madagascar
- Malaysian
- Maldivian
- Nepalese
- Okinawan
- Pakistani
- Singaporean
- Sri Lankan
- Taiwanese
- Thai
- Vietnamese

NATIVE HAWAIIAN AND OTHER PACIFIC ISLANDER GROUPS

- Carolinian
- Chamorro
- Chuukese
- Fijian
- Guamanian
- Kiribati
- Kosraean
- Mariana Islander
- Marshallese
- Melanesian
- Micronesian
- Native Hawaiian
- New Hebrides
- Palauan
- Papua New Guinean
- Pohnpeian
- Polynesian
- Saipanese
- Samoan
- Solomon Islander
- Tahitian
- Tokelauan
- Tongan
- Yapese

First three letters of patient's last name: | | | |

OCCUPATION SETTING

- Childcare/Preschool
- Correctional Facility
- Drug Treatment Center
- Food Service
- Health Care - Acute Care Facility
- Health Care - Long Term Care Facility
- Health Care - Other
- Homeless Shelter
- Laboratory
- Military Facility
- Other Residential Facility
- Place of Worship
- School
- Other

OCCUPATION

- Agriculture - farmworker or laborer (crop, nursery, or greenhouse)
- Agriculture - field worker
- Agriculture - migratory/seasonal worker
- Agriculture - other/unknown
- Animal - animal control worker
- Animal - farm worker or laborer (farm or ranch animals)
- Animal - veterinarian or other animal health practitioner
- Animal - other/unknown
- Clerical, office, or sales worker
- Correctional facility - employee
- Correctional facility - inmate
- Craftsman, foreman, or operative
- Daycare or child care attendee
- Daycare or child care worker
- Dentist or other dental health worker
- Drug dealer
- Fire fighting or prevention worker
- Flight attendant
- Food service - cook or food preparation worker
- Food service - host or hostess
- Food service - waiter or waitress
- Food service - other/unknown
- Homemaker
- Laboratory technologist or technician
- Laborer - private household or unskilled worker
- Manager, official, or proprietor
- Manicurist or pedicurist
- Medical - emergency medical technician or paramedic
- Medical - health care worker
- Medical - medical assistant
- Medical - pharmacist
- Medical - physician assistant or nurse practitioner
- Medical - physician or surgeon
- Medical - registered nurse
- Medical - other/unknown
- Military - officer
- Military - recruit or trainee
- Protective service - police officer
- Protective service - other
- Professional, technical, or related profession
- Retired
- Sex worker
- Student - preschool or kindergarten
- Student - elementary or middle school
- Student - high (secondary) school
- Student - college or university
- Student - other/unknown
- Teacher/employee - preschool or kindergarten
- Teacher/employee - elementary or middle school
- Teacher/employee - high (secondary) school
- Teacher/instructor/employee - college or university
- Teacher/instructor/employee - other/unknown
- Unemployed - seeking employment
- Unemployed - not seeking employment
- Unemployed - other/unknown
- Other
- Refused
- Unknown