Case ID:_____ First Name:_____ Last Name:_____

# PSITTACOSIS HUMAN CASE SURVEILLANCE REPORT

| **Investigation Information** | | | |
|---|---|---|---|
| **Report Date**<br>____/____/_____<br>MM/DD/YYYY | **Patient Status**<br>□ Inpatient □ Outpatient<br>□ Deceased | **Diagnosis Date**<br>____/____/_____<br>MM/DD/YYYY | **Onset Date**<br>____/____/_____<br>MM/DD/YYYY |

| **Patient Information** | | | |
|---|---|---|---|
| **Patient ID (State or Local HD)** | **Last name** | **First name** | **Middle name** |
| **Street Address** | | | |
| **City** | **County** | **State** | **Zip** |
| **Home Phone (Ext.)**<br>###-###-#### | **Current Occupation** | **Other Phone □ Work / Business □ Cell**<br>###-###-#### | **Ext.** |
| If patient < 18yrs: | | | |
| **Parent/Guardian Last name** | **First name** | | **Middle name** |

| **Demographics** | | |
|---|---|---|
| **Gender**<br>□ Male □ Female □ Unknown | **Date of Birth**<br>____/____/_____<br>MM/DD/YYYY | **Age □ Years □ Months** |
| **Race**<br>□ Caucasian □ African America □ American Indian/Alaska Native □ Hawaiian/Pacific Islander □ Asian<br>□ Unknown □ Other (Specify)_____ | | |
| **Ethnicity**<br>□ Hispanic/Latino □ Non-Hispanic/Latino □ Unknown | | |
| **If female, pregnant?** □ Yes □ No | | |

| **Report Information** | | | | |
|---|---|---|---|---|
| Person Providing Report | | | | |
| **First** | **Last** | **Phone**<br>###-###-#### | **Ext.** | **Email** |
| **City** | **County** | **State** | **Zip** | **City** |
| Primary Physician | | | | |
| **First** | **Last** | **Phone**<br>###-###-#### | **Ext.** | **Email** |
| **Street Address** | | | | |
| **City** | **County** | **State** | | **Zip** |

Case ID:_____ First Name:_____ Last Name:_____

| Clinical Information | |
|---|---|
| **Brief clinical description (Symptoms and signs, note maximum temperature, etc.)**<br>□ Fever; Maximum temperature: _____ □ F □ C<br>□ Cough □ Pneumonia (□ **CXR confirmed or** □ **clinical diagnosis)**<br>□ Myalgia □ Rash<br>□ Chills □ Photophobia<br>□ Headache □ Other (describe/details): _____ | |
| **Specific therapy: (Specify products, dosage, and dates of treatment)** | |
| **Outcome:**<br>□ Hospitalized □ Required ICU care<br>□ Recovered □ Unknown<br>Date of discharge: ____/____/____<br>MM/DD/YYYY | **If the patient died, date of death:**<br>____/____/____<br>MM/DD/YYYY |

| Laboratory Information | | | |
|---|---|---|---|
| **Test Name/Test Method** | **Date Specimen Collected MM/DD/YYYY** | **Test Result** | **Name of Laboratory** |
| ***C. psittaci* PCR *(preferred)***<br>□ blood □ sputum<br>□ other (specify): _____ | ____/____/_____ | | |
| **Respiratory secretions *C. psittaci* culture *(preferred)***<br>□ sputum □ BAL<br>□ other (specify): _____ | ____/____/_____ | | |
| ***C. psittaci***<br>**Fourfold increase in antibody titer**<br>**Acute-phase serum**<br>□ CF □ MIF □ Other (specify)____<br><br>**Convalescent-phase serum**<br>□ CF □ MIF □ Other (specify)____ | ____/____/_____<br><br>____/____/_____ | **IgM:_____**<br>**IgG:_____**<br><br>**IgM:_____**<br>**IgG: _____** | |
| ***C. pneumoniae* PCR**<br>□ blood □ sputum<br>□ other (specify): _____ | ____/____/_____ | | |
| ***C. pneumoniae***<br>**Fourfold increase in antibody titer**<br>**Acute-phase serum**<br>□ CF □ MIF □ Other (specify)____<br><br>**Convalescent-phase serum**<br>□ CF □ MIF □ Other (specify)____ | ____/____/_____<br><br>____/____/_____ | **IgM:_____**<br>**IgG:_____**<br><br>**IgM:_____**<br>**IgG: _____** | |

Case ID:_____ First Name:_____ Last Name:_____

| | | | |
|---|---|---|---|
| *Chlamydia trachomatis* [any test(s)] | ____/____/_____ | | |
| **Autopsy**<br>□ lung<br>□ other: _____ | ____/____/_____ | | |
| **Chest X-ray done:**<br>□ Yes □ No □ Unknown | **If yes, date:**<br>____/____/_____<br>MM/DD/YYYY | **If yes, results:** | |

**Epidemiologic Information** (*contd. on the next page*)

| | |
|---|---|
| **Occupation at date of onset:** | **Specific duties:** |

**At the time of exposure which of the following personal protective equipment was** the patient using?
□ Respiratory Protective Equipment: □ Surgical Mask □ Filtering piece/N95
□ Elastomeric – half face or full face (with cartridges) - specify types of cartridges if known:
☐N or P 95
☐N or P 99 or 100
☐Other:_____

- Does the patient get annual respirator fit testing and training? ___Yes ___No

□ Gloves (if known, specify material by circling the appropriate type from the list below)
_ Plastic (latex or nitrile)
_ Cloth
_ Leather
_ Double gloves, i.e. nitrile underneath, leather over (describe) _____
□ Goggles
□ Face shield
□ Rubber boots/disposable overshoes
□ Disposable surgical cap
□ Overalls
□ No personal protective equipment was being used
□ Other (describe/details): _____

**Indicate which of the following contacts the patients had during the 5 weeks prior to onset:**
(Check all that apply)
□ Birds □ Human case of Psittacosis (specify)_____
□ Other (specify) _____ □ No known exposure

**If exposure to birds, complete following table:**

| **Type of Bird** | **Species** | **Approximate number** | **Were birds healthy?** (Y=Yes N=No UNK=Unknown) |
|---|---|---|---|
| Psittacines* | | | |
| Pigeons | | | |
| Domestic Fowl | | | |
| Other birds | | | |

Case ID:_____ First Name:_____ Last Name:_____

**If birds were not healthy, please elaborate:**

*Psittacine Birds include: Cockatoos, Cockatiels, Macaws, Parakeets, Conures, Parrots

**Indicate where the exposure may have occurred. If the patient had multiple contacts, specify to what they were exposed at each place of exposure**.

| Type of Establishment | Owner of Establishment | Address of Establishment | Exposure To (Species) | Exposure setting | Date of Exposure |
|---|---|---|---|---|---|
| 1=Private home 2=Private aviary 3=Commercial aviary 4=Pet shop 5=Pigeon loft 6=Poultry establishment (specify processor or farm) 7=Bird fair/show 8=Backyard poultry 9=Healthcare 10=Long term/Nursing Home 11=Swap meet 12=Other 13=Unknown | | | | I=Indoors O=outdoors | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

**If other, specify:**

If pet birds, domestic pigeons, or fowl are implicated as the source of the human psittacosis, or if any such bird is shown by laboratory methods to be infected, it is important to learn where these birds originated and where they were subsequently purchased or obtained by the present owner. These birds may have acquired a latent form of the infection at any place where they have been detained since hatching.

**List the address of every known place where the birds were harbored, including approximate dates.**

**Additional Relevant Information**

| | | |
|---|---|---|
| **Submitted by:** | **Date:** ____/____/_____ MM/DD/YYYY | **Health Depart.** |
| **Phone number:** ###-###-##### | **Ext.** | |